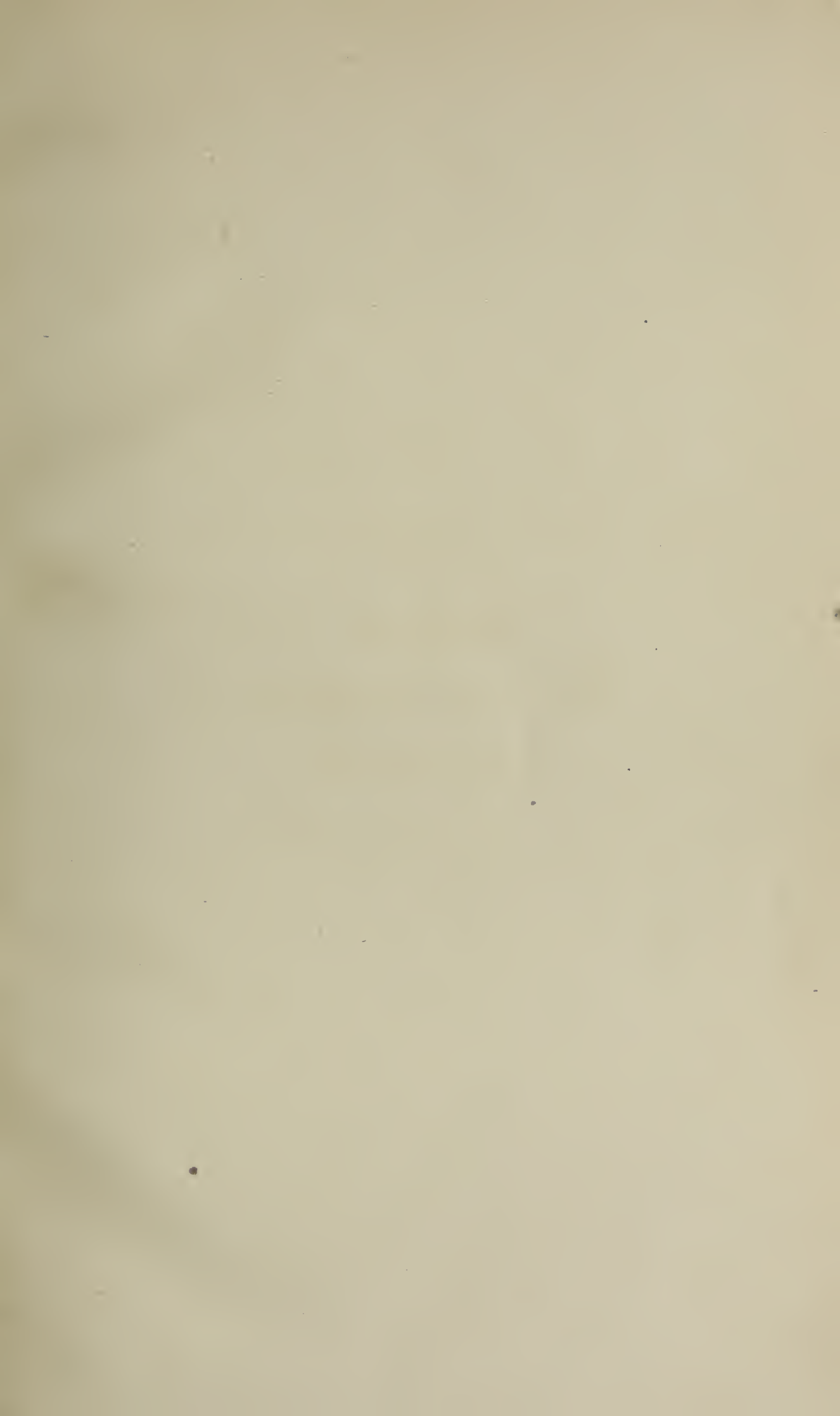
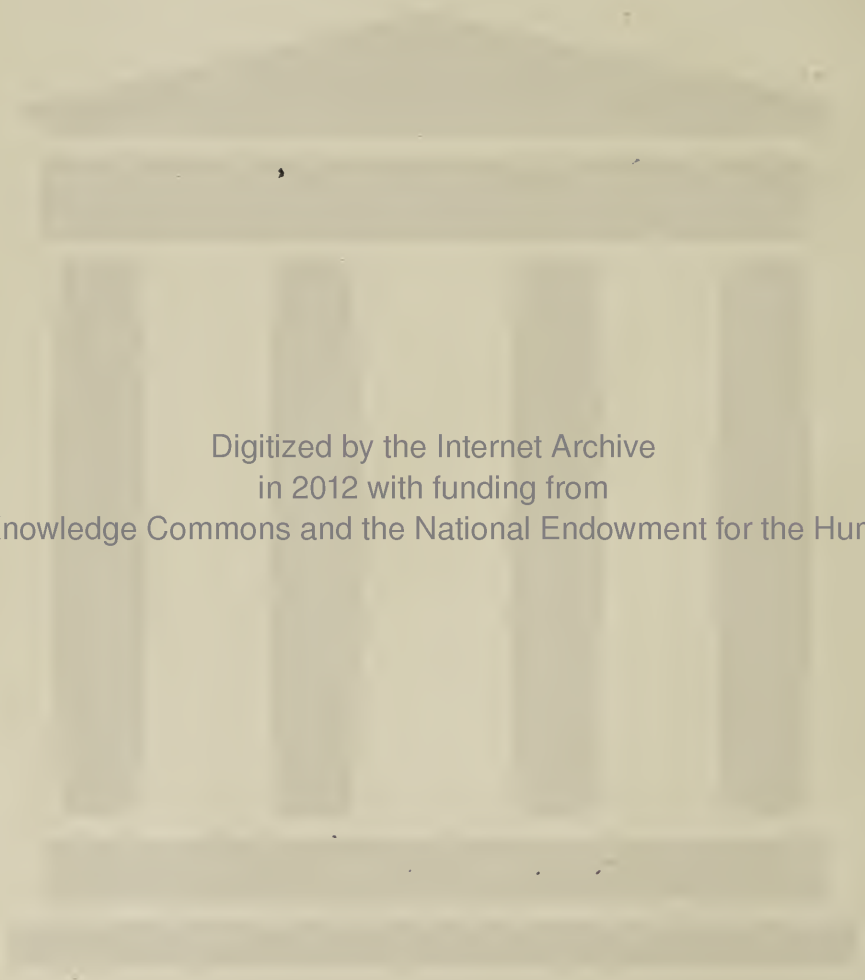


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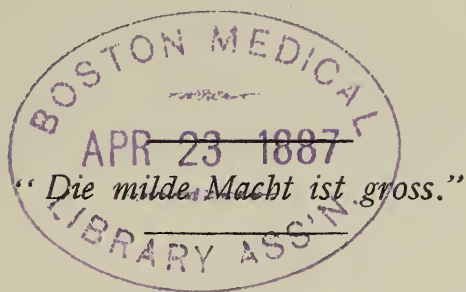


THE  
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A Monthly Journal

OF

HOMŒOPATHIC MEDICINE.



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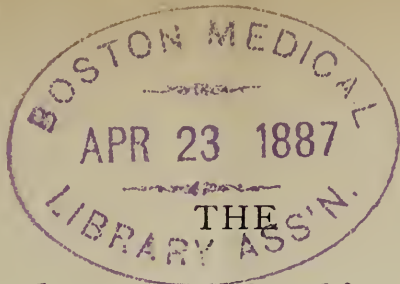
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## EDITORIAL.

### VOLUME XXI.

THE GAZETTE is conscious of saluting its readers, on this the occasion of its twenty-first anniversary, with something of the "we-look-for-congratulations" air which is so characteristic of youth on a like interesting occasion. It is true that the privileges and responsibilities of independent thought and action which are assumed by the average youth only on his twenty-first birthday were assumed by the GAZETTE, in common with most precocious journalistic infants, from the first hour of its existence: nevertheless, the attainment of the coveted "three times seven" brings with it a comfortable sense of the respectability of advancing years, which, in the case of the youth, is never more marked than at twenty-one, since later anniversaries bring with them other suggestions not so comforting; though, in the case of a journal, the comfort must be supposed to deepen with every added year.

The "freedom suit" which it was the good old New-England custom to bestow upon a son arrived at his majority — perhaps as a sort of reward of merit for having survived so many years the atrocities of a New-England climate and the austerities of a Puritan "bringing-up" — was, thanks to the generosity of its publishers, donned by the GAZETTE a year ago. A year's wear has proved it to be a satisfactory fit, and in every way desirable; and since a journal's garments, like those in the wonder-stories, renew themselves before wearing out, we have good hope of

wearing our "freedom suit" for many a prosperous year to come.

In opening a new volume of the GAZETTE, we have to announce no change in the intent or method of its conducting. As in former years, it will be our aim to keep, by means of original contributions, and of gleanings from the wisdom of our contemporaries, our magazine and its readers abreast of the progress of medical science, and more especially of all in medical science which relates to homœopathy.

As there never comes a time in the history of churches when the announcement that "a collection will now be taken up" can be dispensed with, as a reminder to church-goers that they have other duties than those of appreciative listeners, so there never comes a time when a medical magazine can cease to remind its should-be contributors of their sometimes neglected duties. For it is, after all, the contributor, and not the editor or publisher, who must say of professional literature, "l'empire, c'est moi." No editorial labor can fill those pages in which physicians should exchange opinions and experiences, to their own infinite profit. We appeal as earnestly as in former years to physicians, and more especially to the physicians of New England, whose especial organ the GAZETTE aspires to be, to enrich its pages in the coming year with the record of such opinions and experiences; and, by so doing, they will insure to us what in all cordiality we wish to them, — a successful and HAPPY NEW YEAR.

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#### EDITORIAL NOTES AND COMMENTS.

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THE "POTENCY QUESTION," like the poor, is always with us. It would sometimes seem as if familiarity with it had bred the proverbial contempt; since, in looking back through the last twelvemonth, it seems at once lamentable and inexplicable to see how little has been done toward any scientific solution of it. Discussion of it, almost *ad nauseam*, has not been wanting; but the weapons employed in the wordy warfare have been for the most part irony and ridicule on the one side, and clamorous dogmatism and querulous personalities on the other. It is devoutly to be hoped, in view of the immense importance of the

question, — not only in itself, but because it is more and more acting as a wedge to hold asunder the supporters of a cause noble enough to deserve all the strength there is in union, — that the coming year will see some appreciable steps taken toward its solution ; or, failing that, toward such a conviction of its insolubility as shall silence useless controversy on the subject between two factions proved irreconcilable, because acting, the one from theory, the other from fact.

The most effective steps toward this end have been pointed out, courageously, clearly, and admirably beyond criticism, by Dr. T. F. Allen, in his late presidential address before the American Institute of Homœopathy, and in his letter published in the October issue of "The Medical Advance." We republish elsewhere extracts from his utterances on both these occasions, partly from the mere pleasure of re-echoing such sensible, timely, and manly words, partly because we would not have one among our readers miss familiarity with them from inability to reach them at first hand. From no speaker, and at no place, could this trumpet-like call to action on a vital matter have come so effectively as from a president of the American Institute at a session of that representative body. Dr. Allen's courage at thus expressing himself is beyond all praise. To openly declare one's self at variance with one's colleagues, evidences commendable courage ; but to openly declare one's self, for truth's sake, at variance with one's own previously expressed convictions, evidences a far higher order of courage, and one which commands for all utterances of its possessor the respect due to ever-widening knowledge and unselfish sincerity.

It is in the power of every local society, State, county, or city, to help, in the year just opening, to "sweep the battle-ground of the future," in Dr. Allen's expressive phrase, by aiding in the exact, impartial, scientific demonstration of the efficacy or non-efficacy of high potencies in provings upon the healthy. Every such society should hasten to appoint a capable, interested, *working* committee, the results of whose labors should be from time to time laid before the society. Such work would be of immense value to the Institute in any effort to act upon Dr. Allen's recommendations ; to the society itself, as furnishing it with exact and orderly work toward a vital end ; and to the

cause dear to the heart of every faithful homœopathist, — “the future of homœopathy, and the advancement of accurate therapeutics.”

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THE HOMŒOPATHISTS OF RHODE ISLAND are immensely to be congratulated on having, by pluck, patience, and perseverance, arrived at the establishment of a homœopathic hospital in the city of Providence. The land and building being already secured, and thus “*le premier pas qui coûte*” being successfully taken, entire and well-merited success is surely to be counted upon in the near future. We take much pleasure in chronicling the success of the brilliant reception given by the Ladies’ Aid Society, which proved not only a charming occasion socially, but of solid pecuniary benefit to a thoroughly worthy cause. The success of our Rhode Island *confrères* is not matter for rejoicing alone to a single State or a single section of the country, but to homœopathists everywhere it must bring hearty encouragement, and offer an inspiring example.

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THE HOMŒOPATHIC HOSPITAL OF MELBOURNE, AUSTRALIA — speaking of hospitals — is, as we learn from our honored contemporary “*The Homœopathic World*,” to be opened for use at the beginning of the present year. The building is a most beautiful one, architecturally speaking; boasting, among other ornamental features, a tower seventy-seven feet high over the main entrance, and two mansard towers sixty feet high on each right-hand corner of the pavilion. Hygienically speaking, it is said to be irreproachable. A memorial window to Dr. Ray is to be contributed to the hospital by his son, Dr. W. R. Ray, — a very touching and lovely custom, by the way, and one we would gladly see followed in the hospitals of America. Our best wishes and congratulations to our Melbourne fellow-workers!

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*QUID PRO QUO.*

OUR ESTEEMED CONTEMPORARY “*The Medical Record*” thus “drops into poetry” at the expense of homœopathy: —

“Little drops of water,  
 Little grains of milk,  
 Make a little doctor  
 Of the homœopathic ilk.”

To which we respectfully rejoin that —

Learned talk of microbes,  
 Guess-work o'er the sick,  
 Mark the allopathic  
 Doctor of *physic*.

If he's liberal-minded,  
 He — as one would say  
 Suffering from coryza —  
 Finds it a “Code” day.

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#### COMMUNICATIONS.

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##### *AN ERROR CORRECTED.*

THE “Lecture on Homœopathy before the members of the Boylston Medical Society” contains the statement that this was the “first time a homœopathist has had the opportunity, courteously extended, of explaining the principles of his own to members of the opposite school.” Just as the second edition of this lecture was ready, there appeared a reminder in the “Medical Advance” of November, 1885, that Dr. Samuel A. Jones had had a similar opportunity in 1879. By reference to the title-page of “The Grounds of a Homœopath's Faith” (Boericke & Tafel, 1880), it will be seen that these lectures were “delivered at the request of the matriculates of the department of medicine and surgery (old school) of the University of Michigan.”

This “request” had unfortunately escaped my attention during the perusal of Dr. Jones's excellent lectures five years ago, and again during the composition of my own; which oversight led to a mis-statement which I herewith gladly retract.

*(Homœopathic journals please copy.)*

C. WESSELHOEFT, M.D., *Boston, Mass.*

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#### *THE THERAPEUTICS OF SMALL-POX.*

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

WRITING in the year 1838, Dr. Jacob Jeanes of Philadelphia thus commences his discussion of the treatment of small-pox:

“While aconitum, bryonia, or other remedies which are in common use, may, according to the circumstances of the cases, be sometimes advantageously employed in the treatment of variola, yet no claim which is entitled to the slightest attention is urged for the possession by any of these of a specific control over this disease.” True, no one claims that any one remedy is a specific for the entire disease; but we have a number of remedies which are specific for *a part* of the morbid process. Thus, according to circumstances, the primary fever is greatly controlled by aconitum, bryonia, belladonna, and some other remedies; the cerebral complications are admirably met by apis, belladonna, stramonium, hyosciamus, etc.; the pulmonary by bryonia, phosphorus, tartarus emeticus; the laryngeal by hepar, spongia, kali bichromicum, and iodine; the annoying and often serious intercurrent nervous affections by ignatia, nux vomica, coffea, and belladonna; while arsenicum album, rhus toxicodendron, baptisia, mercurius, and tartarus emeticus form a complete armament with which we modify and control the eruption itself. I think myself amply justified in claiming that the homœopathic treatment of small-pox is more systematic and more complete than that of almost any other disease, simply because the disease is self-limited as well as self-evident; and I entirely agree with old Franz Hartmann when he says, “Even if we should some day discover a true specific for small-pox, aconite may yet have to be used every now and then as an intercurrent remedy.”

On the other hand, Dr. Bernhard Bæhr writes as follows: “Aconite is, more than any other medicine, recommended at this [initial] stage; but we do not altogether agree with our colleagues in the propriety of this course of medication. Aconite is indicated in all inflammatory fevers, but not in febrile conditions that evidently owe their origin to toxication of the blood. For this reason we do not advise aconite either in measles, scarlatina, or typhus, still much less in small-pox.” Notwithstanding this dictum, I hold that aconite is a chief remedy in measles, little inferior to its relative pulsatilla, and that no remedy can replace it in certain states and phases of small-pox.

Aconite, then, is the principal remedy during the first stage of the disease, and at times even during the early part of the second stage, especially if bronchial symptoms are present, — hacking cough, with some degree of hoarseness. The fever sets in with shivering, alternating with flushes of heat, soon passing into constant heat. The skin is dry, with rapid pulse, pain in the back and limbs, nausea and vomiting, vertigo, with pain in the head, and bleeding of the nose. Even at the outset the eyes are slightly inflamed, and a certain irritation of the ear is present; later these develop into well-marked ophthalmia and otitis.

Before the outbreak of the eruption the patient is very restless ; and this restlessness is followed by great depression of spirits, with apprehension of death. Transient delirium is not rare. Most patients are harassed by want of sleep ; but at times I have noted sleepiness of a peculiar kind, — the patient wants to sleep, but cannot.

The stethoscope detects a true determination of blood to the lungs, with increased action of the heart ; oppression of the chest, superficial, frequent respiration, and frequent deep breathing and sighing ; heaviness and fulness in the chest, anxiety, and palpitation of the heart.

Almost all the symptoms point to an inflammatory irritation of the viscera, especially of the heart and lungs ; and yet Dr. E. E. Marcy, followed by some other writers, holds that “aconite is the proper medicine during the primary fever, provided that the attack is regular, and there exists no tendency to inflammation or congestion of any important organ.” This by no means agrees with my own experience, which has been quite large. I have often discontinued the more specific remedy, in order to beat down threatening visceral inflammations with this great agent. I have frequently done this in confluent small-pox when the suppurative fever ran high, and even in the malignant form of the disease when a low grade of pneumonia threatens.

Most writers recommend the massive dose. Thus, Dr. Gutteridge of Leicester, England, advises three drops of the mother-tincture in eight ounces of water, a tablespoonful every two hours ; and Hempel gives one or two drops of the saturated tincture of the root in a tumblerful of water, a small tablespoonful every two hours. For many years I have used Otis Clapp & Son's *trituration of the root*, the third or fourth decimal for adults, and the sixth or seventh for children, a grain in eight tablespoonfuls of water, a tablespoonful every hour. Dr. Constantine Hering, speaking of the different preparations of apis, remarks that “there is but one right kind ;” and so I feel certain that there is but one right kind of aconite, — that procured at 3 Beacon Street, Boston.

BELLADONNA is the leading remedy when, as often happens, cerebral symptoms predominate. Dr. Bernhard Bæhr places it before aconite, remarking that “belladonna will be found preferable, even after a most careful comparison of the symptoms, and ought to be continued until the eruption is fully out.” And Dr. Richard Hughes writes, “I must agree with Bæhr that belladonna is more appropriate, homœopathically, to this fever, and I have seen better results from it.” Other excellent observers do not entertain so high an opinion of belladonna. Thus, Alphonse Teste observes that “belladonna, which has been much

extolled for small-pox, is not, nevertheless, appropriate to it, except as an accessory, and only in cases where cerebral symptoms manifest themselves ;” and Dr. Franz Hartmann says, that, “for inflammatory cerebral symptoms, belladonna is indeed an excellent remedy ; but, when the inflammation is caused by small-pox, sulphur will have to be given after belladonna, which is seldom sufficient to control the inflammation.”

Not being what Constantine Hering scornfully called a “specificker,” I cannot agree with any of these writers. When the symptoms denote inflammatory action, then aconite is the leading but by no means the sole remedy : when, on the other hand, the symptoms point to congestion of the brain or lungs, then belladonna is the principal remedy, but not the only one. During the early years of the Montreal epidemic of 1871-80 many cases were marked by intense congestion ; and here belladonna was the chief remedy, curative even in the terrible cases where the disease seemed to overwhelm the nervous system from the first, and the patient lay lethargic and comatose, apparently moribund. But the type changed towards the close of the epidemic, the disease became frankly inflammatory, and aconite was the leading remedy.

Belladonna is chiefly indicated during the first stage, especially in children, when cerebral congestions are present, marked by delirium and convulsions ; throbbing and stitching pain in the forehead ; restless tossing about, with desire for sleep, yet inability to sleep, or starting during sleep. Delirium is often present, and it may be continuous even during the waking state. The face is red and swollen, and the expression is anxious. The eyes are red and suffused, and photophobia is almost invariably present. The patient is intolerant of noise. The tongue is red at the tip and margins.

The fever runs high, with burning heat of the skin, often accompanied by coolness of the hands and feet, and pain in the back as if it would break. Intense swelling of the skin and of the mucous membranes is a leading indication, and belladonna is well indicated in the petechial rashes which precede the true small-pox eruption. Constantine Hering gives us the brief but pregnant hint, “*if the pustules are too red ;*” and Dr. E. E. Marcy points out that this remedy exercises a twofold effect, — first, by its special action upon the cerebral organs, and second, by its power of forcing and of retaining the eruption upon the surface.

But belladonna is equally well indicated in the pulmonary congestions so often present and so often overlooked, characterized by great oppression of the chest, excessive shortness of breath ; dry, spasmodic, sleep-disturbing cough, worse at night ;

burning heat, great thirst, quick and strong beating of the heart, excessive restlessness and anxiety. Sore throat is frequently present; and tonsillitis, with stitching pain, is common. Deglutition is difficult: fluids swallowed return through the nose.

The abdomen is tumid and painful, with sensitiveness on pressure, especially in the region of the stomach. Dysuria and tenesmus of the bladder are often present, or, in desperate cases, involuntary micturition and defecation.

Belladonna for threatening abscesses, originating in congestion of the cellular tissue, and also in the low erysipelatous conditions so common in some epidemics. Dr. Samuel Lilienthal tells us, that, during the later stages, belladonna modifies the itching of the desiccating pustules; and I have often proved the accuracy of this curious observation.

The belladonna patient is greatly prostrated towards the close of his illness.

“One of the earliest reported cases (A. h. Z. V.) is thus summarized by Rückert: ‘BelladonnaX5 removed an inflammation of the membranes of the brain, which had been brought on by a cold caught during the course of the small-pox fever.’

“Dr. Fleischmann of Vienna reports the case of a man, aged twenty-four, admitted with the first traces of small-pox eruption, which had rather a violet or livid hue. On the third night he became delirious in an extreme degree. The next day he spoke confusedly; his head was hot, eyes glittering and congested, tongue dry, thirst excessive, and eruption coming out very slowly. Belladonna, second decimal dilution, was given every four hours; but on the fourth night he was so delirious that he had to be confined, and his pulse rose to 124. The eruption was beginning to maturate. Belladonna was now given, in the first decimal dilution, every two hours, when he became quiet, recovered his senses, and had some sleep; the majority of the pustules were filled with matter. From the sixth day onward convalescence progressed so rapidly that he could leave the hospital on the eleventh day” (*Peters’s “Principles and Practice of Medicine”*).

While aconite, then, is the remedy when the symptoms are frankly inflammatory, belladonna is indicated when they point to congestion. In aconite the arterial system is chiefly affected; in belladonna, the capillary. In aconite the affected parts are hot; in belladonna, cold, especially in abscesses towards the close of the disease. Aconite has external chill with internal heat: belladonna has internal chilliness with external heat. In aconite the cold creeps upward; in belladonna, downwards. Aconite has most perspiration on the covered parts: belladonna has perspiration only on the covered parts. Aconite has inclination to uncover during heat or perspiration: belladonna has aversion to uncover. Aconite has hot hands and cold feet: belladonna has cold hands and hot feet. The aconite pulse is full, hard, accelerated, sometimes intermitting pulse, and occasionally a slow, small, thread-like pulse: the belladonna pulse is quick,

full, hard, and tense, and sometimes a small and soft, seldom slow, but, when so, a full, pulse. In aconite, thirst is present during all stages of the fever: in belladonna, thirst is not frequent during the chill. In aconite, remissions come during the day and before midnight: the belladonna remission comes during the forenoon and after midnight. In aconite, sleeplessness chiefly after midnight; in belladonna, chiefly before that hour. The aconite patient is worse in bed, but the belladonna one is better. The aconite headache is better when lying quiet, worse when raising the head or moving: the belladonna headache is better when sitting up, and worse when lying down. The aconite delirium often has the character of ecstasy: the belladonna delirium is violent, with raving and loquacity. Aconite has fear of ghosts: belladonna has desire to flee. In aconite the pupil of the eye is first contracted, then dilated: in belladonna the pupil is first dilated, then contracted. In aconite the respiration is predominantly loud; in belladonna, predominantly low. Aconite has white-coated tongue; belladonna, red, or coated with mucus, or swollen and inflamed. Aconite has anxious urging to urinate: belladonna has involuntary discharges of urine.

These indications, chiefly drawn from Lippe, Gross, and that American Gross whom men call Farrington, have done me knightly service in small-pox cases; and, guided by them, the practitioner will rarely be in doubt, and will never be tempted to alternate.

All doses are recommended, from the ponderous one of Fleischmann to the four globules of the two-hundredth recommended by Pulte. In children I use the Hahnemannian thirtieth; in women, the twelfth centesimal trituration; in men, the sixth decimal trituration, and at times the third or fourth.

Few of the writers of our school appreciate the place and power of *apis mellifica* in small-pox. Thus, Dr. Richard Hughes observes, that "where the swelling is great, or where itching is troublesome, *apis* is a useful adjunct;" and Pulte, speaking of the treatment of the suppurative stage, remarks that "at this time a few doses of *apis mellifica* will be of great service, especially if there is watery swelling under the eyelids." Other writers go to the opposite extreme, notably Dr. Charles Pearson of Mount Pleasant, Io., who insists that it is "almost a specific." But, without being "almost a specific," or any thing approaching to it, *apis* is vastly more than a mere "useful adjunct" to relieve itching, or an intercurrent remedy for watery swelling under the eyelids. *Apis* holds the first place in *œdema of the glottis*; and I have seen small-pox patients, suffering from severe *œdema of the lungs*, rescued as by magic by its prompt and timely use. Again, in *nephritis* and *albuminuria* it is more fre-

quently indicated than cantharides, while in *erysipelas* it does even better service than belladonna.

The high fever of *apis* is preceded by chilliness from the slightest movement. Chill, with shivering, accompanied by a terrible, racking pain all through the head, with increased prostration. Flushes of heat are mingled with the chills, followed by a sensation of heat and stinging over the whole body. The fever is accompanied by nausea and vomiting, with soreness of the pit of the stomach on pressure. At times a sensation in the abdomen as if something tight would break. A yellowish slimy diarrhoea is present, painless and involuntary in severe cases.

The face, at first pale, soon becomes flushed and red; later there is very great swelling of the face, with itching. The eyelids are swollen, red, and œdematous, with burning in the margin of the lids. The eyes are red and itching, with burning, stinging pain; later, puffiness of the eyelids with watery swelling; stinging and burning pains in the throat, with swelling of the palate and tonsils.

*Apis* should be the first remedy in mind when *œdema of the glottis* takes place from extension of the inflammatory irritation, especially when the œdema takes place suddenly, and the characteristic swelling of the eyelids is present.

It is the leading remedy, too, in a similar morbid state, — *œdema of the lungs*, — when following retrocession of the eruption. The patient suddenly becomes short of breath, with pressure across the lungs, and sensation as if he would not be able to breathe again; great restlessness and trembling, with inability to sleep. Scanty secretion of urine is another leading sign; and the patient has either great thirst or none at all.

Nephritis may be present, with albuminuria and partial suppression of urine. The chief competing remedy is cantharides, and the leading points of difference may be thus stated. In *apis* the patient drinks often, but little at a time: in cantharides he does not drink often, but much at a time. Again, in *apis* the urine is frequent but scanty: in cantharides it is infrequent and scanty.

I have found *apis* invaluable in the *sudden* accession of *erysipelas* towards the close of the suppurative stage, even when a marked typhoid state was present. A *gradual* accession points to belladonna.

Dr. W. V. Drury suggests this remedy if the ovary is affected towards the close of the illness.

“The following case, illustrative of the action of *apis*, is reported, by Dr. Charles A. Pusheck of Chicago, in the second volume of the ‘Clinique:’ ‘Annie R., aged twenty-one, a strong, well-built German emigrant, three months from the old country, came to my office on Friday to get something

for her eruption. She had had an eruption ever since she landed; but now it was "awfully bad," she said, and wanted something done for it. On inquiry, I learned that on the previous Wednesday she was taken with nose-bleed and vomiting, followed by an intense throbbing headache and high fever. At first she attributed these extra-severe symptoms to the appearance of her menses. The next morning, although the symptoms had abated somewhat, this bad eruption was out all over the body at once, and vesicular. There had been no pain in the back. When I saw her, she had pain in the throat, and could hardly speak. There was pain when urinating, and constipation. So far, the case was rather puzzling; but, on inspecting the eruption, the navicular depression could readily be seen. I gave the verdict varioloid, and she was conveyed at once to her home. She thinks she was vaccinated when a child, and took the contagion through the atmosphere; for small-pox had been next door, and the windows of the two houses were facing each other, with a distance of about three feet between. I ordered her to bed, and gave *apis mellifica*<sup>30</sup>.

"The day after, the acute, stinging pains in the throat, eyes, and on urinating had subsided somewhat, and the vesicles were at their height. The subsequent history of the case was that usually met with.

"The suppurative stage was not very marked, and she made a good recovery. She is now living at another place, and, I understand, the original emigrant eruption has come out on her again. She was discharged after ten days of treatment.'

"The following case, reported by Dr. Turrell in the 'Bibliothèque Homœopathique,' is an admirable illustration of the action of *apis* in the mishaps which sometimes follow vaccination: 'A child aged fourteen months had received three punctures of vaccine-matter on the right arm, the smallest of which was deep, and bled a great deal. It became the centre of an inflammation of the lymphatics, with swelling redness and violent fever.

"At the beginning of the upper third of the shoulder, as far as the middle portion of the arm, it was uniformly swollen and sensitive to the touch. Several very red spots around the circumference of the swelling, and their painful track extended to the axillary glands, presenting the size of a hazel-nut. The redness commenced three days after the puncture, at the time when the scabs had formed. For three days the child became restless, fretful, sleepless, having a dry heat of the skin and insatiable thirst. Pulse 160; tongue red; constipation. However, the child nursed willingly during the day, and refused only at night. *Apis*<sup>12c</sup>, one drop in one hundred and fifty grains of water, one teaspoonful every three hours. Five days later the inflammation seemed to be less; the red streaks of the circumference had grown pale; the child cried less during the night, and had had a few hours' sleep. *Apis*. The seventh day the puncture in the centre of the erysipelas burst, discharging a great deal of pus. *Apis*<sup>24</sup>, one drop in one hundred and fifty grains of water, one teaspoonful every four hours.

"The ninth day the opening of the vaccinal scab was enlarged, and showed pieces of mortified cellular tissue, but still adhering to the living portions. The skin was thin, and detached around the orifice, although the inflammation was limited. The child slept well, nursed eagerly, and seemed to suffer none so long as it was lively. *Apis*<sup>30</sup>, one drop. The tenth day a few pieces of cellular tissue as large as a two-franc piece were extracted from the opening. The redness was now reduced to the part of the skin which corresponded to the mortified cellular tissue: the extraction of it was completed at each daily dressing. On the fourteenth day the child was taken away by its nurse, and came back eight days after, having on its arm only an ulcer of a healthy appearance, and promising an early cicatrization. It was entirely well in eight days.'

“The following case of vaccination-erysipelas was reported by the present writer in the ‘Clinique’ for September, 1885: ‘On Sept. 2, 1885, I was called to see J—, aged two years, the child of Mr. S. S—, Ste. Catherine Street. I found that eight days previous she had been vaccinated; that for six days all had gone well, but that on the morning of the seventh day erysipelas set in, and rapidly spread over the entire body. The arm was greatly swollen, and the cellular tissue was so much infiltrated that the finger left no imprint on it. The entire body was covered with an erysipelatous eruption of a dusky-red hue, save a very few islands of healthy skin. On pressing the finger on the erysipelatous portion, it became of the natural color, and the dusky-red tint returned but slowly. The temperature was 102°; pulse 130, small and thready; the tongue coated yellowish, with red and enlarged papillæ. The face was flushed, the eyes heavy and dull: the whole aspect denoted illness. *Apis mellifica*, sixth decimal trituration, a small powder in twelve teaspoonfuls of water, a teaspoonful every hour.

“‘Next morning I was astonished to find the child out of bed and dressed: no fever, no erysipelas, tongue clean, expression and action normal. The amendment commenced with the first dose.’”

The *apis* small-pox is vastly more intense and more malignant than the form to which belladonna corresponds. This element of malignancy is not easy to describe; but, with a little practice, it is easy of recognition at the bedside. *Apis* and belladonna are beyond question the leading remedies in the congestions which make up much of the danger of small-pox; but, while belladonna corresponds to the earlier stages, *apis* is in close relation to the later stage,—that of effusion. Farrington remarks that “the congestions of *apis* are seldom as acute as those of belladonna; but vitality is lower, and absorption less active.” In *apis*, complaints of the external parts predominate; in belladonna, complaints of the internal organs. In *apis* the chill is almost always accompanied by thirst: in belladonna the chill is without thirst. Further, in *apis* there is no thirst during the sweat. In *apis*, heat with inclination to uncover; but in belladonna there is aversion to uncover. In *apis* the remission comes during the day; in belladonna, after midnight and in the forenoon. In *apis* the face is at first flushed and red, even purplish; but later it is pale, swollen, and œdematous: in belladonna it is swollen and red, but rarely œdematous. Both remedies are indicated by inclination to sleep, with inability to do so; but the *apis* sleep is disturbed by nervous startings, while the belladonna sleep is heavier and more comatose, with jerking of the limbs. Again, in sleep the *apis* face is paler than the belladonna one. In *apis* the urine is at first profuse, then scanty; in belladonna, first scanty, afterwards profuse. Both are leading remedies in the erysipelatous troubles so frequent towards the close of small-pox; but the *apis* erysipelas comes on gradually, the belladonna erysipelas suddenly. The *apis* erysipelas is lighter in color than the belladonna form; it is puffy and œdematous, with the well-known burning and stinging pains: the belladonna erysipelas is red, smooth, and shining.

Pearson recommends the thirtieth for children and the twelfth for adults. I always use the sixth decimal trituration of the virus.

(*To be continued.*)

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NOTES ON AN EPIDEMIC OF INFLUENZA IN AUSTRALIA.

BY W. R. RAY, M.D., MELBOURNE.

FOR the past four months we have been going through a very severe time with an epidemic of influenza. In Quain's "Dictionary of Medicine," an epidemic of a similar nature is reported as having taken place in 1847, which is divided into three groups, having the following symptoms:—

(*a*) Ordinary feverishness, frontal headache, sore throat, raw feeling mid sternum, irritable cough, and great prostration.

(*b*) Pulmonary complications, pleuritis, bronchitis, and pneumonia.

(*c*) Gastro-intestinal troubles.

These several varieties have been well illustrated in this last epidemic. In addition there have been severe rheumatoid pains of an intermittent character, with excessive prostration and long-protracted convalescence. It has been very prevalent over all the colonies, although the general features have remained the same. The general impression is that it is due to an unusual amount of foggy weather, so much so that by popular consent it has been called "fog-fever." However, meteorological evidence goes to show that there has not been an unusual amount of foggy weather; neither has there been an excessive rainfall. I might mention that the time of the year was winter, which lasts from June to September. The special features of the epidemic have been (*a*) cough; (*b*) prostration; (*c*) pulmonary complications; (*d*) cardiac syncope.

*Cough* has been dry and paroxysmal, sometimes causing vomiting, and generally without any appreciable irritation or inflammation of the mucous membrane.

*Prostration.*—This was very excessive, equally severe in the robust and the feeble, some cases taking six to eight weeks before any signs of rallying showed themselves.

*Pulmonary Complications.*—Pleuritis, dry and with effusion, pleuro-pneumonia, broncho-pneumonia, and bronchitis; the two first mentioned being the most prevalent. With the old-school treatment these lung complications have been very fatal, deaths taking place in twelve, twenty-four, or thirty-six hours. In some cases there would be some hepatic disturbances, followed by

pneumonia, and characterized by great tendency to relapse. In a few cases there was inflammation of the air-passages, followed by epistaxis and gastro-intestinal troubles, and after the acute symptoms had vanished severe frontal pains would appear.

*Cardiac depression*, almost amounting to syncope; pulse almost imperceptible, pallor of face, perspiration standing out in beads on the forehead. But in most of these cases there was some antecedent history inducing cardiac weakness,—such as excessive tea-drinking, use of tobacco, or rheumatism.

The medicines which were found to be the most useful were aconite, gelsemium, arsenicum and arsenicum-iodatum, bryonia, camphor, kali bichromicum, lachesis, phosphorus, and sulphur; but gelsemium and arsenicum-iodatum covered by far the greatest number of cases.

In conclusion, I might add that I believe our treatment has been markedly satisfactory, in that the “regulars” lost a great many cases, while, as far as my knowledge of my own work and that of two of my colleagues goes, not a case was lost to homœopathy.

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#### LACERATION OF THE CERVIX UTERI.

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

THE significance, the effects, and the treatment of laceration of the cervix, are subjects which have received much attention from all gynecologists, and have been thoroughly studied and discussed by them for several years; but their only consideration before this Society is that presented by Dr. J. H. Carmichael, in 1883. And the fact that many members profess ignorance of the condition, and openly condemn as charlatans and quacks all who do recognize and deem it worthy of treatment, is my excuse for bringing the subject again before you; not, however, for the purpose of parading my own or others' success in its treatment, but to present for your calm, candid consideration, what those whose observation and experience render them competent to judge, have found to be facts regarding the matter. Notwithstanding the claim of many that they have never seen a lacerated cervix, careful observers have found that about one in every six women who have borne children, has suffered a more or less extensive lesion of the cervix. It is, then, not rare, but a very common occurrence. The laceration may be anterior, posterior, unilateral, bilateral, or stellate; in extent, from a mere fissure at the os tinæ, to a rent extending to or even beyond the vaginal junction. In some instances it is wholly within the cervical canal, not involving, in any degree, the vaginal portion of the cervix. If the laceration be anterior, which fortunately

is a very common site, it generally heals with no other aid than that which nature and cleanliness will afford; and complete or partial union sometimes occurs in other locations, but not generally, and unless it heal within a short time after the injury, it never will do so without surgical aid. The most common form, which requires the surgeon's interference, is the lateral, either one or both sides being torn, — most frequently the left.

*The causes* of this accident are not very well defined, as it occurs as often among the higher as among the lower classes, and as frequently in slow, tedious labors as in the rapid. The use of the forceps, when their application is intra-uterine, is almost sure to cause some rupture of the cervical tissues; but no such effect can be charged to the usual instrumental deliveries when they are not introduced within the uterus at all, but only within the vaginal canal. Criminal abortion is found to be generally productive of more or less laceration; and even miscarriages, without extraneous cause or aid, are sometimes found to have caused some injury to the cervix.

For the mechanical reasons or theories, as to the direct cause of this lesion, in each of its different forms or sites, I refer you to Emmett's work on Gynecology, as I desire only to review briefly some of the established facts, not to treat the whole subject exhaustively.

The effects of this injury are many and various. The immediate effects of a laceration which does not close itself are sub-involution, eversion, and erosion, with consequent granular or even ulcerative cervicitis (these in almost every instance), retroversion, and prolapsus, as also sterility in a large proportion of cases. The pain, soreness, discharge, weariness, back-ache, and other symptoms by which these local conditions make themselves felt, are by many borne with patient endurance, as the natural and unavoidable consequences of maternity; while others seek relief without knowing why or from what cause they suffer, and too often their physician knows little or no more about it than they can tell him.

In a large number of cases, whether treated or not, the effects gradually extend through reflex irritation of the sympathetic, and, to some extent, the general nervous system, producing a long and varied train of symptoms of an oftentimes distressing character. As in all other reflex disturbances, no uniformity in different cases, or even in the same case at different times, can be depended upon in this class of symptoms; but among the most common and frequent may be mentioned excessive irritability, inability to control the feelings and emotions, mental depression and melancholy, headache especially through or behind the eyes and in the top of the head, nervous sick headache (or migraine),

palpitation of the heart, indigestion and faintness or sinking sensation in the stomach, backache, and tenderness of the spine, and vesical irritation and tenesmus.

The mental symptoms are sometimes more serious, developing, in some instances, into mania, hystero-epilepsy, or even continuous insanity. The presence of cicatricial tissue or deposit in the cervix has much to do with the production of these reflex nervous symptoms; and they rarely develop to any great extent when this is absent, however extensive the laceration. Cancer of the cervix cannot, I think, be claimed as a direct result of laceration: yet it is worthy of notice, that nearly all cases of uterine cancer, whether epithelioma or carcinoma, develop in those who have an unrepaired lesion of the cervix; and it can at least be said that such a lesion favors the development of malignant growths. This fact alone, even if the relief of present suffering were not deemed necessary, is sufficient to render a repair of the injury a matter for very serious consideration; for the prevention or avoidance of malignant disease is much more creditable, as well as more efficacious, than any attempt at its cure after it has made its appearance.

When the laceration is deep, or of any great extent, it is so apparent to the educated touch, as well as to sight, that no plausible excuse can be offered for failing to make a correct diagnosis; though we all are aware that "there are none so blind as those who will not see." But every educated physician knows that a slit which extends completely through one or both sides of the cervix, and will admit the index finger with ease, is not a *normal* condition; and eversion is itself evidence of laceration which makes the eversion possible, for if a normal womb is ever inverted, or any part of the lining of its canal everted, it is so rare that few physicians ever witness it. When the injury is wholly *within* the cervical canal, failure to discover it is excusable, for only by great care and search is it to be found, the presence of cicatricial or cartilaginous tissue being almost the only evidence, aside from the subjective symptoms, which *might* arise from some other cause; but its recognition, if present, is no less important than that of any other obscure cause of unaccountable suffering.

The treatment is either palliative or curative. Under the former must be placed all other than surgical measures. This will, I know, be denied by some; but the record of those who do not operate, no less than that of those who do, will sustain me in this conclusion. Unquestionably much relief may be temporarily afforded by well-directed general and local medicinal treatment; but if cicatricial tissue be allowed to remain, or a gaping wound be left open and in constant friction with

the vaginal wall, the palliative treatment will have to be indefinitely continued, or repeated at short intervals, or all the symptoms will re-appear again and again, with increasing reflex accessions.

Such results cannot justly be claimed as *cures*; though there are those who repeat cures of this kind over and over again, as evidence that operation is unnecessary, the same patient oftentimes furnishing the material for *several* such reports. And, as before stated, these neglected and patched-up cases are the source of nearly all the uterine cancers, which are said to exceed in number those of any other location, even of the breast, and which are rarely if ever cured. But this palliative treatment has its proper place, and, in its sphere, is of great value. For those women whose terror of an operation is so great as to render it impracticable, this offers an alternative; i.e., continuous or life-long palliation.

It is also of great service in reducing congestion, and putting the patient, locally and generally, in a condition to be successfully operated upon,—i.e., preparatory treatment; but only through surgical repair of the lesion can permanent and hence real cure be expected. That the successful operation does secure this end, is evidenced not only in the change effected in the injured part, by which it is restored to a normal state anatomically and physiologically, and the sterile patient generally rendered capable of again conceiving and bearing children; but the many reflex nervous symptoms, which, by other means, were only relieved or suppressed, gradually and surely subside and disappear. This fact also proves another, which some superficial observers are disposed to deny, or at least question; viz., that these reflex symptoms are dependent upon and due to the uterine lesion, else they would not be generally removed by its repair.

I do not propose detailing the operations which, in themselves, possess little or no interest for the majority of practitioners, while to the interested few the different operations are already familiar. I would like, however, to draw a brief comparison between the two operations known as Emmett's and Martin's, respectively. By the former the cicatricial tissue, which is the cause and source of nervous irritation, is thoroughly removed, without cutting away the normal tissues or destroying the lining of the cervical canal; and when united by comparatively few stitches, the cervix is restored to its normal shape and appearance, with all its tissues in normal relation to each other, thus favoring natural circulation and innervation.

By Martin's operation a large portion of the cervix, together with the cicatricial tissue, and the entire lining membrane, and

the nabothian glands, are cut away and destroyed. The remaining portions of the cervix are then doubled in upon themselves to form an artificial canal. The cervix is thus shortened, unnatural in form and appearance, and the canal is funnel-shaped, and lined with a membrane having a different form of epithelium, and without the normal glandular formations, and therefore presumably without its normal functions. Furthermore, Martin's is a much more difficult and longer operation; and in all departments of surgery, unless the more difficult can be demonstrated to be correspondingly superior, the simpler and easier operation must always be the better. This comparison, though incomplete, is sufficient to explain my decided preference for Emmett's method of operating, and why I believe the results will generally prove more perfect.

Without occupying more of your time, allow me, in closing, to urge you all to banish any preconceived prejudice, and examine this matter carefully, upon its merits; and I am confident you will find, in many cases, a lacerated cervix as the cause of sufferings which you have perhaps dismissed as purely nervous, hysterical, or even imaginary, and which could and should be cured by Emmett's operation, sometimes designated trachelorrhaphy.

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#### *METHOD OF OPERATING IN ATROPHY OF THE OPTIC NERVE.*

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

[Presented at the October meeting of the Massachusetts Homœopathic Medical Society.]

I WISH to call your attention to an operation for the improvement of visual acuity and increase of the visual field in partial degenerative atrophy of the optic disk. The subject is one of unusual interest, because of the grave nature of this disease, and because of the grand results to be gained by the devisement of any successful method of treatment.

As long as the field of vision and the color-perception remain good, we may hope for partial success with internal remedies, with electricity, and with hygienic regulations; but when, by careful examination with the perimeter or the campimeter, we find the outlines of the visual field contracted and irregular, and the color-perception confused, then we have reason to fear an unpromising prognosis.

It was to meet the requirements of just such cases as these, that the following operation was ventured on by De Wecker of Paris. Its conception and execution are worthy of the colossal daring of the man, and of his energy in combating desperate

cases. His proposition was, to loosen the nerve from its attachment to its sheath, by stretching. The optic nerve, when it passes through the optic foramen, receives, as you know, a sheath from the dura mater, which accompanies it through the cavity of the orbit, and is finally lost in the sclerotic at the point at which it is pierced by the optic nerve. Also each fasciculus of the nerve is enclosed in its own neurilemma. His theory was, that during degenerative changes these sheaths became dry, stiff, and partially ossified; they became firmly attached to the nerve-fibres, and thus constricted them; and if, by any interference, the nutritive activity of the sheath could be recovered, we might hope for favorable results. He put these reasonings to the test, and devised the following operation, the various stages of which I have had the pleasure of closely witnessing at his *clinique* at Paris, and which I will describe under the following headings:—

First, the tenotomy of the external rectus; second, the introduction of the forceps; third, the stretching of the nerve; and fourth, the replacing of the rectus muscle.

The tenotomy of the external rectus is proceeded with exactly as in the operation for the advancement of the rectus in convergent strabismus. The incision is made through the conjunctiva exactly over the tendon of the external rectus; the rectus is loosened from its attachment to the conjunctiva, and to the capsule of Tenon; De Wecker's clamp forceps are applied, in order to prevent the retraction of the muscle; and the tendon is cut. Then sutures are passed through the superior and inferior borders of the tendon, and given to an assistant to hold; and the clamp forceps are withdrawn. Thus he secures control of the muscle, and prevents its retraction behind the ocular globe.

The second step is the introduction of the forceps. These are a small pair of steel lock-forceps consisting of two detached blades locking like the Simpson obstetrical forceps, and each blade ending with a blunt semi-circular claw similar to the ordinary button-hook in common use. The eyeball is rotated inwards, in order to bring the optic nerve as near to the surface as possible; one blade of the forceps is introduced through the opening in the conjunctiva made while performing the tenotomy, and is very carefully hooked round the nerve close to its insertion into the sclerotic; the second blade is then introduced, and hooked round the nerve from the opposite side; and the forceps are then locked. Thus the nerve is held in a very strong clasp, and the globe of the eye itself prevents its slipping during the stretching-process that is to follow.

The third step is perfected by a gentle and increasing traction

outwards on the nerve. Its force must be regulated by experience, caution being necessary at first. De Wecker himself seems to exert considerable force, but a nicety of judgment is requisite.

The fourth stage is the replacement of the muscle. This is effected by stitching the muscle to the conjunctiva as near as possible to its original insertion. The needle at the end of the upper suture held by the assistant is passed under and through the ocular conjunctiva at the superior border of the cornea, the inferior suture is likewise passed through the inferior conjunctiva, and they are then tightened until the muscle has been drawn forward to its original position on the eyeball, and are then firmly tied. For convenience, and to distinguish them, the upper suture is of black silk thread, and the lower of white.

This finishes the operation, and now it is necessary to measure the result. The patient is placed before the campimeter and before the test types, and the field of vision is carefully measured. In all cases that came under my observation, the immediate result of the operation was an increase of the radius of vision one-quarter or one-half, and the acuity in the same proportion.

As you perceive, this must all be done without the administration of an anæsthetic; as otherwise it would be necessary to wait for some time before measuring the result.

I have said that the *immediate* result of the operation was a decided increase of the visual field and of the acuity. In all cases that I observed, a contraction began again after a few days; so that, in course of time, it became necessary to repeat the operation.

I do not think that Dr. De Wecker claims perfection for his work; indeed, he cannot. These operations were begun in an experimental manner, and are the first efforts made toward the relief by operative measures of this desperate form of disease. Although resulting in only partial success, yet they demonstrate the possible yielding nature of the disease, and, as experiments, may be the pioneer of future good in the development of more successful results.

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### CLEANLINESS IN SURGERY.

BY J. K. WARREN, M.D.

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

IT is the strict attention to details in all operations that is the strongest factor of success; and that surgeon as well as physician who makes the little things in surgery or medicine his especial care and study, is the successful one. Many a

good, even brilliant, operator, fails to be a good surgeon or teacher for want of this care; and most of our text-books are deficient for the same reason. They tell us that the incisions should be made thus and so, and that the flaps should be formed after a certain fashion, that the arteries are to be secured, sutures inserted, and the wound dressed; leaving all the minutiae to be found out by experience. The result is, that, before we have performed many operations, we find ourselves in helpless perplexity. Sometimes, to our great chagrin, we find something we have never chanced upon before, and we are at a loss how to proceed; we are not only destitute of a knowledge of the best way out of our difficulty, but of any way out of it. The application of small splints, bandages, dressings to boils, abscesses, etc., in inconvenient places, although small matters, are worthy of our attention.

But the most essential thing of all is cleanliness, — absolute cleanliness in minutiae. We should see that our instruments, after being used, are not merely washed, but thoroughly cleansed; the eyes of the needles, the teeth as well as the slides and catches of the forceps, should receive especial attention, as should every crevice or groove about the instruments or handles, where the least particle of blood or matter could find lodgement. Old sponges, soiled silk, or wire that has been handled with soiled hands, should be avoided; the cloths, towels, bandages, as well as the hands and finger-nails, should all be carefully inspected: In fact, every thing to be used about the patient should be absolutely clean; for, if we fail in one point, we fail in all: as, for instance, we may be scrupulously neat and particular in all the details of the operation until we come to introduce the sutures, and then, by using soiled silk, or a needle in the eye of which the least particle of dried or decomposed tissue has found lodgement, we may introduce into the system sufficient material to produce septicæmia and perhaps death. We have sometimes seen in hospitals an amputation or some other operation performed under antiseptic precautions, and, just as the operation was being completed, a soiled towel or dirty sponge hastily and carelessly applied to remove a coagulum, thereby introducing into the wound foreign material, and rendering of none effect the previous care. Again, we may have looked carefully after our instruments, sponges, and every thing to be used about our patient, and forgotten to clean the finger-nails; and they become the carriers of foreign and poisonous matter. Absolute cleanliness is the great essential; but to obtain it, requires a vast amount of care and pains-taking: and I venture the assertion that the good results which have followed the use of the so-called antiseptic method are due to this factor of cleanliness, and not

to any antiseptic or medicinal substance which may have been used ; and I challenge any one to show any better results under the strictest antiseptic methods than can be obtained without them, where entire cleanliness is observed. It is always to be remembered, that antiseptics of all kinds are in themselves an evil so far as their direct effect upon the tissues is concerned. They are foreign substances, and, like all other foreign substances, should be kept out of wounds. Their evil effects are twofold ; for they not only act mechanically by their presence, but, if of sufficient strength to destroy germs (provided there are such things), they produce an irritating and caustic effect upon the living tissues. Carbolic acid is especially objectionable on this account, for it operates with especial energy upon the cuticle, and often entirely prevents the formation of young epithelial cells when far too weak to have any effect upon any germs.

We are told that there are germs in the air, the water, and our food ; that we eat, drink, and breathe germs ; that they swarm all about us, and, whenever or wherever the skin is broken, they make speedy entrance, and storm the citadel of life. We are also told that all diseases, whether whooping-cough, phthisis, or syphilis, are produced by germs. In short, we are like a moth-eaten garment or a maggoty cheese, a wriggling mass of germs. And I suspect that in the near future the only qualification required for practising the healing art will be a thorough acquaintance with this numerous family of imps ; so that, when called to a patient, we may be able to recognize them, and cast them out. Professor Lister himself says, that, unless his method is carried out to the letter, we must not expect the best results ; and I was told while in England a few years ago, by one of Professor Lister's former students, that there were but three men in Europe who practised it in its entirety. There are numerous cases on record of the evil effects produced by the various substances used for antiseptic purposes, and doubtless there are many more which have never been recorded ; while, upon the other hand, the results obtained by such men as Thomas Keith of Edinborough, and Czerny of Heidelberg, who largely discard antiseptics, and rely upon strict cleanliness, are equal if not superior to those obtained by Lister or any of his adherents.

I have given this subject some thought and study for several years, and am convinced that the rational method is to imitate nature's plan, and keep from the wound all foreign substances ; believing that the sooner wounds can be closed, and the cleaner they can be kept, the more they can be brought into a condition like that of subcutaneous tissue. Rigid cleanliness, then, of hands, instruments, apparatus, and dressings, is, after all, the sum and substance of antiseptic surgery, and the thing to be sought after.

ABSTRACT FROM THE PRESIDENTIAL ADDRESS DELIVERED BEFORE THE AMERICAN INSTITUTE OF HOMŒOPATHY, JUNE, 1885.

BY T. F. ALLEN, M.D., NEW-YORK CITY.

[Reprinted from the "Transactions of the American Institute of Homœopathy, session 1885."]

. . . I propose to offer some suggestions concerning therapeutics, and lay before you the need of investigation into the truth or falsity of some beliefs common among our members.

Much has been said about the change going on in the practice of the old school, and the influence homœopathy has had upon its therapeutics ; but I believe that few are really aware of the extent and significance of this change. Every one knows that blood-letting, and overdosing with calomel, and a general system of depletion and depression, have given place to quinine, and tonics, and a general system of stimulation ; but every one does not know, what appears to be true, that modern heroic methods are just as productive of harm, and just as fatal in their results, as ancient methods, and that homœopathy, by contrast, is just as brilliantly successful to-day as fifty or a hundred years ago.

That which most interests and concerns us, however, is a growing scepticism, among members of the old school, as to the value of *any* system of therapeutics, and a willingness to treat some diseases at least upon a purely expectant plan. Many of our colleagues in that school would discard the use of drugs altogether did not the sick or their anxious friends absolutely demand the employment of active measures. How many wise men have found depressants and stimulants, tonics, anti-periodics and anti-zymotics, powerless to arrest the progress of disease, or lessen mortality ! and the latest craze, anti-pyretics, so refined that fever can be regulated with the accuracy of a clock, and the temperature kept at a definite theoretical standard, has been declared by the most eminent therapists to be wholly powerless to arrest the course, or lessen the mortality, of any disease. Little by little, physicians have come to think it wise to let a fever have its "run," and to permit a pathological process to pass through its various phases without violent interference. In this way, most interesting and instructive results have been obtained. These reformers of therapeutics have proceeded with great caution, and hitherto have ventured to apply their principles to but few diseases ; namely, typhoid fever and some other exanthemata. In 1,668 cases of typhoid fever, treated *secundum artem* at St. Bartholomew's Hospital, there was a mortality of 16.9 per cent. The best result yet obtained by the systematic employment of anti-pyretics has been a mortality of 11 per cent ;

while hundreds of cases in German hospitals treated "symptomatically" — that is, by the administration of medicine only to relieve distressing symptoms — showed a mortality of 5.5 per cent, and, omitting from the record cases hopeless or moribund at the outset, only 2.5 per cent. Even this low rate has been exceeded by a judicious expectant method combined with the employment of sponging and bathing with water, which has lost but 1.9 per cent. While there is no doubt that statistics are very deceptive, and that epidemics of typhoid fever especially vary in virulence, and that the season of the year exerts a great influence upon mortality, yet, taking all this into account, it must be conceded that these results are exceedingly instructive. The death-rate is evidently increased by the use of drugs, particularly by drugs administered upon any preconceived theories of the nature of disease and of drug-action in general. The best results have been obtained by completely ignoring the pathology of the case, and prescribing merely with a view to relieve distressing symptoms; but even this sensible method in the hands of those who employ large doses of drugs has proved less successful than the complete abandonment of drugs altogether.

In my own mind there is no doubt that the symptomatic method properly carried out will prove the most successful. Let a new school of therapeutics arise which shall undertake the treatment of the individual rather than the "disease," even discarding all medication whatever, which shall abandon the attempt to smother morbid processes by physiological methods, shall discard anti-periodics, anti-zymotics, anti-pyretics, *et id omne genus*, and the results will leave but a small margin in which to exhibit the superiority of any other system, which could be demonstrated only by a most accurate knowledge of the properties of drugs, and the administration of the least possible quantity.

There is no probability that such wisdom will speedily govern the therapeutics of the old school; but there can be no doubt that the change will come gradually, that it will affect the treatment of one disease after another until it becomes general, and that it will come as fast as the public can be enlightened in regard to it. Our hope is, that it will find us prepared. Two cardinal rules should ever be kept in mind; they are more binding upon us to-day than ever before in the history of homœopathy, for they have received more confirmation: *first*, in the selection of the remedy, the *contingent* symptoms are more important than the *absolute*; *second*, our doses should be small and infrequent. I do not propose to deliver a lecture upon therapeutics; but I cannot refrain from calling attention to the first of these rules, so ably elucidated in the "British Journal of

Homœopathy" by Dr. Drysdale, and to its remarkable enforcement by the experience of the most thorough homœopaths and the most advanced allopaths. Both from the view of the homœopathist, who uses it to select a drug to cover a case which presents absolute lesions and symptoms not to be sought for in our materia medica, and of the allopathist, who ignores the absolute lesion and its consequent symptoms, and seeks only to relieve the more remote and varying troubles of his patient, this rule is the golden one to follow.

Our materia medicas must emphasize and distinguish these peculiar symptoms which are so important. They vary in provers as well as in patients; and, though often seemingly trivial and obscure, they are as characteristic as the lines in a spectrum.

I now call your attention to two subjects, which require complete elucidation through your efforts. They will continue to be considered to belong to our school as long as a portion of our school continues to believe in them. They are subjects which have given rise to great bitterness of feeling, and have effected a division in our ranks; and yet, strange as it may seem to one accustomed to exact methods of research, they belong purely to the domain of experimental science, and can be proved or disproved by means of the most simple analyses. It is impossible for us to put them aside, for they obtrude themselves upon us at every turn,—in our literature and in our discussions. They must be dealt with dispassionately, with perfect fairness, and with scientific accuracy. They have occupied a large share of the attention of some of us for many years, and they must be dealt with by a large and authoritative body of men ready and willing to follow truth wherever it may lead. They are Hahnemann's theory of dynamization, and the power of high dilutions to produce morbid processes in the healthy body.

Concerning the first of these, it is obvious that the most simple experiments will suffice to demonstrate the power of trituration or succussion to develop medicinal action in substances normally inert, or to enhance the power of substances normally medicinal. It is also equally feasible to test the comparative efficacy of potentized and unpotentized dilutions, either dry or in solution. A series of experiments carefully prepared and accurately carried on, looking to such results, would prove of the greatest value, whether or not those results should uphold the theory of Hahnemann still held by so many of his disciples. In case of confirmation, facts wholly unrecognized at present by scientists would be clearly set forth, and lines of investigation opened which would lead to most interesting results. Should, however, the experiments fail to demonstrate the existence of

any power in friction to develop or enhance medicinal property, then the simple record can be made, and the burden of proof will plainly lie upon those who might continue to adhere to the theory. It must be confessed that some carefully conducted experiments, among which I may be permitted to note those of Dr. Conrad Wesselhoeft of Boston, have failed to confirm Hahnemann's theory; but our school needs more extended experiments, and I hope this Institute will take the matter in hand. Many of us have clung to the old beliefs, and might find the ground rudely shaken under our feet; but we must remember that truth will prevail, and that we have nothing to fear but error. Day by day we are brought to face the query, What *knowledge* do we possess? not What theory do we hold? and, while the demand for actual demonstration clears the ground of many incumbrances, the present age of scientific inquiry unearths many a mine of inexhaustible wealth.

The subject of high dilutions is, I am well aware, banished in great degree from our meetings: *but it will not down*; and I, for one, wish to see it thoroughly investigated. The belief in them has led to the formation of a society by some of our members, who wish the most perfect freedom in expressing their opinions and relating their experiences. Not so much on their account or our own as on account of the younger men coming to us with no convictions on the subject, and with no adequate data by which to form opinions, should this vexatious subject receive the fullest possible light. Many years ago, at Albany, the relation of these potencies to the theories, then new, of the ultimate constitution of matter, was discussed by your speaker; and the subject has been ever on his mind since that time. While it is, I believe, true, that the ultimate constitution of matter is still unknown, that many of the simplest facts of nature are still inexplicable (for example, the reflection and refraction of light), while it is believed that an ultimate ether exists about and between the ultimate molecules of matter, and while many subtle minds still hold that matter and force are one and the same, and inter-convertible, yet it is doubtless true that practically there is a limit to the divisibility of drug-power associated with material substances, and that this divisibility is very finite.

Observations seem to teach, that, in our preparations, matter is not very finely divided, and that the limit of fineness is reached in two or three triturations, and probably in the very first dilution. The perpetuation of drug-power in higher dilutions must be obtained by other methods than subdivision, and the extent and variations of this power may be the legitimate inquiry of a scientific commission. It is not a subject for clinical investigation, — no facts can *ever* be demonstrated by an appeal to the sick;

the elements of doubt are too numerous to be ignored; only *comparative results* may thus be obtained on a large scale,— the facts as to the existence of drug-power in high dilutions are to be brought out by absolute experiment. Properly conducted experiments should be instituted by a commission of perfectly unpartisan observers. The results obtained by them would serve as a basis of opinion for all of us: they would clear away the mist from our *materia medica*, and establish homœopathy on a firmer basis.

Some years ago an enthusiastic young man accepted, in a sectional meeting of this Institute, a challenge to accomplish the task of demonstrating the presence of drug-power in the thirtieth dilution; he had for many years been accustomed to use high potencies in his practice, and felt himself sure of his position. The progress of the experiments involved a familiarity with the action of low potencies, which he at once set about to obtain; and months and years rolled by, but he was not idle. Special potencies have been prepared in the most thorough and careful manner, from the third decimal to the sixtieth decimal; and observation after observation has been recorded and checked by crucial tests. Numerous offers of help have been accepted from persons sensitive to various drugs; and numerous physicians have been interested, and have lent their aid. Even potentizing machines have not been neglected. When Professor Jaeger published his remarkable results by the use of the chronoscope, one of his own instruments, with battery complete, was imported, and attempts made to verify his observations; and, as one becomes familiar with the use of the chronoscope only after much practice, a great deal of time was consumed (the late Dr. Butler gave much time and assistance to this work with the chronoscope): and now, after many years, that same young man is obliged to stand before you to-day and acknowledge his complete inability hitherto to solve the problem; he has failed at every point. It seems to many of us impossible to ignore the results of the high dilutions on the sick; but these apparent results must be confirmed by experiment on the healthy, and our practice made to conform to our positive knowledge. It seems to me that at this time we can engage in no better work than an unprejudiced and thorough investigation into the limits of divisibility of drug-power.

The interest and instruction derived from our meetings arise largely from the discussions in which we all take part; these discussions constitute the *fruit* of the convention, in which we obtain the observations and matured opinions of our colleagues. The experience of our co-workers is what we come here to get: this is the reason why we exist as an Institute. The papers,

which are carefully prepared, and which serve to present the subject for discussion, are mostly digests, or, at best, the experience of but one person; the remarks that follow are, on the other hand, so varied and so critical, that we look forward to them as quite equal in interest to the paper that preceded and introduced them. And, when we read our printed Transactions, we can but regret that these discussions are not more fully reported; the volume is almost wholly taken up by the papers presented and read, or taken as read. In this I think we do injustice to the large number who attend and take part in our meetings; a full report of their contributions will interest every member who is unable to be present, and will stimulate those who do attend to bring to us their best fruits. Year by year more members would be induced to attend, and more of our colleagues would desire membership in our body. This subject seems to me to lie at the very corner of our superstructure, and in great part to determine the position assumed by individual members toward the Institute.

In conclusion, let me express the hope that we shall continue to uphold perfect liberty of opinion, and that our meetings shall be characterized by the most perfect harmony and good will. Differences of opinion will exist, and fortunately so, for in their expression we are enabled more clearly to interpret the phenomena of nature; but it should never be forgotten that we are searching for better methods and larger means for curing the sick, and that we, as a school, should set an example of the most perfect liberality. Intolerance and bigotry should be unknown among us; and, above all, we should pull together against oppression, and for the cause we love so dearly, and which must prevail.

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*REPLY TO A CRITICISM ON THE PRESIDENTIAL ADDRESS.*

BY T. F. ALLEN, M.D., NEW-YORK CITY.

[*Reprinted from "The Medical Advance," October, 1885.*]

MY DEAR DOCTOR, — As for your criticism of my course, I see that neither you nor many others clearly understand my position. Let me define it.

It seems to me that homœopathy has been steadily losing its hold upon the scientists of to-day as an accurate scientific method, largely from the fact that Hahnemann's theories of dynamization and the action of infinitesimals have not been clearly demonstrated, and that no amount of clinical evidence will ever be able to demonstrate these propositions as truths of nature. Their demonstration is an absolute necessity, not

primarily to clinical medicine, but to the purity and reliability of our materia medica. The statement of some, that the success of the homœopathic school has demonstrated the truth of these propositions, seems to me utterly puerile. My own attempts to prove the power of the thirtieth potency to affect healthy individuals entirely failed; and the time to announce such a failure seemed to be the time when such an announcement could not be misconstrued, — when I have no favors to ask or expect. Under these circumstances, to appeal to the profession generally to assist in this work seemed to me the proper thing to do; and, indeed, I am myself still working earnestly in this field. The foregoing is the purely experimental, and, as one may say, the scientific, side of the question.

Now, *first*, homœopathy has, clinically speaking, shown itself immensely superior to the old system of medicine.

*Second*, Small doses, and I believe the administration of infinitesimals, have been much more successful than the ordinary dosing of even the majority of so-called homœopathists.

The small margin of difference of results between the purely expectant treatment, with absolutely no medicine whatever, and the result obtained by the administration of occasional small doses, is to be the battle-ground of the future; and, in order to sweep that field, I propose to help clear away some rubbish, and to prepare for the battle.

If the efficacy of infinitesimals can be demonstrated on the healthy, and the provings therefrom utilized, then they will be, I believe, the best implements to use; for, the less medicine prescribed to patients, the better the results. For nearly twenty years I prescribed almost exclusively the two-hundredth potencies; but for the last few years I have been prescribing mainly the third and sixth attenuation, and have about come to the conclusion that my results, in most cases, are more prompt and far-reaching than formerly, with the two-hundredths. I have always found that fewer doses of these lower attenuations can be prescribed; that where as formerly, I could repeat the two-hundredth in water with impunity every hour or two, now I get my best results from single doses, — much better, indeed, than formerly from single doses of the high potency.

My present status is that of a pure Hahnemannian, giving as a rule infrequent doses of the moderate attenuation; waging an unsparing warfare upon allopathic expedients of all sorts. Those who know me well will bear me out in saying that no one more faithfully studies the materia medica, more carefully prescribes the indicated remedy, and in every respect is a more consistent homœopathist, than I am to-day. I have no tolerance for those who alternate their medicines, and overdose their patients. I

cannot tolerate those who have departed from the master's rules, and use mainly fluxion potencies, very frequently on empirical indications. My motto is, "Prove all things, and hold fast that which is good."

I believe there has been no demonstration of dynamization and no proof of the power of infinitesimals, and I will not be an apostle of these dogmas until they have been proved to be God's truths. I have worked and fought for them, and for the right of free speech in their favor, and will still fight for it; but since, after years of honest work to prove their truth, I have failed, I can do no less than boldly announce the fact, and solicit the help of all who have the future of homœopathy and of accurate therapeutics at heart.

Yours very truly,

T. F. ALLEN.

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#### GLEANINGS AND TRANSLATIONS.

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PHYSIOLOGICAL ACTION OF THEINE. — The "Medical News" quotes the following: —

"Dr. Thomas J. Mays, as a result of his experiments upon frogs, concerning the physiological action of theine, concludes, —

"1. That the anterior part of the body is influenced before the posterior.

"2. That it paralyzes sensation before motion.

"3. That it impairs sensibility from the centre, and not from the periphery. This is also true of motility.

"4. That it produces convulsions which are spinal.

"5. That before or during the spasmodic stage, there is marked hyperæsthesia.

"6. That the general muscular rigidity produced by caffeine when introduced subcutaneously is not present in theine poisoning.

"7. That its local action does not produce the characteristic muscular stiffness of caffeine.

"8. That it has a more powerful action on the sensory nerve-centres, and less on the motor nerve-centres, than caffeine." — *Therapeutic Gazette*, Sept. 15, 1885.

AN ALWAYS TIMELY WORD. — The exigencies of practical teaching in our medical schools tend to hinder any marked attention to the individuality and common humanity of the patient. As a result, there is a rather wide-spread propensity on the part of students and junior practitioners, especially in hospitals, to look upon the patient in hand, not as a sentient and suffering

fellow-creature, but as a more or less interesting incarnation of disease.

In the course of a recent address, Professor Osler made the following admirable plea for the recognition of the human element in *all* patients, — a plea most opportunely addressed to an entering medical class: —

“In your dealings with patients, public or private, there is but one law to regulate your conduct, — ‘Whatsoever ye would that men should do unto you, even so do unto them.’ Kindliness of disposition, and gentleness of manner, are qualities essential in a practitioner. There is a tendency among young men about hospitals to study the cases, not the patients, and, in the interest which they take in the disease, to lose sight of the individual. Strive against this. Realize, so far as you can, that the mental state of the patient enters into his feelings; bear with his complaining, and scan gently his faults. The kindly word, the cheerful greeting, the sympathetic look, trivial as they may seem, help to brighten the paths of the poor sufferers, and are often as ‘oil and wine’ to the bruised spirits intrusted to our care.” — *Medical News.*

A METHOD OF DETECTING LACERATIONS OF THE CERVIX UTERI POST-PARTUM. — Dr. John Bartlett, in a paper read before the Chicago Medical Society, Aug. 3, 1885, says, “My object in addressing the Society this evening is to suggest a way and a time in which laceration of the cervix uteri may be easily and certainly detected soon after its occurrence. Directly after delivery, if the fingers be introduced deeply into the vagina up to the contracted os uteri internum, and then carried in any direction a little outwardly, the flabby and floating ring formed by the non-contractile cervix may be felt, as Guillemeau described it three hundred years ago, ‘like a section of large intestine.’ By carefully following the entire circumference of this ring, an existing rent may be discovered. But this examination is attended with some difficulties. The patient is exhausted with her labor, and fatigued with our attentions, and just now, since ‘it is all over,’ longing for rest. She is impatient of, and perturbed by, this post-factum inquiry. Her state of mind, and possible expression of complaint, are apt to render an examination, which the physician cannot regard as absolutely necessary, less exact and thorough than it would be otherwise. And then, the soft and floating margins of the cervix uteri have often somewhat of an intangible feel, if I may so express myself, gliding past the fingers, like a detached clot of blood, and occasionally, in some portion of the circumference, passing out of satisfactory reach.

“On these accounts, it is not surprising to hear an obstetrician say that he cannot tell whether the post-partum cervix is lacerated, or not. Now, I desire to teach those who may not be familiar with the short lesson that I propose to impart this evening, how to discover a cervical laceration after labor. The error of accoucheurs who fail to recognize such a condition is that they do not make their observation of the suspected cervix at the proper time. They examine the neck actually as we have just done mentally, — after the clearance of the uterus. The favorable moment for the examination — and this is the gist of my remarks — is just as the placenta is beginning to occupy and distend the cervix. The collar of flesh is then not floating and uncertain, but on the stretch, expanded, forming a distinct ring, easily followed in its entire circumference. At this moment, then, just as the cervical tube is being rendered tense by the placental mass, any laceration in it may be detected with ease and certainty.” — *Maryland Medical Journal*.

A RARE CASE OF ENCYSTMENT OF A FOREIGN BODY IN THE IRIS.—The “Medical News” quotes the following: E. Berger, in the “Wiener medicinisch. Blätter,” 1885, No. 6, reports the case of a peasant, in whose eye a small fragment of stone, about one-twelfth of an inch in diameter, was encysted, occupying a position in the iris about midway between the edge of the pupil and the corneo-scleral margin, and projecting into the anterior chamber of the eye. The fragment entered the eye twenty-five years previously, while the patient was preparing a millstone, and caused at the time slight pain, which disappeared in a few days.

Excepting slight loss of acuity of vision in the injured eye, no unfavorable results have occurred.

A few days since, for the first time, slight ciliary injection with pain in the eye, was noticed; but the patient refused to permit the extraction of the fragment. — *Centralblatt für die medicinischen Wissenschaften*, Aug. 15, 1885.

SIMPLE METHOD FOR PRODUCING LOCAL ANÆSTHESIA. — Dr. Cheize, in the “Glasgow Medical Journal,” writes that, wishing to remove an ingrowing toe-nail, and being without a spray-producer, he covered the toe with a pledget the size of a crown-piece, poured ether on it, and evaporated this by means of a pair of bellows: in five minutes anæsthesia was complete, and lasted while the nail was removed, and the matrix seared with the actual cautery. — *Boston Medical and Surgical Journal*.

AN ALMOST PAINLESS METHOD OF INTRODUCING THE CATETER. — Dr. John A. Stamps recommends, in “The Medical and

Surgical Reporter," the following as an almost painless method of introducing the catheter, when there is a hyperæsthetic condition of the urethra. His plan consists in introducing the nozzle of an ordinary male urethral syringe, previously filled with water as warm as the patient can bear, into a soft catheter, and injecting the water slowly as the catheter is gently passed along the urethral canal. The water regurgitates between the catheter and the urethral wall until the catheter has reached the prostatic portion of the urethra, and there is thus little danger of much water passing into the bladder; and the warmth of the water will, in many cases, serve to allay irritability, which so often interferes with the performance of catheterization. — *American Medical Digest.*

SCHULTZ'S METHOD OF RESUSCITATING THE NEW-BORN CHILD. — At the last annual meeting of the Medical and Surgical Faculty of Maryland, Dr. Neale ("Medical Record") illustrated Schultz's method of resuscitating the new-born child in case of asphyxia. The child is held by the shoulders, the thumbs resting upon the thorax, the child's head toward the operator, and its anterior surface to the front; it is then swung upwards so that its feet perform a revolution, and lie between the head and the operator's body, the trunk being then in a state of forced flexion. The original position is then resumed by a reverse movement, and the repetition of these movements constitutes the method. Dr. Neale regarded it as more effective than Marshall Hall's or Sylvester's, and related a case in which resuscitation had been secured after ten minutes, the measures mentioned and all others having been tried in vain. — *American Medical Digest.*

A PROPHECIC VISION. — The exuberant fancy of the scientific editor of "The New York Times" is profoundly stimulated by the microbic foes of man. "Governments," he says, "will doubtless offer rewards for the capture or killing of microbes; and bands of scientific policemen, equipped with powerful breech-loading microscopes, will ceaselessly hunt down the foe. It is undoubtedly a gigantic task to exterminate all microbes; but, after all, it is not much more difficult than the task of exterminating noxious animals must have seemed to the sparse and feeble population of the stone age. Though millions of bacteria may occupy a single drop of water, it must be remembered that a single volley of carbolic acid can kill billions of them. If man is fearless and persistent, he will conquer the microscopic animals, and virtually exterminate them. The time may even come when scientific persons will establish parks in civilized regions

for the preservation of microscopic game, and petition for the passage of game laws making it a misdemeanor to kill a bacillus during the breeding season. Sportsmen will travel thousands of miles in search of game and of rare sport among the bacteria of Central Africa and the Indian jungles. Some scientific Gordon Cumming will describe, in thrilling words, a wild gallop over an African plain in chase of a predatory bacillus; and some scientific Baker will tell us of the midnight hours spent in waiting by the side of a malarious Indian pool for a stray microbe, and of the awful moment when the microbe bounds out of the jungle, and the hunter discovers that his carbolic-acid cartridges are wet, and he can defend himself only with his travelling-flask." — *Boston Medical and Surgical Journal*.

"The Southern Practitioner" quotes the following: —

INDUCTION OF PREMATURE LABOR. — Dr. T. Gaillard Thomas, in a lecture published in "The Physician and Surgeon," recommends the following method for the induction of premature labor: The patient is placed across the bed, with the buttocks resting near the edge, and under her is arranged a large piece of rubber oil-cloth in such a way as to drain into a tub on the floor, into which is one or two gallons of water at a temperature of 98° F. The knees of the patient being properly supported, a syringe with a long nozzle is carried as far into the cervical canal as it will go, and a steady stream of water is directed against the membranes. When dilatation to the extent of a half-dollar is completed, which will be in the course of ten minutes, a gum catheter is inserted between the membranes and uterine walls, the patient is put to bed, and the labor allowed to proceed naturally. Dr. Thomas says this operation constitutes one of the greatest advances that has ever been made in the obstetric art, and that it is no mean triumph to be able thus to preserve a human life, which, without its aid, would have been inevitably lost. He says he can point to two dozen children in New York City whose lives were saved by this operation. — *Indianapolis Medical Journal*.

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## SOCIETIES.

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### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE regular monthly meeting of the Society was held at the College Building, East Concord Street, Thursday evening, Dec. 10, at 7.30 P.M., President Packard presiding. The following physicians were unanimously elected to membership: A. H.

Powers, M.D.; R. H. Eddy, M.D.; Emma C. Geisse, M.D.; Martha E. Mann, M.D.; Fannie E. Morris, M.D.; Myra F. deNormandie, M.D.; F. M. Humphrey, M.D.; Clara E. Gary, M.D.; Sarah S. Windsor, M.D.; Rhoda A. Lawrence, M.D.

The name of Mary Morey, M.D., of Boston, was proposed for membership, and referred to board of censors.

Suggestions were made with reference to place of holding the annual meeting in January; and it was voted to place the matter in the hands of a committee of arrangements, to be appointed by the Chair.

The following were accordingly chosen: A. J. Baker, M.D.; N. W. Emerson, M.D.; C. H. Walker, M.D.

It was also voted to change the time of the monthly meetings to the third Thursday in each month.

The first paper of the evening was read by Alonzo Boothby, M.D., on Ovariectomy, reporting three cases of great interest. Another paper from Horace Packard, M.D., upon the same subject; discussion followed. An interesting report was received from Drs. Woodvine and Boothby, on the training-school for nurses, now establishing. It proved a very interesting and animated meeting.

Adjourned at 10 P.M.

A. J. BAKER, *Secretary.*

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*THE MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.*

THE regular annual meeting of this society was held Dec. 9, at the Parker House, and was well attended, and much enjoyed by all present. Three new members were elected: viz., Henry F. Batchelder, M.D., of Middleton; Abby Swan Morse, M.D., of Gloucester; and Rhoda A. Lawrence, M.D., of Boston. Officers for the ensuing year were elected as follows: H. K. Bennett, M.D., president; W. P. Defriez, M.D., and Charles E. Brown, M.D., vice-presidents; L. A. Phillips, M.D., secretary; and J. H. Sherman, M.D., treasurer. Among the secretary's correspondence were letters from Drs. E. M. Hale of Chicago and E. C. Franklin of St. Louis, expressing interest in and appreciation of the work of this society.

The president, N. R. Morse, M.D., read an address which included appropriate reference to the loss of two of our members by death; viz., M. G. Houghton, M.D., of Boston, and Henry N. Guernsey, M.D., of Philadelphia. Papers were read and discussed as follows: "The Sphere of Electro-therapeutics in Pelvic Ailments," by F. A. Warner, M.D.; "The Homœopathic Treat-

ment of Dysmenorrhœa," by H. M. Hunter, M.D.; "Clinical Notes," by G. M. Ockford, M.D.; and "Topical Applications, and Indications for their Use," by L. A. Phillips, M.D.

The afternoon session was fully occupied by the reading and discussion of these; after which we adjourned to the supper-room, and devoted the evening to social enjoyment. The feeling expressed was unanimously in favor of making the supper and social element a regular feature of these meetings in future; and the condition of the treasury being found to warrant it, with no other assessment upon the members than the annual dues of a dollar, it was voted to hold our annual meetings in future where these additional attractions could be enjoyed. The Society adjourned at an early hour, to meet in June, at the call of the Executive Committee.

L. A. PHILLIPS, *Secretary.*

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#### REVIEWS AND NOTICES OF BOOKS.

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HISTORY OF HOMŒOPATHY: ITS ORIGIN, ITS CONFLICTS. WITH AN APPENDIX ON THE PRESENT STATE OF UNIVERSITY MEDICINE. By Wilhelm Ameke, M.D. Translated by Alfred E. Drysdale, M.B. Edited by R. E. Dudgeon, M.D. London: Published for the British Homœopathic Society by E. Gould & Son, 59 Moorgate Street, 1885. 445 pp.

It is thoroughly well-deserved if it be enthusiastic praise, to say, that when one lays down this book, after following with absorbing interest from the first page to the last, the story it tells, one seems to appreciate, with all the passionate freshness of a first realization, how great a blessing to the world is this homœopathy, which was born into the service of mankind only through such struggle and such conflict, such courage and such magnificent self-devotion; and one feels moved to a deeper self-dedication than ever before, to the promulgation and the practice of its truths. As we wonder anew at the survival and growth of the noble system of healing against which, from its birth to the present moment, have been directed all the forces of the State's re-enforcement of medical bigotry, as bitterly as ever against Protestantism were directed the forces of the State's re-enforcement of religious bigotry, we learn anew that lesson it is so good to have at heart, — that "one on the side of truth is a majority."

As Dr. Dudgeon, in his preface, justly remarks, the work of writing a history of homœopathy could most fittingly be under-

taken by a fellow-countryman of its great founder. A lasting debt of gratitude from homœopaths the world over is due to Dr. Ameke for writing, and Dr. Drysdale for making accessible to the English-speaking public, so just and dispassionate a history of the influences which have promoted, and those which have retarded, the growth of homœopathy.

The work is divided into two parts: the first treating of the origin of homœopathy, Hahnemann's services to chemistry and pharmacy, of Hahnemann himself as man and as physician; the second treating of the opposition to homœopathy. An appendix is added, which describes tersely, and chiefly by quotations from allopathic publications, modern "rational" medicine as taught in the universities, and practised by its leading physicians.

Dr. Ameke's historical method is one which most modestly subordinates his own personality to the work he desires to perform. He sets facts before the reader, not as assimilated by himself, and colored by possible personal prejudices, but as given at first hand, as one may say; namely, by quotations from the contemporary medical and scientific literature, and the popular journals of Hahnemann's own day. In this way the reader is shown the state of chemistry and medicine immediately preceding and during Hahnemann's lifetime, — a necessary prelude to an appreciation of his own labors in these fields. So also we are shown Hahnemann's original investigations in, and contributions to, chemistry, pharmacy, and medicine; his numerous and valuable translations, as mirrored in the favorable or hostile criticisms of his contemporaries. Such a method commends itself, on a moment's thought, as eminently honest, frank, and impartial; Dr. Ameke giving, in every instance, the name of the author, and the name and date of the publication quoted, so that any doubts may be easily solved by reference to original sources. From an unbiassed study of the facts presented, it is impossible to see in Samuel Hahnemann other than an upright gentleman, a deep and original thinker, an indefatigable worker, and the peer of any single contemporary in intellectual training and general culture. They do not show him as gifted with supernatural insight and infallibility: on the contrary, the shadow of the truth *humanum est errare* falls on him as it falls on the great thinkers and discoverers of all time. In judging his errors of theory and practice, however, justice compels a recognition of the conditions which rendered such errors almost inevitable. Such justice, we are reminded, has always been withheld by his enemies, by whom, as Dr. Ameke well says, it has been and is maintained that "whatever good Hahnemann accomplished was borrowed from some one else, and whatever errors of the time

in which he lived are shared by him are attributed to him alone, and judged according to the standard of our present knowledge."

The biography of Hahnemann as a man, is brief, but full of interest, and rich in pleasant suggestions. While ampler details would have been welcome, we cannot gainsay the wisdom of Dr. Ameke's evident conviction that Hahnemann's private life need not be greatly trespassed upon by the historian of the evolution of homœopathy.

In Part II. one finds various opinions and criticisms of Hahnemann's "first homœopathic essay," the "Organon," and other publications. We are made witnesses to the vehemence of the conflict these initiated, which . . . "advanced *pari passu* with the spread of homœopathy. . . . The contest found its way into the political papers of Leipsic, into the beer-shops, into the domestic circle." The bitterness of bigotry soon called the law to its aid; and Drs. Trinks, Wolf, Hornburg, and their assistants, Lehmann and Helwig, were criminally prosecuted, fined, and imprisoned, for refusing — what was, we wonder, the corresponding phrase in the codes of ethics of those days? — to "avail themselves of the accumulated wisdom of the past," which just then was, by the hands of its enlightened and charitable disciples, slaughtering its tens of thousands by blood-letting and exhaustive purgation and emesis. Dr. Ameke is not of sensational tastes, and so spares us any "piling up of the agony" by over-multiplication of examples of persecution; but enough are given to make any fair-minded reader tingle with honest indignation, and to convince him that the "honor and dignity" of the medical profession, as the phrase is understood by the world at large, was hardly safer in the hands of the physicians of Hahnemann's day than in those of the present vengeance-wreaking committee of the American Medical Association.

Among the many noteworthy and quotable opinions of Hahnemann's work are the following, the first from the pen of Dr. Ameke himself, the second from that of one of the "most learned and illustrious old-school medical authors" of England (Fletcher, in his "Elements of General Pathology"):—

"Every physician who studies Hahnemann's writings in an impartial spirit, must come to the conclusion, that, with many faults, he was honestly anxious to find, in the mighty chaos of assumptions, guesses, theoretical speculations, and bewildering variety of experience, a firm footing on the ground of natural science for the foundation of medicine."

"Hahnemann's book ['Organon'] is an original and interesting one, and displays more reflection in every page than many of his

reviewers will evince in the whole course of their life and conduct for half a century."

The able review of "Modern University Medicine" shows with ironical conclusiveness how little progress, except in the partial abandonment of certain particularly homicidal forms of treatment, "rational" medicine has made since the unheeded light of homœopathy first shone across its path.

Dr. Ameke's book should find a place in the library of every practitioner of homœopathy, thence to go forth on missionary service among the many who inquire of him concerning the origin and history of his mode of practice. A careful reading of it, and an intelligent assimilation of its facts, should be made obligatory upon every graduate of a homœopathic medical college. It should receive such a welcome as shall convince author and translator that homœopathy is not unappreciative of the immense service rendered it in the appearance of a work so necessary and so worthy.

TRANSACTIONS OF THE THIRTY-EIGHTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, held at St. Louis, Mo., June 2, 3, 4, and 5, 1885. Edited by the general secretary, J. C. Burgher, M.D. Printed by Stevenson & Foster, Pittsburgh, Penn., 1885. 710 pp.

Dr. Burgher is to be congratulated on the promptitude with which he has placed in the hands of members of the Institute the transactions of its last meeting. The members of the Institute are also to be congratulated on the substantial evidence afforded by these records of the flourishing condition of that body as a whole, both intellectually and financially speaking. The book is exceedingly interesting reading, and will repay the student of its pages, with theories stimulating to thought, and suggestions of very practical utility.

Nothing in the Transactions is more striking and more valuable than the president's address, parts of which we take great pleasure in reprinting elsewhere for the benefit of such of our readers as are not members of the Institute. We cordially commend it to their most earnest perusal.

Concerning the reports of the various bureaus, "comparisons were odorous," as Mrs. Malaprop says; but we confess to dwelling with especial interest on the report of the Committee on Drug-Proving, whose excellent work we hope to see energetically pushed forward in the coming year, and on the reports of the committees on pædology, obstetrics, and sanitary science. We gather with much satisfaction, from the second of these reports, that there exists in the profession a growing confidence in the power of a fruit and farinaceous diet during pregnancy, to lessen

both the pains and the duration of parturition. We find it impossible to leave this report without referring, in a spirit of friendliest amusement, to a slip of the pen to be found on p. 375, where, in cases of rigidity of the abdominal muscles, rubbing is recommended, olive-oil being suggested as an excellent "*rubefacient*," a word whose scientific inaccuracy in this connection is more than excused by its felicity as a pun. (The italics are, of course, our own.)

It was with far from pleasant surprise that we read on p. 447, in the discussion following the report of the Bureau of Surgery, that Professor E. C. Franklin is experimenting clinically with a trituration of the "stroma from a cancerous tumor" for the cure of cancerous growths, alluding to it as a "discovery" of which he is desirous homœopathy shall have the credit, "if in the future any thing is ever to be credited to the discovery." We venture to think this a "discovery" whose credit homœopathy will hardly care to claim, and to predict that any investigator of it who initiates his investigations by following our basic therapeutic rule, and "proving" the morbid product on the healthy organism, will have no inclination to put it to a "clinical test." This is neither the time nor place for comparison of such a method as that suggested by Dr. Franklin with the widely different methods of Jenner and Pasteur; but we cannot refrain from expressing our regret that any thing so closely related to isopathy, that subtle foe of homœopathy, should have found its way into the American Institute; or, having spoken there, should have met apparently with no challenge of opposition.

The volume, in common with its predecessors, is admirably and substantially gotten up, its type being a refreshment to the overworked eyes of the physician.

THE FAMILY POCKET HOMŒOPATHIST. A Concise Manual of Homœopathic Practice for Families and Travellers. By D. A. Baldwin, M.D. Second edition. Rochester: E. Darrow & Co., 1885.

This tiny work proves how much practical wisdom a man may "pocket" at will. It is designed, like all of its class, as a guide to the laity in the use of homœopathic medicines, when a physician is temporarily inaccessible. It has doubtless done, and is destined to do, excellent service in this capacity.

INDEX BIBLIOGRAPHIQUE DE LA PRESSE ET DE LA LIBRARIE MÉDICALES. Par le Dr. C. Meyners d'Estrey. Tome premier. Paris: Place Saint-Michel 6. 342 pp.

The immensity of the labor of preparing an index to every important article published in the space of a year in every medi-

cal journal of the civilized world, is only to be paralleled by the immensity of the service such an index is capable of rendering to the fortunate owner of a copy. So accurately and carefully is the Index prepared, that the reader need not waste a moment in discovering where he may find what the wisest wits of the scientific world have been thinking and discovering on any medical subject which for the moment most interests him. The would-be writer of an exhaustive treatise may, by consulting this Index, satisfy himself that he has familiarized himself with the latest word of science on the subject he has under consideration; the physician perplexed over the treatment of a difficult case, may by the same means find himself put in telephonic communication with fellow-practitioners who have recorded their meeting with—it may be, their mastery of—his identical difficulty. In a word, the Index is a thoroughly admirable, accurate, and practical work, and, with its compiler, is worthy of sincerest praise.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., F.R.S. Third American from the fourth and revised English edition. With extensive notes and additions by Edward Reichert, M.D. Philadelphia: Lea Brothers & Co., 1885. 911 pp.

Several important changes are to be observed and commended in this, as contrasted with former editions of Dr. Foster's valuable work. Whereas in former editions the more recently advanced opinions and controvertible views of physiologists were differentiated from the surrounding text by being printed in smaller type, in the present volume the more mooted and unsettled views are omitted altogether, as having a tendency to confuse the student; and only the best-proven theories and most firmly established facts are retained. The physiologists are few indeed who may venture to challenge Dr. Foster's judgment as to what theories may be considered best proven. Another noteworthy change is the omission of the names of, and references to, other investigators. This the author justifies by the remark that "the fondness of students for the use of the names of persons is as marked as the pertinacity with which they use them wrongly." The book is rendered simpler by this method, it is true; but we are inclined to think, after all, that the weakness of the undergraduate mind is deferred to at rather a regrettable cost. "Foster's Physiology" is so well known as scarcely to need to contest its position as the foremost work on the subject in the English language. The publishers present the volume in so handsome a form that the student may well regard with satisfaction such a nucleus to his future library.

AN ATLAS OF CLINICAL MICROSCOPY. By Alexander Peyer, M.D. Translated and edited by Alfred C. Girard, M.D. First American, from the manuscript of the second German, edition. New York : D. Appleton & Co., 1885. 194 pp.

This valuable and beautiful addition to scientific and medical literature cannot but be destined to receive a warm welcome from a wide circle of students and practitioners. It contains ninety chromo-lithographic plates, aggregating no less than a hundred and five illustrations. These illustrations have the unusual recommendation of being from original drawings, with the exception of one plate borrowed from Friedlaender; they are, as well, photographically accurate representations. In connection with the terse but excellent explanatory text, these illustrations treat of microscopic examination of the blood, the mammary secretion, the urine, the sputum, the stool, the contents of the stomach, the fluid of abdominal tumors, the secretions of the female sexual organs, and of various micro-organisms causative of disease. The text, as above remarked, is terse, and devoted chiefly to setting forth facts useful to the physician in forming a diagnosis. The book, in the long-suffering phrase of the reviewer, fills a long-felt and very real need. So practically useful are its contents, and so attractive—one may almost say artistic—is the form in which it is presented, that to see is to covet it, and to own it is to rejoice in its possession.

OPHTHALMIC SCIENCE AND PRACTICE. By Henry E. Juler. Philadelphia : Lea Brothers & Co., 1885.

This is a work of unusual interest to the profession at large, and to those who give exclusive attention to ophthalmology; embodying, as it does, the latest researches and conclusions in ophthalmic science. The advancement of this branch of professional work is so rapid as to necessitate various improved editions at comparatively short intervals. The value of ophthalmoscopic research to the general practitioner, as well as to the specialist, is constantly increasing. By its aid many diseases that were once obscure are now made plain, and the sympathetic response of the eye to conditions of the general system is now too well established to make these examinations of secondary importance. The peculiar features of this work are conciseness, completeness, freedom from theoretical discussions, and an arrangement of text for ready reference that is much superior to previous works.

The descriptions of operations are concise, but clearly expressed and complete. Each description is followed by remarks on "Accidents and Complications," that are quite original and

very valuable. The author's suggestions as to methods of management following operations, and to prognosis, are excellent innovations on the prevailing style of arrangement of such works. They are most valuable as being, in many cases, the important requisite to a successful issue. We would like at this point to put in a few homœopathic observations, but lack of space forbids. The illustrations have been well chosen, and in each case serve to explain the text in those points most difficult of expression in words. This should be the object of figure illustration. There have also been introduced original colored lithographic plates of the appearance of the *fundus oculi* during health and disease. These have been selected from typical cases observed by the author at his *cliniques* at the various London hospitals, and are not copies of the same old plates found in the publications of Jaeger and Liebrich, that are so often introduced into modern editions on ophthalmic science. There is one weak part noticeable in his chapter on "Hypermetropia." His remarks on asthenopia, both muscular and accommodative, are entirely too meagre for the importance of the subject. It is one of the most annoying complications of a case, and one that requires the most thorough knowledge of the minutiae of the physiological workings of the surrounding structures, also one that demands a nicety of judgment. Such a subject ought not to have been neglected in a work of this magnitude, and one that was evidently intended for a guide to the specialist.

The author has shown unusual ability in research, adaptability, and a close observation, and intelligence as to the practical needs of the professional man.

We do not doubt that this book will have the ready sale that it is entitled to by virtue of its superiority. [ ]

THE USE OF THE MICROSCOPE IN CLINICAL AND PATHOLOGICAL EXAMINATIONS. By Dr. Carl Friedlaender. Translated by Henry C. Coe, M.D., M.R.C.S., L.R.C.P. New York: D. Appleton & Co., 1885. 189 pp.

Dr. Friedlaender, in this little book, instances once more the thoroughness and pains-taking attention to details which characterize his nationality. Nothing unnecessary is given, nothing necessary is omitted. The most improved and latest methods of examining living tissues, solid elements (extirpated tumors, etc.), fluids (blood, sputa, pus, urine, secretions, exudations, etc.) of the body, are so clearly given, that misunderstanding of the directions would seem impossible, even to the most obtuse undergraduate mind. The chapters on micro-chemistry, the use of re-agents, and other methods of preparing specimens for exam-

ination and preservation, are exceptionally complete. The book is to be recommended to all who are desirous of mastering the technology of clinical and pathological microscopic investigation.

TREATISE ON THE EAR. By Charles H. Burnett, A.M., M.D. Philadelphia: Lea Brothers & Co., 1885.

This is the second edition of this work, revised and re-written, the former having appeared in 1877. We note many alterations, both in additions and in omissions. Much that has become obsolete has been omitted; and many additions, especially in methods of treatment and in classification of disease, have been made. We are pleased to note the prominence given to reflex irritations. That a sympathy exists between the mouth and the ear, there can be no doubt. Many neuralgias, and even tissue changes of the ear, may be explained by the fact that the soft palate, the tympanic membrane, the tensor tympani muscle, the lining membrane of the tympanum, the lining integument of the external meatus, and the teeth, are put in sympathetic relation with one another through the medium of the otic ganglion. Many cases of stubborn recurrent otorrhœa, with ulceration, are frequently traced to this connection.

The work as a whole is very comprehensive, and worthy of its high rank as a text and reference book on otology. Its typography has been changed so as to include the increased material in a less number of pages. [ ]

EPITOME OF DISEASES OF THE SKIN. By Louis A. Duhring, M.D. Reported by Henry Wile, M.D. Philadelphia: J. B. Lippincott Company, 1885. 130 pp.

The very small size of this volume is no index either of the labor expended upon its preparation, or the amount of information to be obtained from its pages. It comprises a series of lectures delivered before the graduating class of the University of Pennsylvania by Dr. Duhring, reported by Dr. Wile for the "Medical News," and published in that journal, and, since their publication, collected, revised, and now issued in a convenient form. They present a systematic and succinct epitome of skin-diseases, with their treatment according to the latest "rational" therapeutics.

THE OLEATES: AN INVESTIGATION INTO THEIR NATURE AND ACTION. By John V. Shoemaker, A.M., M.D. Philadelphia: F. A. Davis, 1885. 112 pp.

This little book is a *résumé* of the many papers at different times written by Dr. Shoemaker on the subject from which it takes its title, together with an account of his latest chemical

investigations and clinical experiences. He gives briefly and clearly the history and origin, the process of manufacture, the physiological action and therapeutical effect, of the oleates. Chiefly through his efforts, the oleates of many of the metals and several of the alkaloids have been introduced to the notice of the profession, and have come into use, especially for diseases of the skin. Many facts of interest and possible value may be learned from a careful reading of the concise little work.

**THE PHYSICIAN'S POCKET DAY-BOOK.** Designed by C. Henri Leonard, M.A., M.D. "The Illustrated Medical Journal" Company, Detroit, Mich.

The fact that this day-book has reached its ninth year of publication, testifies to its assured hold on public favor. It accommodates daily charges for fifty patients, has a complete and excellent obstetric record, and special memoranda for debtor and creditor cash-accounts. Price \$1.

**THE MEDICAL NEWS VISITING-LIST.** Philadelphia : Lea Brothers & Co.

This visiting-list is admirably adapted to the needs of the practitioner, especially the allopathic practitioner. It furnishes space for a practice of thirty patients daily, gives table of doses according to "rational" therapeutics, a therapeutic table, poisons and antidotes, incompatibles, catheter scale, comparative scales, weights and measures, directions for examination of urine, etc. Following the daily record is a "clinical record," for registration of pulse, temperature, respiration, and remarks concerning urine, stools, etc. It is in wallet form, handsomely bound in red seal, with the usual furnishings of pencil, rubber, etc. It is to be heartily commended, both for usefulness and beauty. Price \$1; with thumb-letter index for rapid use, \$1.25.

**THE POPULAR SCIENCE MONTHLY** for December treats of "Thomasville as a Winter Resort" in a manner which should be of much interest to physicians having consumptive patients to advise in the choice of a winter home; has a very amusing paper by Dr. Alfred E. Brehm, on the "Social Life of Arctic Birds;" and much other reading of varied interest. New York: D. Appleton & Co.

THE December issue of **THE NORTH-AMERICAN REVIEW** has several papers, contributed by F. D. Grant, Gen. James B. Fry, and others, discussing incidents in the career of Gen. Grant, among them one by Gen. Rosecrans, criticising in a decidedly acrimonious spirit Grant's paper in the November "Century;" offers an apology for "Rome and the Inquisitions" by Alfred

K. Glover, showing the Inquisition to have been rather a benevolent and paternal institution than otherwise; and altogether worthily closes an admirable year. New York: 30 Lafayette Place.

THE December CENTURY offers a delightful, if not historically valuable, "war paper," in Mark Twain's "Private History of a Campaign that Failed;" has an interesting sketch of Helen Hunt Jackson, with an engraved portrait of that famous poetess and sweet-hearted woman; poems by Helen Jackson, Edith Thomas, and others; and the usual exceedingly readable variety of short stories and essays. New York: The Century Company.

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*BOOKS AND PAMPHLETS RECEIVED.*

- A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part II. Agaricus—Arinca. London: E. Gould & Son. New York: Boericke & Tafel, 1885.
- A MANUAL OF OPERATIVE SURGERY. By Lewis A. Stimson, B.A., M.D. Philadelphia: Lea Bros. & Co., 1885.
- DIAGNOSIS OF DISEASES OF THE BRAIN AND OF THE SPINAL CORD. By W. R. GOWERS, M.D., F.R. C.P. New York: William Wood & Co., 1885.
- CLIMATOLOGY AND MINERAL WATERS OF THE UNITED STATES. By A. N. Bell, A.M., M.D. New York: William Wood & Co., 1885.
- THE SURGICAL TREATMENT OF CYSTS OF THE PANCREAS. By N. Senn, M.D. Reprinted from the Journal of the American Medical Association.
- DISEASES OF THE LUNGS. (Of a Specific, not Tuberculous Nature.) By Prof. Germain Sée. Translated by E. P. Hurd, M.D. New York: William Wood & Co., 1885.
- AVENA SATIVA IN THE TREATMENT OF OPIUM ADDICTION, A THERAPEUTICAL FRAUD, A DELUSION, AND A SNARE. By J. B. Mattison, M.D. Reprinted from the Medical Bulletin.
- ADDRESS OF DONALD MACLEAN, M.D., President of the Michigan State Medical Society.
- CALIFORNIA AS A HEALTH RESORT. By A. M. Shaw, M.D., Middletown, Conn.
- ABNORMAL POSITIONS OF THE HEAD: WHAT DO THEY INDICATE? By Edward Borek, A.M., M.D. Reprinted from the Medical and Surgical Reporter.
- THE THERAPEUTICS OF HIGH TEMPERATURES IN YOUNG CHILDREN. By William P. Watson, A.M., M.D. Reprinted from the Archives of Pediatrics.

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MISCELLANY.

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THE ANTIDOTAL EFFECT OF ATROPIA OVER MORPHIA.—Dr. John M. Clark, of Burlington, Vt., writes: "A man forty years of age, in good health, took thirty grains of sulph. morphine in about four hours. When found he was in a narcotic sleep, with all the symptoms of opium-poisoning. The usual methods of treatment were adopted,—active exercise as possible, cold water to head, strong coffee, etc. Electricity was not given, and stomach was not evacuated. I immediately gave by

subcutaneous injection  $\frac{1}{150}$  grain of sulph. atropia. After half an hour I repeated this dose. Again, in half an hour I gave the same dose, and waited the effect. This was all that could be desired. The pupils dilated, articulation returned, and a general improvement began. In five or six hours from the last dose he was comfortable, and went on to recovery, which was completed in about two days." — *Medical Record.*

A READY METHOD OF STOPPING HICCOUGH. — A Brazilian physician, Dr. Ramos ("Bull. gén. de thérap."), states that refrigeration of the lobe of the ear will stop hiccough, whatever its cause may be. Very slight refrigeration will answer, — the application of cold water or even of saliva being sufficient. — *New-York Medical Journal.*

IN THE WRONG PLACE. — A Chicago physician, in signing a death certificate, inadvertently wrote his name in the space left for "Cause of Death." — *Louisville Medical News.*

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### PERSONAL AND NEWS ITEMS.

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HOMŒOPATHIC HOSPITAL TRAINING-SCHOOL FOR NURSES. — This school begins work with the new year. Applications for admission may be addressed to the Managing Committee, at the Hospital, East Concord Street, Boston.

DR. H. R. ARNDT has removed to Ann Arbor, Mich.

DR. MARY E. WEBB has removed from Dover, N.H., to No. 37 Trowbridge Street, Cambridge, Mass. Her office hours will be from 4 to 6 P.M.

DR. ADALAINE WILLIAMS has removed from Worcester, Mass., and is associated with Dr. Harriet H. Cobb at 314 Broadway, Cambridgeport, Mass.

W. E. KEITH, M.D., formerly of Franklin Falls, N.H., has located at San José, Cal.

HOMER C. BRIGHAM, M.D., has removed from Montpelier, Vt., to No. 354 West Fifty-eighth Street, New York City.

H. S. BOARDMAN, M.D., has removed from Ludlow, Vt., to Montpelier, Vt., having taken the practice of Dr. Brigham.

OTIS CLAPP & SON of Boston have for sale a physician's ledger, also a day-book (Henry Bill & Co.'s make), the first few pages of which have been used and removed. They will be sold for one-half the cost.

WE note with pleasure that California has lately put two of her State institutions, "The California Institution for the Deaf, Dumb, and Blind," and "The Home for Feeble-minded Children," under the care of homœopathic practitioners; the former under the direction of Dr. I. E. Nicholson of Oakland, the latter under that of Dr. W. H. Loomis of Santa Clara.

THE CLINICAL COMMITTEE OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY earnestly requests the members of the profession to contribute papers or cases containing peculiarities of medical importance, or clinical facts confirming any scientific or any medical proposition. Those having made tests of Dr. Schussler's method of administering medicine, either proving or disproving results claimed, are specially invited to confer with the chairman.

Communications may be sent to either member of the committee, or to the chairman, before April 1.

DR. D. B. WHITTIER, Fitchburg,  
*Chairman.*

The committee on clinical medicine is as follows: —

Drs. D. B. Whittier, Fitchburg; H. E. Spalding, Hingham; E. L. Mellus, Worcester; D. G. Woodvine, Boston; A. L. Kennedy, Boston; J. K. Culver, Boston; and B. F. Church, Winchester.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,  
Boston, Mass.

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EDITORIAL.

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*TRAINED NURSES.*

THE trained nurse, in the proper meaning of the term, is a beneficent figure which has only of comparatively late years become visible upon the medical horizon. We say advisedly, "in the proper meaning of the term;" since the phrase "trained nurse" has often been employed by the laity to designate the ancient female who, having assisted at the lyings-in and the layings-out of several generations, has acquired such a store of superstitions and false theories as results, in the unlucky cases under her care, in transforming a case of lying-in into one of laying-out, despite the wisest endeavors of any physician in charge. The physicians are few to whom this ancient female does not stand as a professional nightmare-in-chief; her presence in the sick-room, like that of the "Angel of Midnight" in the German drama, turning him faint with the certainty of a fatal termination to the case before him. For experience merely accumulated, not analyzed nor assimilated, no more makes wise, than food taken in inordinate quantities and undigested makes strong. There is a candid old proverb to the effect that one man is not necessarily wiser than another because he has had more years to be a fool in; and certainly no woman becomes a "trained" nurse through having had many years in which to accumulate empirical therapeutic superstitions, and cultivate an obstinate conviction of her own infallibility.

With the disappearance of much that made illness hideous in earlier days, — with the lancet, and "black draughts," and dirt

and suffocation, — we rejoice to believe that the “trained nurse” of tradition is also vanishing, homicidal domestic nostrums and all. With preventive medicine and truly rational therapeutics, comes the “trained nurse” of to-day; cleanly, deft, self-possessed, self-effacing; conscious — and this, to the physician, is the most profoundly welcome fruit of her training — that her mission in the care of the sick is that of the hand and not the brain; service, not dictatorship; and while the physician without her is well-nigh as helpless as the ablest general without an army, still her usefulness, like that of the army, depends upon her soldierly obedience.

In the establishment of every training-school which shall graduate such nurses, we, in common with all who have true medical progress at heart, must devoutly rejoice. We especially rejoice in the establishment, in connection with the Massachusetts Homœopathic Hospital, of such a school; and cannot too highly congratulate homœopathy on the energy which, from an evident necessity, has evolved a beneficent fact.

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#### EDITORIAL NOTES AND COMMENTS.

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THE ESTABLISHMENT OF THE MASSACHUSETTS HOMŒOPATHIC TRAINING-SCHOOL FOR NURSES, which the public has long desired, and the Medical Board of the Hospital has strongly urged in its two last annual reports, will be very gratifying to the profession. The number of pupils will, for the present, be limited to sixteen. The Directors have issued the following circular: —

“The School will be under the general supervision of a Managing Committee, which will hold meetings on the last Saturday of every month.

“The Committee will decide upon the admission and discharge of pupils.

“A list of applicants for admission will be kept, also a record of their conduct and qualifications during connection with the school; and a register of the graduates with diplomas, together with their subsequent occupation and residence, in order to facilitate finding them when needed.

“The school term will be two years; and all applicants admitted will come on probation for one month without pay, when, if considered suitable, they must sign an agreement to remain for the two years, and to conform to the

regulations and pursue the course of instruction prescribed. (The pay, besides board, will be very small the first year.)

“Examination of applicants for entrance to the School will be held twice in the year, or oftener if necessary. Those members of the graduating class who pass satisfactorily will receive diplomas.

“There will also be quarterly examinations to determine the standing and continuance of the pupils.

“Lectures will be delivered by members of the Medical Board and others, and instruction will be given by the head nurses in practical nursing.”

The committee have found no difficulty in securing the best medical talent as lecturers and instructors. The following list of lectures has been prepared for the present year, to be given on successive Tuesday evenings at half-past seven o'clock, in the amphitheatre of the Hospital.

January 26. — Introductory. — Dr. I. T. TALBOT.

February 2, 9. — Topographical Anatomy. — Dr. N. W. EMERSON.

February 16, 23, March 2. — Physiology. — Dr. D. G. WOODVINE.

March 9, 15. — Hygiene, care of room, foods, and feeding. — Dr. H. C. AHLBORN.

March 23, 30. — Special nursing in fevers, application of water, enemata, and baths. — Dr. C. WESSELHOEFT.

April 6, 13. — Anæsthesia, hemorrhage, and shock. — Dr. A. BOOTHBY.

April 20. — Operations, preparation for, and assistance in. — Dr. I. T. TALBOT.

April 27, May 4, 11. — Surgical dressings. — Dr. W. L. JACKSON.

May 18, 25. — Deodorants and disinfectants. — Dr. H. PACKARD.

June 1. — Infectious diseases and conditions. — Dr. J. B. BELL.

June 8, 15. — Special requirements in homœopathic nursing. — Dr. W. P. WESSELHOEFT.

June 22. — Pulse, respiration, and temperature. — Dr. JOHN H. PAYNE.

June 29. — Electricity. — Dr. A. J. BAKER.

September 14. — Special nursing in diseases of women, vaginal douches. — Dr. A. B. CHURCH.

September 21, 28. — Nursing in confinements. — Dr. G. R. SOUTHWICK.

October 5. — Obstetrical emergencies. — Dr. WALTER WESSELHOEFT.

October 12. — Care of new-born children. — Dr. C. E. HASTINGS.

October 19. — Special nursing in diseases of children. — Dr. MARY L. SWAIN.

October 26. — Special nursing in diseases of the eye. — Dr. H. C. ANGELL.

November 2. — Special nursing in nervous diseases. — Dr. J. HEBER SMITH.

November 9. — Special nursing in chest diseases. — Dr. H. C. CLAPP.

November 16. — Urinary diseases, use of the catheter. — Dr. JAMES HEDENBERG.

November 23. — Care of the skin. — Dr. J. L. COFFIN.

November 30. — On the ear. — Dr. H. P. BELLOWS.

December 7. — Chills and convulsions. — Dr. AMELIA W. STOCKWELL.

December 14, 21. — Massage; care of the dead; autopsies. — Dr. W. S. SMITH.

December 28. — Duties and conduct of nurses in private nursing. — Dr. F. C. RICHARDSON.

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THE MEMBERSHIP OF THE AMERICAN INSTITUTE OF HOMŒOPATHY is well known to be but small, in comparison with the large number of homœopathic physicians practising in the United States. Many reasons have been brought forward to explain this much-to-be-regretted state of things; but none more probable than that suggested in an editorial appearing in the December issue of our esteemed contemporary "The Hahnemannian Monthly." We take much satisfaction in reproducing this editorial, and bespeaking for its suggestion our readers' earnest consideration. It is unquestionably true that many able and energetic young physicians, in what lovers of Dickens would naturally call the Bob-Sawyer-and-Ben-Allen stage of their professional career, are looking longingly through the Institute's entrance gates, across which there is stretched the — for them — insurmountable barrier of a formidable admission fee. Once within the gates, the councils of the Institute would not improbably be enriched, and would very certainly be enlivened, by these aspirants for membership; and the Institute itself would in the end be much the richer for the seeming pecuniary loss caused by an abolition of the present entrance fee. The subject brought forward in such able and timely fashion by the Hahnemannian should be widely and energetically discussed before the next meeting of the Institute offers an opportunity to take action upon it.

"THE INITIATION FEE. — Just after the arrival from Secretary Burgher of the fresh, crisp-looking volume of Institute 'Transactions,' and while we were exhibiting it to a professional brother who happened in, we asked him why he did not join the Institute. His reply was, in substance, that he wanted to become a member in 1880, the year of his graduation; but, learning that it would cost him five dollars in addition to the regular annual dues, he found himself unable to afford it. He had each year since felt that he could give a five-dollar bill, but had never felt that he could afford *two*. He

hoped, however, to be able soon to identify himself with the organization, in whose work he had always felt a lively interest, etc.

“The physician above referred to is a rising and professional-spirited young man. We believe the time will come when if he should join our national organization he will be an exceedingly useful member. We have just been making a calculation, and find that the Institute in endeavoring to collect a five-dollar initiation fee from that one physician has missed just thirty dollars in annual dues, and with the likelihood of losing still more. The American Medical Association charges no initiation fee. Is it not worth while for our societies to consider this matter?”

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THE NATIONAL HOMŒOPATHIC HOSPITAL of the District of Columbia is now a *fait accompli*. With the aid of voluntary contributions, funds raised by the homœopathic ladies of Washington, and fifteen thousand dollars which was readily granted by Congress upon solicitation of a committee appointed for that purpose, the fine building at the corner of N and Second Streets, N. W., has been purchased, and so altered and improved as to be converted into a model hospital. In connection with the hospital there will be a free dispensary, lying-in wards, a training-school for nurses, and a course of homœopathic medical lectures.

Nowhere, perhaps, could a hospital under homœopathic supervision be of such national service to the cause of homœopathy as at the national capital. The population of Washington is of such a nomadic character, that a cure made by homœopathy in that city is very likely to be known, discussed, and exercise a missionary influence, in some remote corner of the United States where hitherto the name even of homœopathy has been unknown. Moreover, for homœopathy to hold a position of prominence and recognized usefulness in Washington, will furnish powerful aid to the task which we should set before us as one toward which, in the new year, our most strenuous thought and effort should be directed; namely, the securing to homœopathy the right of adequate representation on the medical staff of the United States Army and Navy.

The National Homœopathic Hospital is beyond doubt destined to a wide usefulness and success. The city of its establishment is, as the Hon. Montgomery Blair, in his address of

June, 1882, justly said, "the place where the rapid and sure relief which homœopathy affords will be most rapidly and surely disseminated among men."

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THE EXECUTIVE COMMITTEE OF THE FORTHCOMING INTERNATIONAL HOMŒOPATHIC MEDICAL CONGRESS remind the profession, in a recently issued circular, that the time of its session (August, 1886) is rapidly approaching, and all papers destined for that session must be in the hands of the committee not later than May 1. Homœopathic physicians are urged to put forth especial efforts to make this Congress a successful meeting, rich in best results. "For," the committee tells us, "the moment is favorable: the wind sets in our sails. Science occupies itself at this moment with the infinitely small; pathological experiment is carried on under the objective of the microscope: it is assuredly the time of all others for homœopathy, which, since Hahnemann's day, has understood the power that lives in the infinitely small, to lift up her convincing voice."

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THE SUBJECT OF STATE REGULATION OF THE PRACTICE OF MEDICINE promises to receive more attention, and that of a more thorough, practical, and energetic sort, during the year to come, than in any previous year. "The Physician's Magazine," in an application to the Secretary of State for a digest of the laws of foreign countries on this subject, states that "legislation on this subject will be attempted in a large number of States during the coming year." In the annual report before the American Academy of Medicine, of its committee on the State regulation of medicine, are included many letters from prominent allopathic physicians, clamorous for legislation on the subject in States where it does not now exist, and for greater stringency in laws already existing. All these are very substantial straws, showing the direction of the wind of medical conscience, or medical prejudice, according as one looks at the matter.

Homœopathists everywhere should profit by this fore-knowledge of the coming agitation, to discuss both in private conver-

sation and in society meetings the desirability of State regulation, and the wisest form to be taken by possible laws ; so that, when called upon to act, they may be able to do so promptly, concertedly, and from well-founded premises. Especially is this true of the homœopathists of Massachusetts ; which State will doubtless be, in the coming year, a prominent battle-ground for the issue in question.

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COMMUNICATIONS.

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*THE WESTBOROUGH INSANE HOSPITAL.*

BY N. EMMONS PAINE, M.D.

NEARLY forty years ago the State of Massachusetts built, and opened for the reception and care of boys, the State Reform School at Westborough. Its life in those buildings was one of varied fortunes. In 1884, having a comparatively small number of inmates, with accommodations for very many more, it was deemed advisable by the State to give these buildings for the care of the insane, and to erect new and smaller structures for the school. Such a step was required by the crowded condition of the State hospitals, especially Danvers and Taunton, with a constantly swelling stream of the insane pouring into all of them. A charter was therefore given, in 1884, creating the Westborough Insane Hospital. By this cession the houses and lands of the school become the property of the hospital.

The grounds comprise over two hundred and fifty acres of land, and form an irregular crescent as they extend around and enfold the northern half of Chauncy Lake. A beautiful view is afforded, from the hill upon which the hospital stands, of the lake, village, and the hills in the distance.

The main building may be described as a parallelogram, with a front and rear of nearly four hundred feet, and sides of over two hundred feet. It is built of brick, and, for the most part, is two stories in height.

It is situated about two miles north-east from the village of Westborough, and is reached by the Boston and Albany Railroad station at Westborough, or by the Old Colony Railroad station "State Farm," about a half-mile away.

The charter provided that the medical treatment should be homœopathic, and that the sum of one hundred and fifty thousand dollars should furnish accommodations for three hundred and twenty-five patients.

The trustees appointed were Charles R. Codman, Henry S. Russell, Lucius G. Pratt, Francis A. Dewson, Archibald H. Grimké, Phœbe J. Leonard, Emily Talbot.

Some months were devoted to perfecting the plans by Mr. George A. Clough, the architect, of Boston; and the building committee of the Board, Mr. Pratt, Mr. Dewson, and Mrs. Talbot. When the plans had reached a satisfactory development, and had been approved by the Governor and Council, the contract for the masonry, amounting to \$44,043, was awarded to D. Connery & Co. of Boston; and the contract for the carpenter-work, amounting to \$53,920, was given to Creesy & Noyes of Boston, the lowest bidders. The remaining \$52,000 was set aside for all the other requirements, as boilers and steam-heating, putting in gas-machines and gas-pipes, the system of drainage, window-guards, concreting the basements, and a large number of necessary repairs.

The first work of alteration began in May, 1885. It was necessary that many and important changes should be made to fit a building, that had been constructed for a reformatory and prison for criminals, into a hospital for the curative and kindly treatment of the insane. The problem was one very difficult of solution: it would have been a simple matter to build new and appropriate structures. Therefore an unusual amount of forethought and deliberation was required on the part of the trustees. That they have given generously of their time and abilities, will become evident when the real work of the institution begins.

As many men were at once employed as could work advantageously, so that the work has advanced much beyond the expectation of every one. The result is, that the reconstruction will probably be completed in May or June, while the contracts will not expire before November, 1886. A saving of five or six months of time will thus be effected, and the State be sooner given new accommodations for its surplus of the insane population.

A novel feature of construction for American asylums was adopted, — the congregated dining-room. A large room in the centre of the buildings was taken for this purpose, which had been the school chapel; and a kitchen built as near as possible, to secure the easy and rapid serving of warm food to the patients. This dining-room will provide comfortable seating capacity for two hundred patients, as many as would probably be able to enjoy its privileges. This plan has been on trial for some years in England and Scotland, and found favor whenever used. The intent here will be to have no division between the sexes, unless it prove necessary, where the orderly and cleanly can meet

as in a hotel, and leave, during meal-time, the tiresome monotony of the wards and ward surroundings. It is expected to prove an incentive to good behavior and to an exercise of self-restraint, which is the most powerful of all means for restoring mental strength and soundness. A quotation from the report of the consulting board of the Danvers Lunatic Hospital for 1885 will show how strongly they urge the adoption of this same plan in that hospital: "One of the wants of the hospital is a general dining-room. . . . Were there a general dining-room, five hundred or more of the patients could take their meals in common, having them better served and more thoroughly enjoyed. . . . It would be to the credit of Massachusetts, should she be the first to introduce it on this side of the Atlantic."

Provision will be made in the disturbed wards, as in other hospitals, for those whose presence would be undesirable in the congregated dining-room

The present stage of the alterations, in the middle of January, is this: There remains but little masonry to be done in the spring. The carpenters have the interior woodwork yet to do, such as the upper flooring, the doors, and "standing finish." The window-sashes are nearly all in place, but not the window-guards. The steam-fitting is about completed, and the buildings can now be kept comfortably warm. The gas-pipes are nearly all in place. The plastering will soon be finished. But the plumbing has not yet been commenced.

A bill has recently been presented to the Legislature, asking for a hundred and forty-five thousand dollars for the coming year. It is the aggregate cost of a large number of necessities. It includes twenty-five thousand dollars for maintenance during the first and most trying year, when the income could not pay expenses; a large sum for furnishing three hundred and twenty-five patients, and thirty-five attendants, with beds and room furniture and table-ware; also an engine and machinery for laundry purposes; a range, steam-kettles, and other utensils for the kitchen, and furnishing the offices, pharmacy, and officers' rooms; a superintendent's residence, as the old school-buildings do not supply the needs of the officers of the new institution with living-rooms; repairs of two out-buildings, to accommodate seventy-five more patients, thus raising the total from three hundred and twenty-five to four hundred patients; horses and cattle, and farm implements; a carriage-house; an ice-house; extension of the drains; a chapel over the congregated dining-room; and a corridor along a part of the front of the building, to obviate the use of the dining-room and female dormitory as passage-ways; and many other items.

If the Legislature should grant the necessary money, the

State will have a hospital for four hundred patients at a smaller than usual *per capita* cost, and yet well adapted to its purposes ; and the crowding of the other hospitals will be relieved within a few months.

When completed, this will be the second State homœopathic insane-hospital in the United States, and the first in New England. It will receive the same classes of patients as all similar institutions. As was well known at the beginning, a large number of private patients are constantly sent to other hospitals, whose friends and whose physicians desire homœopathic treatment. To meet this want, ample accommodations have been provided, where every comfort can be obtained by this class, and every means furnished for a speedy restoration to health and home.

The homœopathic profession of New England can feel confident of the loyalty of the trustees to the cause of homœopathy ; and, further, they can be assured that their patients will receive the most solicitous care from the hospital authorities.

When fairly under way, in a few more months, it is desired that physicians shall visit the hospital, and examine its workings carefully ; and, with their cordial support, it will become an ornament to the profession and an honor to the State.

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#### A LONDON LETTER.

BY GILES F. GOLDSBROUGH, M.D., LONDON, ENGLAND.

THE future historian of science will have little to record concerning the progress of homœopathy in Great Britain for the year of grace 1885. The number of its professed adherents remains almost the same as it has done for several years past. But few have openly joined its ranks, as witnessed by the paucity of attendance at the School of Homœopathy, and the addition to the membership of the British Homœopathic Society. How many have been won over to a belief in its principles, and who practise them in secret, it is impossible to tell. It is not improbable that the number of these greatly exceeds that of the former class, and they are waiting until the new therapeutic doctrine becomes established and fashionable before they openly avow themselves on its side. There is some increase to reckon, however, for death has not this year been so busy as usual. We have lost but three of our small body during the year just closing. These are Drs. Chepmell, Adrian Stokes, and William Thomson. Perhaps it is only the second whose name will be at all familiar to the readers of the GAZETTE. Dr. Stokes has left a permanent mark on homœopathic literature by his association

with Dr. Drysdale in the compilation of several chapters of the "Cipher Repertory." This work was issued by the Hahnemann Publishing Society many years ago, and deserved well of our body; and no doubt, had it not been for the time and trouble required to master the "cipher," it would have been universally used. Those who have used it will unite in bearing testimony to the indefatigable energy displayed by all the workers engaged in its compilation.

One event has occurred which is of no inconsiderable importance. What some of its strongest supporters have been pleased to call the "materia medica of the future," has begun to see the light of day. The true title, "A Cyclopædia of Drug Pathogenesis" fitly expresses the character and scope of this great work. Part II. has just come to hand, and with its companion Part I. embraces all medicines with any pretence to pathogenetic power (excepting, of course, the pathogeneses included in the "Materia Medica Pura" and "Chronic Diseases") from abies to arnica. The plan of the work has more than once been referred to by the writer of this letter, so that all that it is necessary now to state is, that it has been very cordially received by British practitioners; and it is much to be hoped, that, apart from the personal advantage the possession of the work will give for the placing of our materia medica on a permanent and scientifically unassailable basis, every English-speaking homœopathic practitioner will hasten to become a subscriber. Of necessity, points for criticism have arisen, the chief one being that the work of condensation has been carried a little too far; but in the face of Allen's ten volumes this was to be expected, and is perhaps excusable: at any rate, it is better so than otherwise, and further error can be obviated in the future.

Our annual homœopathic congress was held in the month of September, at the ancient cathedral city of Norwich. There was a small but united gathering of practitioners with several guests; among them being Dr. Lilienthal of New York. The feature of the congress was the masterly address of its president, Dr. Herbert Nankivell of Bournemouth. He took for a title "The Position of Therapeutics as a Science and an Art;" and the address may be summed up as a review of the present state and future prospects of therapeutic science, having special reference to the administration of drugs. Dr. Nankivell divides all possible uses of drugs into empirical and scientific, and the scientific again into allopathic, antipathic, and homœopathic. He shows that a scientific use is only possible with a knowledge of the pathogenetic effects of the drug on the healthy human organism; a fact which, after centuries of empiricism palmed off as science, is only now beginning to be acknowledged. He also points out,

that, however great is the knowledge of pathogenesis, there is an ever-recurring tendency in practice to revert to empiricism,—a tendency which has continually to be guarded against, if the highest success is to be attained. Dr. Nankivell is thoroughly catholic in spirit and in tone. He does not deny, but rather makes the most of, any uses of drugs which come under the divisions of allopathy or antipathy; but he makes it abundantly plain that the immense wealth of drug phenomena revealed in modern pathogenesis can only be made available in the treatment of disease when applied by the rule, “*similia similibus curentur*,” and that, when it is so applied, the results by a long way surpass any which are possible under antipathy or allopathy. But if advance is possible, Dr. Nankivell is not content to stay even here. These are his concluding sentences:—

“It may be that some higher therapeutic law may be yet evolved, which shall be, compared with the law of similars, so much more valuable, as we believe that is beyond and above those other methods which we at present recognize in scientific therapeutics; and in that case it would be at once our duty to examine it thoroughly, with absolutely unprejudiced minds, and, if we should find it excel our own methods by its wide applicability, and its much more easy solution of difficulties, then to accept it without hesitation as another advance in that dominion promised by God to man over the universe of matter.”

Unfortunately for poor humanity, the ordinary therapeutic mind is very far from exhibiting the same at once both catholic and progressive spirit displayed by Dr. Nankivell. Two prominent recent evidences of this are forthcoming, and deserve more than passing notice. Dr. Lauder Brunton, the editor of an influential periodical called “*The Practitioner*,” and foremost amongst pharmacologists of the old school, has recently published a text-book of pharmacology, therapeutics, and materia medica, which has been heralded by the allopathic journals as a welcome and complete exposition of the subject it endeavors to treat. Before he plunders much homœopathic material, the author deems it right to dismiss the homœopathic principle in a sentence which is grossly illogical, and consequently untrue. Referring to the action of large and small doses of drugs as having opposite effects, and classing their action in disease on account of this as antipathic or homœopathic, as you please, Dr. Brunton argues that “homœopathy can therefore not be looked upon as a universal rule of practice.” Dr. Brunton, in common with his school generally, fails to see that the mode of action of a drug, and a rule for its administration in disease, are two totally different things, so that to reason from one to the other is absurd. But more than this, how is it possible to find out the mode of action of a drug in disease, until it has been prescribed

according to some definite principle? and if a principle be discovered, and acted upon in some instance with certain results which we know as beneficial, how is it possible to say that such a principle will not hold universally for the same results until every drug has been tried in every disease for which, on the principle laid down, it can be applied? As is pointed out in "The Monthly Homœopathic Review," Dr. Brunton is too fond of modes of action, and ignores the phenomena which show that there is action. But even if he did otherwise, the observed phenomena are useless in the absence of a principle whereby to apply them in practice. And, as Dr. Brunton gets rid of the only (as yet) available principle, and also ignores the phenomena, what we should expect, and what he gives in his book by way of therapeutics, is meagre, indefinite, and utterly devoid of scientific arrangement. A curious addition to an allopathic textbook of materia medica appears in this work, in the shape of a clinical index for diseases and their remedies; but, as may be supposed, little or no reference can be made from it to the body of the work, and it has led to the cruel suggestion that there has been a copy (though much at a distance) from some standard volume of homœopathic medicine.

The other authentic exposition of modern therapeutics, above referred to, is an inaugural address on "Medical Treatment," delivered before the Midland Medical Society on Nov. 11, 1885, by Samuel Wilks, M.D., F.R.S. (*vide* "Lancet," Nov. 14 and 21). Dr. Wilks will be known in America as a pathologist, but he is known here likewise as a leading consulting physician; and therefore any utterances on "Medical Treatment" from such a source must be listened to with the attention they may be presumed to deserve. At the outset of his address, we find Dr. Wilks does not place the subject on which he is about to speak on the highest plane of the physician's knowledge; for he says, in looking about for a theme on which to address his audience, "after much cogitation, and many flights of imagination into the realms of pathology and scientific medicine, in order to seek for some appropriate theme, I descended again to a lower sphere, and bethought myself it were wiser to take up some question of more universal interest. I propose, therefore, to address you on the well-known theme, the treatment of disease." And Dr. Wilks occupies the first considerable portion of his address in showing, that, however important the treatment may seem to the patient or his friends, it is of quite secondary importance in the mind of the physician. Dr. Wilks seems to think that the value of anatomy, physiology, and pathology, as forming the basis of the physician's knowledge, may be summed up in the facility they give towards an acquaintance with the causa-

tion of disease and its removal, and also towards an acquaintance with the clinical history as expressed in diagnosis and symptomatology, leading to the removal of the latter by a general management of the case. He says, "So far from the doctor depending upon physic for his success, he never takes so high a position as when he gives none, and makes the friends of the patient stand aloof and rely upon his superior knowledge."

Dr. Wilks confesses to an almost complete scepticism as to the value of drugs in disease; and he believes their wide-spread use to depend upon the physician pandering to the whims of the patient in his cry for medicine. "The public care nothing for anatomy, physiology, and pathology; they come in contact with the medical man at one point only, and that is treatment: therefore any system which makes this the prominent feature is sure to be popular. This is my principal objection to a wide-spread heretical system; for its foundation is in physic-giving, and the treatment of symptomatology. Every lady can carry her medicine-chest in her pocket, with a little book containing directions for the use of its contents." This is evidently Dr. Wilks's sneer at homœopathy and homœopathic physicians; and if he imagines homœopathic treatment to have as little foundation in science as the ordinary old-school treatment has, we do not wonder at it. Dr. Wilks's scepticism is founded on a large experience of this latter treatment, and he gives some results of this experience in a few striking sentences, such as the following: "I have seen many hundreds of persons with paralysis take strychnia, and I never remember to have seen it of any service." "Conium was given largely in chorea, even to poisonous doses, and then put aside as valueless." "In my private pharmacopœia, I have attached to the word phosphorus, the name 'humbug.'" "I have failed to learn that digitalis (when given for quickened action of heart in various diseases) has in a single case had any marked effect."

Now, all homœopathic practitioners would rejoice if such a scepticism as this were universal. There might then be much more hope of its substitution by true scientific drug treatment. But Dr. Wilks does not stop here. He is not content merely to throw overboard his old faith, but he declines to take up a new one; and this simply on the ground that any other than that he may have had experience with cannot be true. He says, "That any general law of curing can be made applicable to the human body, seems to me about as likely as some general method of putting a watch or a steam-engine to rights when out of order. No truth can be told in a few words. I myself have a great horror of formulæ: they are as false as telegrams; and, like proverbs, express one particular attitude of the mind, and that

is all, for an exact opposite of every proverb can readily be found." Whatever may be the attitude of mind of other men, Dr. Wilks here exhibits a very shallow one. But perhaps it is because he is in the habit of dwelling in too high a sphere, that he is unable to see some of the simplest of simple things; and among them, that, when a watch or machine gets out of order, there *is some general method* of putting it in order again. Let us suppose a case. What will constitute the being out of order, of our watch, except a derangement in its structure, which is brought about by some irregularity in the distribution of the mechanical motion which it is the province of the watch to engage or to discharge; or else by some undue quantity of mechanical motion impressed upon it from without, for example, by a particle of dust? and then, what will put our watch into order again but a further impression of a given quantity of mechanical motion, distributed according to the details of the disorder by the skill of a watchmaker? Whatever the disorder may be, it is the same general method which has to be gone through. But let us apply the analogy as suggested by Dr. Wilks. A body manifesting life may be described as structure arranged for the assimilation or discharge of molecular motion: if it gets out of order, from whatever cause, this may be referred to some irregularity in the assimilation or discharge of its own molecular motion, or by some molecular motion operating upon it from without; and if this is really the case, is it not highly probable that by the application of some other molecular motion from without, the state of disorder may be removed, and what is termed health be restored? Of course, the analogy between a body manifesting life and a machine cannot be pushed further than this. There is something in the process of life which is beyond our usual ideas of molecular motion, something which is not yet understood; and unfortunately for Dr. Wilks's ideas, but fortunately for himself in common with all humanity, if the processes of life do get out of order, there is manifested a power which, any more than life itself, is not yet understood. This power Dr. Wilks has been accustomed to call the "*vis medicatrix naturæ*." It is a power which acts in a general manner, and is universal as far as life reaches. Whatever be the organ or function affected, whether the disturbance be slight or severe, within the limits of the life of the individual, this power operates towards the removal of disorder, and the restoration of health. If, then, such a general method is adopted by Nature herself, we may ask Dr. Wilks, along with all opponents of homœopathy, if it is not more than highly probable, if it would not be even strange if the reverse were the case, that there is a general method which can operate from without, provided it

can only be known to a skilful operator. Thanks to the illustrious Hahnemann, this method has been discovered, and is free for the intelligence and use of all mankind; and it is only pride of intellect, or narrowness of mind, which prevents its acceptance by the very men whose province it is to study and administer it. It is much to the shame of all opponents of homœopathy, who at the same time pose as scientific physicians, that they still remain so sceptical of its truth as to preclude the widest possible trial of it at the bedside of the sick. And it behooves all who are fully persuaded on the other side, to be ever true to their colors; to bring prominently and persistently forward the results of homœopathic treatment, and to show them as the triumphs of accurate scientific knowledge, finding its practical value in the doctor's highest art, — the *cure* of disease.

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### THE THERAPEUTICS OF SMALL-POX.

[Continued.]

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

WHILE belladonna is the leading remedy when congestion of the brain or lungs is the pathological state, BRYONIA is the chief medicine if inflammatory irritation of the liver and stomach is the leading feature of the case. Speaking of the initial stage, Bæhr remarks: "*Bryonia* will be found much less frequently suitable [than belladonna] at this stage of small-pox." Precisely so. *Bryonia* is "much less frequently suitable" if the morbid state to which it corresponds is seldom seen; but all experienced practitioners know that often in the course of an epidemic of small-pox, you meet with twelve or fifteen cases in rapid succession, all marked by intense gastric irritation. Then *bryonia* is the leading remedy, but not the only one.

When the initial stage sets in with the following group of symptoms, *bryonia* is the first remedy to be thought of. The taste is very bitter, and the tongue is very foul, and the racking headache is frontal and pressive, and the patient is cross and irritable. Obstinate constipation is almost always present; though this remedy is also indicated by diarrhœa, with colic.

The patient feels chilly in the open air, with dread of exposure to it; chilliness in bed in the evening after lying down; violent shaking chill, compelling the patient to lie down. The shivering chills are followed by internal dry, burning heat, extending over the whole body, with dryness of the tongue, lips, and palate; loss of thirst, prostration, and extraordinary weakness in the whole body, especially in the extremities; the pulse full, accel-

erated; the skin dry and hot. A bruised pain in the small of the back is present; and this condition is admirably described by Aloys Loewy, as reported in the second volume of Allen's Encyclopædia of Pure Materia Medica: "He was unable to lie stretched out without violent pain in the sacral region; sitting up, lifting, or turning the body increased the pain; he found himself relieved when at rest, with the body bent forward; he arose out of bed with great difficulty. Putting on the clothes was very difficult, on account of the violent pain in the sacral region; walking in the street caused great exhaustion; going up stairs was especially troublesome; walking caused such intolerable pain that he was obliged to be taken home in a carriage. He went to bed; the pain extended from the lumbar and sacral regions in part along the spine, in part down towards the legs. On attempting to raise or stretch out the legs, or to raise the body upright, the greatest pains; every slight touch of the spine, especially in the lumbar region, increased the pains; urination much increased; urine yellowish-red; fever moderate; pulse full and hard."

The epigastric region is extremely sensitive to the touch, with nausea and faintness on rising; feeling as if a stone were lying in it; rumbling and griping in the intestines, with nausea and vomiting. The patient is weak and exhausted, and on rising from bed he is often taken with sudden faintness; drawing and tension in all the limbs and joints. Restless sleep, disturbed by frightful dreams; moaning during sleep.

I have repeatedly seen *bryonia* of great service in small-pox of a typhoid type, when petechiæ are present, with miliaria and bleeding from the nose. The patient is much worse at night, with prostration and a certain degree of stupor; in such cases the pocks incline to turn black during the suppurative stage. Bronchitis is present, with a kind of low, ill-developed pneumonia; stitches, soreness, and dryness of the throat; shooting pains in the chest, especially during inspiration; great oppression of the chest, with dry, hacking cough.

Constantine Hering advises *bryonia* "if the eruption is delayed, with a sensation as if the flesh had been bruised;" and Dr. W. V. Drury uses it in severe confluent small-pox, with delirium, petechiæ, red and scanty urine. Walter Williamson, too, has found it useful in bringing out the eruption. Bæhr, speaking of small-pox of the adynamic type, remarks, "At the commencement, *bryonia* will very generally be indicated; on the other hand, we think that *tartar emetic* is in its place, more especially if the brain is involved." From the second part of this opinion I emphatically dissent.

Rückert thus epitomizes two cases from early volumes of the

A. H. Z.: "Bryonia X., one drop, every twenty-four hours, removed the precursory symptoms, such as headache, nausea, vomiting, pain in the back and small of the back, with a bruised feeling all over. Bryonia X., one-fourth of a drop, removed dropsical accumulations in the abdomen, during an eruption of small-pox."

In the gastric states, I use the sixth decimal trituration of the root; but when a typhoid state supervenes, the twelfth centesimal acts better.

RHUS TOXICODENDRON is another leading remedy when a typhoid state develops during small-pox, especially in the suppurative stage. No one, however, would think of waiting so long before giving rhus; and, fortunately, the indications for this great remedy are so very plain, that it is difficult to mistake them. In many cases it is indicated from the very first.

Some practitioners look upon rhus as being a kind of panacea in small-pox. Thus Dr. G. H. G. Jahr writes: "When I knew that variola had broken out in the hospitals, I was in the habit of prescribing rhus tox.;" a convenient but slipshod style of practice, hardly coming up to Hahnemann's standard of excellence. Almost as slipshod is the advice of Dr. P. P. Wells of Brooklyn, who writes: "Rhus may be called for by this last indication (an adynamic character), in the absence of other signs calling for arsenicum." Are we to understand, that in the adynamic state arsenicum comes first, then rhus, as a matter of course, if arsenicum is not clearly indicated? It may be, and it may not be; for in actual practice I have found bryonia and muriatic acid just as often indicated; and I lately had a very severe adynamic case cured by tartar emetic, and nothing else, from the first chill of the initial fever till the last scab fell. Baptisia tinctoria, too, is a neglected but most important remedy, as I hope to show in another paper.

The rhus fever comes on with shaking chills and throbbing headache. The shivering and heat seem to come simultaneously over the whole body; and I have noted, as a genuine key-note, "mucus between the lips, that makes them stick together." The temperature rises towards evening, with oppression and anguish preventing sleep, and forcing the patient to start up and cry for help during sleep; at the same time, stretching, drawing, weakness in the limbs, and headache like a dulness and compression in the side of the occiput. The fever is accompanied by severe pains in the back and limbs, rending, drawing, tearing, more during rest; relieved, at least for a time, by motion. Extreme numbness and painfulness of the limbs, which feel rigid as if they could not be moved. The patient feels extremely weak after sitting up even for a very little time.

From the first the patient's mind is inclined to wander, and later active delirium is developed. A very restless mood, with anxiety and apprehension, is often present; and towards night this state increases till the patient wants to get out of bed, in spite of his great weakness. When recovering, the patient is ill-humored, depressed, and despairing; and this is out of all proportion to the physical exhaustion, great as that often is.

The face is greatly swollen, especially about the eyes and ears, and a dark, purplish redness of the cheeks is common. Later, the face is pale and sunken, with dark circles around the eyes. The tongue is dry and brownish, or else dry and red. Bloody sordes on the lips and teeth, with soreness of the corners of the mouth, which is very dry.

The abdomen is tender and swollen, with rumbling flatulence and cutting colic. The evacuations are loose and dark-colored, at times really bloody. The thirst is intense.

The urine is scanty and high-colored, soon becoming turbid.

*Rhus tox.* is a leading remedy in confluent small-pox, when, after intense swelling of the face, and, indeed, of the whole person, the eruption suddenly shrinks and becomes of a blackish or brownish color, with livid areolæ. At the same time the mucous membrane of the lips and mouth assumes a darkish color, with dry, brownish tongue, intense thirst, great exhaustion, with wandering of the mind. The pulse is small and feeble, and the extremities are cool. In such cases there can be no doubt but that hemorrhage has taken place from the mucous surfaces, and into the pocks, as a result of paralysis of the minute capillaries, which again is caused by the action of the small-pox poison on the nerve centres.

Lastly, *rhus* is indicated in vesicular erysipelas, with great burning and depression; glandular swellings are often present.

Speaking of the treatment of the adynamic forms of small-pox, Dr. Franz Hartmann writes: "*Rhus* would therefore correspond with the typhoid, and *bryonia* with the putrid form. This is, however, mere theory; for, in reality, both medicines may have to be used indiscriminately." Here it is impossible to agree with that earliest of writers on homœopathic practice. In the first place, there is the well-known distinction between the character of the pains of these remedies: *bryonia* worse during motion, *rhus* relieved, at least for a time, by motion; and this is by no means an air-drawn distinction, but a real difference which has often guided me in the early stages of bad small-pox. Again, the *bryonia* patient is always better during rest, while the *rhus* one is worse. Then the *bryonia* small-pox patient is decidedly bilious, with a yellow, furred tongue, and marked nausea: the *rhus* patient is not bilious, and the tongue is red and dry. The

pocks of bryonia are, as a rule, dry: from the pocks of rhus, a brownish malodorous fluid exudes. In bryonia the pulse is quick, full, hard, and tense: in rhus it is rapid, weak, and soft, often thready. The bryonia patient is generally costive: the rhus patient is apt to have a thin reddish mucous diarrhœa, often fetid, sometimes involuntary, worse at night, better on pressing the abdomen. In bryonia the urine is frequent, dark, scanty: in rhus it is frequent, pale, copious. In bryonia the fever and pains in the back and limbs are aggravated in the evening: in rhus they are worse in the morning. Lastly, the rhus small-pox patient is a much sicker man than the bryonia one, and has much less chance of getting well. But then, he wouldn't have any at all under allopathic treatment, or, in fact, under any treatment on earth save the homœopathic.

Mayrhofer, as quoted by Dr. John C. Peters, reports the case of a girl aged eighteen years, who was seized with small-pox shortly after being worn out with nursing a sick friend. There was burning fever, excessive exhaustion, urgent thirst, noises in the ears, dry, cracked tongue; the lips and teeth were covered with a tough brown mucus; the abdomen was distended; and the small-pox eruption was flabby and depressed, while the areolæ of many of the pustules were livid instead of being bright red. He gave one-eighth of a grain doses of extract of *rhus tox.* every three hours, and on the following day was astounded at the favorable change which had taken place. The typhoid symptoms had disappeared, and the eruption was in a state of active development and re-action; the disease now ran a regular course, and terminated in health.

Professor Walter Williamson reported the following case in the second volume of the Philadelphia "Journal of Homœopathy:" —

"On the 27th of May, 1849, I was called to see Mrs. A. B. J. in the eighth month of her pregnancy. Found her laboring under some derangement of the stomach, pain in the head, slight pain in the back, and some general soreness. Gave her rhus, and she seemed better until the 29th, when all her symptoms were aggravated; at night especially, the pain in her back reached the highest degree of intensity; fever increased, and she became restless and frequently delirious. The symptoms continued with but little variation, until on the morning of the 2d of June she was suddenly, without the usual premonitory symptoms of labor, delivered of a little boy; and the small-pox eruption appeared the next morning. On the morning of the 7th of June the lady died of confluent small-pox. On the 4th of June, i. e., the third day from its birth, I vaccinated the child. The vaccine disease ran its course regularly and fully, and the child entirely escaped variola."

As to the dose, Marcy recommends the third attenuation, and Hartmann the twelfth to the thirtieth. I have always used the sixth decimal trituration.

A singular unanimity reigns among authors as to the true position of ARSENICUM in the homœopathic treatment of small-pox; and all are agreed that it is the leading remedy when a low

typhoid state is superadded to that most loathsome of diseases. In view of this unwonted unanimity, it is curious that our allopathic step-brethren — who are only scientific when they have been hooking from us — have not “conveyed” this remedy. But they have not done so as yet, and even Ringer and Phillips — past masters in the art of “conveying” — make no mention of it in their works.

The arsenicum fever begins with chills and shuddering, without thirst; a kind of internal chilliness, with external heat and redness of the cheeks. The burning heat is often intermingled with chills; very small, quick, frequent pulse. Restlessness and a kind of mild stupor alternate; and at times slight delirium is noted, with convulsive twitchings of the tendons. A muddled state is far from being rare; a kind of momentary loss of consciousness, with hesitation of speech. Excessive prostration of strength is present from the commencement, together with a certain ill-defined tendency to putridity, which becomes more pronounced as the case develops. Great anguish and fear of death are often present.

At first the face is bloated, red, and puffy; later the countenance is pale, sunken, and death-stricken. The lips are swollen, bluish, and cracked. The eyes are weak and inflamed, and all the parts around the orbits are swollen. The tongue is red, dry, and cracked; further on, it is brownish or blackish, with a tendency to tremble which is very characteristic. Fetid smell from the mouth, with bitter, repulsive taste. Aphthæ appear in the mouth, at first of a whitish color, gradually becoming blackish. “Pocks in the throat” is a leading indication, often with hoarseness and cough. Thirst is excessive; the patient drinks often, but little at a time.

The action of the heart is feeble, irregular, and hurried; and I have often noted a marked weakness of the second sound. Nausea and vomiting are almost always present, with severe burning pain in the epigastrium. Diarrhœa is common; dark and putrid stools, often passed involuntarily. I have sometimes noted hæmaturia; but usually the urine is copious, turbid, and dark-colored.

In cases in which arsenicum is indicted, I have often noted bluish, livid patches on the skin before the outbreak of the small-pox eruption. This state usually heralds a kind of putrid decomposition, with hemorrhagic exudation into the pustules. From the very first the eruption is darkish-brown in color, of an offensive odor, inclined to confluence; finally, huge blotches filled with blood and pus cover most of the patient's body. Arsenicum is simply invaluable, if the pocks suddenly fade, or if maturation does not proceed regularly.

I am confident that I have saved several lives by attending to Hempel's indications : —

“When the eruption seems to have invaded the intestinal mucous surfaces; the patient's skin becomes cold and clammy; foul and involuntary discharges from the bowels; the patient lies in a kind of quiet stupor.”

Rhus tox. is the remedy closest to arsenicum, but the points of difference are so numerous and so clearly marked that it is impossible to err. A chief diagnostic point is that the pocks of arsenicum are generally dry: in rhus there is a moist, fetid oozing which is quite characteristic. In rhus the prostration is not quite so marked and severe as it is in cases demanding arsenicum, and the arsenicum patient is very sensitive to pain: the rhus patient is much more callous. The arsenicum patient complains of burning, gnawing, cutting pains in the internal parts: the rhus patient tells you of rending, tearing pains of external parts. Dr. P. P. Wells remarks that “rhus will have the preference over arsenicum if the restlessness and pains in the back predominate.” The arsenicum patient is generally sleepless *after* midnight: the rhus one is sleepless *before* that hour. Both remedies have diarrhœa; but the arsenicum diarrhœa is generally painless, while the rhus diarrhœa is usually painful. Again, the arsenicum diarrhœa is watery or purulent, dark in color, and offensive in odor: in rhus it is thin and yellowish, often quite odorless. In arsenicum the urine is scanty, very seldom copious, almost always with burning during emission: in rhus the urine is usually both frequent and copious. But I remember two or three notable cases of small-pox in which rhus was indicated, in which the urine was scanty, high-colored, and irritating, soon becoming turbid. Nearly all the complaints of the arsenicum patient remit during the day, and especially before midnight: the rhus patient is easier during the day, but worse in the evening.

Charles Julius Hempel reports the following deeply interesting cases : —

“I am confident that I saved a child's life in one case where a sudden collapse took place, characterized by the following symptoms. All that could be seen of the eruption was a fine rash on the face and on the forehead. After the child, a boy of seven years who never had been vaccinated, had been lying in a burning fever for several days, he suddenly grew cold at two o'clock in the night. Sopor set in, muttering delirium, violent spasms, and involuntary diarrhœic stools in rapid succession, of a dark-brown blackish color and a most offensive smell; the lower jaw was depressed and apparently paralyzed. I gave him arsenic, first centesimal scale, a powder every fifteen minutes. The involuntary discharges stopped after the first powder; and after having taken a few more powders, the eruption broke out most copiously; and although it proved to be a very distressing case of confluent small pox, yet the boy recovered perfectly, and without a mark on his face.” — *Dr. Franz Hartmann's Diseases of Children.*

"I once saved a boy's life with arsenicum. The child had never been vaccinated, or, rather, eight different attempts had been made to vaccinate him, but every attempt had proved futile. The boy was attacked with confluent small-pox. The disease was running as favorable a course as could be expected, when I was sent for one night in a great hurry, because the disease had taken a bad turn. I found the boy in an undecipherable state of apathy and lethargy. The pustules had suddenly receded, and those that were still out upon the skin looked black. Involuntary diarrhœic evacuations took place every fifteen minutes, spreading a most horrid stench through the room. The skin was cold and clammy, the pulse filiform and could no longer be counted. I gave him arsenicum, second centesimal trituration, one-half of a grain at a dose, repeating the dose every fifteen minutes. After the third dose the diarrhœa stopped entirely, the skin warmed up, the pulse returned, the remaining pustules resumed a normal appearance, and the disease went on its course very favorably. After the boy had been sick twelve days, and seemed all but well, after the fever had entirely disappeared, and the child expected to be dressed and play about the room, he was all at once taken with a severe angina; the fever returned with a severe chill; he was seized with partial convulsions, and next day was covered with scarlet-rash. He had caught the scarlatina at school, but the variola kept it under until the severer disease had run its course. The boy made a fine recovery, and only showed one or two scarcely perceptible pits on the chin." — *Bæhr's Science of Therapeutics*, II.

Franz Hartmann, who probably represents the bulk of our school, advises the dilutions twelfth to thirtieth; personally I incline to Hempel's views, and have never given higher than the sixth decimal trituration.

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### THREE CASES OF OVARIOTOMY.

BY ALONZO BOOTHBY, M.D., BOSTON.

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

CASE .I. — Mrs. W., widow, age sixty-two, medium height, dark complexion, rather pale with a slight yellowish tinge, was first seen by me at the dispensary.

At that time a hasty examination revealed a large fluctuating tumor of the abdomen, which was diagnosed as a right ovarian cyst. She was advised to go into the hospital, and have the tumor removed.

In about three weeks (March 19, 1885) she entered the Massachusetts Homœopathic Hospital for the purpose of an operation. On examining her further, the previous diagnosis was confirmed. It was noticed, however, that she had changed considerably since last seen.

From some cause her general health was evidently failing. On examining the urine, it was found to contain a small quantity of pus. It also contained albumen in greater quantity than it was thought probable could come from the pus. She complained of feeling weak, and had a slight cough. The skin was sallow.

She expressed herself as gradually "breaking up." In fact, her condition was not a very promising one for withstanding a severe operation; but there seemed to be no advantage in waiting, as the tumor had attained the size that would produce great and increasing disturbance to the system.

Here we had to do with a known pathological condition, — a cyst of one of the ovaries, which, if left to itself, was almost certain to terminate fatally in a short time; and while the constitutional symptoms were of a grave character, there was nothing revealed that might not be accounted for by the presence of this large tumor.

In fact, we had a group of symptoms which are characteristic of the fourth stage of cystic tumors of the ovary; that is, when the cyst reaches above the umbilicus.

In this case the tumor was but slightly above the umbilicus, while the gravity of the symptoms indicated a considerable advance from this point. An operation was decided upon, and was made Nov. 23, with the assistance of Drs. Talbot and Baker and the house-surgeons and physicians.

The operation was a very simple one, and was completed in about half an hour. It was apparently a simple cyst, although it probably belonged to the variety known as myxoid cystomata.

There were no adhesions. The pedicle was short and broad, and was ligated in three sections. None of the contents of the cyst escaped into the peritoneal cavity, and scarcely a drop of blood. Search was made for the other ovary by passing the hand along the brim of the pelvis, but nothing abnormal could be detected. The external wound was closed with silk sutures, and antiseptic dressings applied.

The patient seemed quite comfortable and doing fairly well for the first three days, although the temperature was rather high, and the patient complained of great exhaustion. On the fourth day the temperature went up to 103°, with some congestion of the lungs. She had a troublesome hacking cough, with extreme restlessness. The unfavorable symptoms continued to increase without any thing to indicate peritonitis, or any unfavorable appearance of the abdominal wound. On the morning of the eighth day, however, the bowels became tympanitic, and the wound looked a little swollen and red. The patient was cyanotic, and presented every indication of rapid dissolution.

Although the symptoms had not indicated such a result, I thought it possible that the unfavorable condition of the patient might be due to an accumulation of septic matter in the abdominal cavity; and so removed several of the stitches, and made an effort with a blunt instrument to separate the edges

of the wound so as to introduce a rubber tube, and wash out the cavity with a 1% solution of carbolic acid. Union had taken place the whole length of the wound, and offered considerable resistance to the effort to open it up, and the separation was only carried down to the peritoneum.

By this time the patient's condition had become hopeless, and we desisted from our efforts. She died about noon of the eighth day after the operation.

**AUTOPSY.** — The thorax and abdomen only were examined. The external incision presented a slight amount of inflammation, but no pus. Union quite firm. The small intestines were distended with gas, and just over the external wound were somewhat adherent to the anterior surface of the abdominal wall. The abdominal cavity was perfectly clean, and free from any signs of inflammation. The pedicle could not have been in better condition.

On examining the left ovarian region, a follicular cyst, the size of a small hen's-egg, was found. This had dropped down over the brim and into the pelvis in such a way as not to be felt in passing the hand along the site of the ovary.

The liver was found to be rather small in size, of a grayish-yellow hue, and so friable as to be readily torn by the fingers. The outer surface of the liver was uneven from the slight projection of numerous small nodules. In fact, it had the appearance of acute atrophy in the first stage. Both kidneys presented the condition of granular and fatty degeneration: on removal of the capsule there were whitish lines running in different directions, which were depressed so as to diminish their size. They resembled old cicatrices. On one of the kidneys were found several small cysts; and in the other, two small pus-cavities involving the substance of the kidney, and containing about a half-drachm of pus.

The spleen was nearly normal; each pleural cavity contained from one to two ounces of serum, and the lower portion of each lung was hepatized. The pericardium contained a small amount of fluid. The heart was pale and flabby, and its walls thinned. It could be torn with slight force. No special change in the endocardium or the valves.

It would be hard to find a case presenting a more complete involvement of all the vital organs of the abdomen and thorax; yet at the same time the disease had not advanced in any one of them so as to present any marked symptoms other than might be produced in the advanced stage of ovarian cyst. The post-mortem revealed a condition which would preclude the possibility of a successful termination of ovariectomy; and the case, as a whole, demonstrates the difficulty of determining the condi-

dition of the different organs when a prominent local disease is present.

CASE II. — Mrs. P., age thirty-seven, mother of seven children, the youngest two and a half years old. Always enjoyed very good health; family history good. First noticed enlargement of the abdomen last Christmas; the enlargement at this time was mistaken for pregnancy. Her size increased rapidly, and at the time of admission to the hospital, May 13, 1885, she was larger than a woman at full term. At this time she had but little suffering, and only complained of inability to get about because she was so large.

A right ovarian cyst was diagnosed with a large solid portion situated at the upper part of the tumor in the right hypochondriac region; over this part there seemed to be quite extensive adhesions, with tenderness on pressure.

Operation May 21, and a tumor weighing thirty-five pounds removed. The solid portion weighed about eight pounds, and it required a long abdominal incision to allow this to be delivered. The incision extended from just above the pubis to two inches above the umbilicus.

Extensive but very recent adhesions were found at the upper part of the tumor on the right side. These were easily broken up with the hand, when sudden and alarming hemorrhage took place. This, however, soon ceased, after complete separation of the tumor from the abdominal wall.

Further than this, the case presented nothing worthy of note. External wound closed by silk sutures; on the fourth day the dressings were changed; on the seventh day, one-half of the stitches taken out; and on the tenth day, the remainder.

The temperature was a little below  $100^{\circ}$  for the first three days, and on the fourth day went up to  $101^{\circ}$ , but immediately fell; and on the sixth was nearly normal, and remained so thereafter. The pulse was only slightly accelerated during the first few days. The abdominal wound healed entirely by first intention. In seventeen days the patient was sitting up, and walking a little. She went home feeling perfectly well on June 20, just thirty days from the time of operation.

CASE III. — Miss K., aged twenty-five, was admitted to the hospital March 7, 1885. She had been in poor health for about a year and a half.

At first it was said she had spinal difficulty. For over a year she had been confined to her room, and, for a considerable portion of that time, to her bed. She suffered from pain in the sacral region, and tenderness and pain in the lower part of the abdomen.

Dr. Church of Winchester was called to attend her; and, not

being able to relieve her by medicines, she decided there must be some ovarian trouble requiring local treatment.

On examination, she found an enlargement in the right ovarian region, with great tenderness, so that it was difficult to make a complete examination.

The patient did not improve; and in a short time another tumor was detected, a little to the left side, and behind the uterus.

In February I saw the patient with Dr. Church.

We could make a thorough examination at this time, as the treatment had relieved much of the tenderness. On the right side in the region of the ovary, an oblong enlargement the size of a goose-egg could be accurately outlined. We were able to separate the growth from the uterus, although it extended nearly to the median line. It was immovable. We could not make out distinct fluctuation, but decided that it contained fluid. We diagnosed an abscess, or a cyst that had become firmly adherent from the previous inflammation. Lawson Tait speaks of a peculiar tendency of parovarian cysts to rotate on their axis, and so become strangulated and gangrenous. It was thought possible that a partial strangulation of such a cyst had taken place here, which was followed by a local peritonitis.

The other tumor was quite movable, although it could not be completely separated from the posterior wall of the uterus. It was situated behind the uterus, a little to the left side. We now directed our efforts toward determining the character and attachments of this tumor. Owing to its small size and its position behind the uterus, it was difficult to decide whether we had to do with a cyst very much distended, or a soft fibroid. If a cyst, was it ovarian, or from the tube, or a fibro-cyst of the uterus? Its extensive mobility and evenly rounded outline were in favor of cyst. But, even if we had to do with a uterine fibroid here, we had a growth on the other side that demanded an operation; and we would then have the alternative of removing the fibroid, or of cutting off its stimulus to growth, by removing the ovaries and appendages. It was thought best, however, to keep the patient under observation for a time, with a view to an operation by abdominal incision if the indications should continue to be favorable. I soon became convinced of the expediency of an operation, but my colleagues at the hospital advised still further delay. In the mean time the tumor behind was growing quite rapidly, but the one on the right side changed very slowly.

The patient's general health had improved so as to enable her to walk around the hospital. The more we studied the case, and observed its progress, the clearer the indications seemed to be

for the operation. Finally we were convinced that we had two ovarian cysts, and decided to operate on May 26. Drs. Church and Talbot assisted. In this case I followed the method of Dr. Martin of Berlin. For all laparotomies he places the patient on a low table, which is on a level with his lap when sitting, and is only just long enough for the patient's body. The operator sits at one end with the patient's thighs resting on his, and the feet and legs hanging on either side. The principal assistant sits on the patient's left.

When the intestines have not been carried upward and backward out of the way, as is the case where a large tumor exists, they present at the abdominal opening, and may seriously interfere in completing the operation. In order to avoid trouble in this direction, they were allowed to escape as freely as they would, and were then drawn up on to the abdomen, and protected by flannels wrung out of hot carbolized water.

With a little effort the tumor of the right side was brought into view. It proved to be a cyst holding about a teacupful of dark brown fluid. The cyst was firmly attached to the brim of the pelvis; and in the effort to break up the adhesions, it was ruptured, and its contents escaped into the abdominal cavity. This was carefully sponged out, and the cavity washed out with a 1% solution of carbolic acid. The sac was then freed from its attachments, and removed, with the ovary and appendages. The walls of the cyst were of a brownish color, and thickened, but more easily torn than usual. This condition was evidently brought about by a previous inflammation.

By passing the hand into the *cul de sac* behind the womb, a tumor about three inches in diameter, and involving the left ovary, was then easily brought to view, and delivered whole through the abdominal wound. The external surface of the tumor was smooth and glistening, and it contained a clear, transparent serum. It presented the usual characteristics of a follicular cyst. There was no distinct pedicle; but the broad surface of attachment, together with the broad ligament and Fallopian tube, were easily ligated in three sections, and cut away with the scissors.

On account of the escape of the dark grumous fluid from the right cyst, great care was taken to thoroughly cleanse the abdominal cavity by washing it with a weak solution of carbolic acid, and then sponging till it was dry.

Silver wire sutures were used in closing the external wound. Not infrequently, after two or three days, it is desirable to loosen the stitches a trifle, on account of the swelling. By using the wire, this is very easily done; and for that reason I shall in the future give it the preference in closing the abdominal wound.

Care was taken to carry out strict antiseptic measures. We had, however, small abscesses around two of the sutures, which were treated by washing out the cavity of the abscess with a 5% solution of carbolic acid. They soon closed, and the patient made a good recovery. At this time, ten months after the operation, she remains comparatively well. She has not menstruated since the operation, but has occasionally felt as though she were going to.

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*THE CRITICAL AGE.*

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

[*Read before the Boston Gynecological Club.*]

THE title applied to my paper may well be matter of surprise to you. It is not, however, through ignorance of the more scientific and euphonious synonymes of the homely phrase chosen, but because it seems more perfectly than any other to fit the thought which I wish to present, that I have selected it.

It will surprise you still more, when I announce that this paper has no reference to the menopause, or indeed to women at all, and its appropriateness before this club may therefore be questioned; but unless immediately ruled out, I shall hope to develop evidence of its fitness and applicability to the objects and purposes of the club.

It has been said, with a good degree of truth, that "men rarely learn any thing after they pass the age of forty;" and we know that throughout all nature, when advancement ceases, deterioration begins. I have therefore deemed it proper to treat of this point in our lives, under the title of "The Critical Age;" and, as a warm advocate of preventive medicine, to endeavor to find means of averting the evils which so generally attend it. We can all probably call to mind striking examples which illustrate the truth of the statement above quoted, and the consequences which follow. We can see and realize, as we witness the self-satisfaction and even arrogance of those who have ceased striving for any thing new or better than the old accustomed way or habit of doing things, that this attitude must inevitably result in degeneration or degradation. No matter how prominent or active such men may have been in the past, the car of progress does not stop with them, but moves on, and beyond them, under the impetus of new life, fresh energy, in the younger men, who, starting at the point reached by a preceding generation, push upward and onward as their predecessors had done from their starting-point farther back.

Now as we find ourselves nearing or under the shadow of this Critical Age, we must make a strenuous effort to avoid the dangers generally attending it, and hold ourselves stoutly to the course of progress, keep our minds open to new developments, remembering that as in the past, so also in the future, new truths will be brought to light, new means of effecting given purposes applied, and practices which we are disposed to feel are good enough for us will be proven poor and inefficient in comparison with other and newer methods. We must strive to keep abreast of the best thought and the best work of the age. This we cannot do without determined effort, and definite, systematic method; and the farther we advance beyond the borders of the Critical Age, the more difficult it becomes, and the more effort it will require, to resist the inclination to be satisfied with what we have, and to trust exclusively to the experience which seems to us so much more valuable and reliable than any new theories can possibly be.

Men naturally differ in their ideas and methods of doing any thing, and in this matter of increasing their fund of knowledge, and their ability to apply it, no less than in other matters; although it must be admitted, I fear, that very many physicians have *no* method, and hence fail to keep pace with the ever-advancing standard of medical art. It is a well-established fact, that, to accomplish much in any direction, *method* — a definite plan — is essential. Each of us, doubtless, has a *general* plan or system which he follows; but I question if we could present it with such definite outlines as to make it a guide or chart to others. Just this I desire to evolve; and assuming that you all, in common with myself, desire to keep to the front rather than fall out of the ranks in the march of progress, I will endeavor to present the framework or skeleton of a definite method, by offering some suggestions and plans for effective study and work. I trust these will be rounded out and made perfect by the combined thoughts and suggestions of others; and that we shall all be helped thereby to accomplish more, to advance more rapidly in future than we have done in the past, and prove ourselves exceptions to the general rule which fixes forty as the line which marks the Critical Age.

The fact that there has been, is, and must ever be, progress and improvement through increase of knowledge, must be understood and recognized as a prerequisite to any possible advancement. We have but to call to mind representatives of the theory of original perfection and subsequent deterioration, or those who assume that the author of their creed, be he Hahnemann or Galen, represents all truth, all knowledge, and that any deviation from their methods or practices is necessarily a departure from

the true and right course,—we have only to consider for a moment this attitude, and its effects upon those assuming it, to realize the necessity of the prerequisite named.

Our own individual observation and experience must, I think, take first rank among the sources of our professional knowledge; though with this, as with all others, the fruits will depend quite as much upon the degree in which we utilize our opportunities, as upon the extent of the opportunities themselves. We may see and treat a large number and great variety of cases without learning very much therefrom, if we consider only the list of symptoms, without giving to each case a definite character and form, which alone can make a lasting impression upon the mind. This means, in other words, a clear diagnosis; and this I deem as essential to the gaining of accurate and reliable information, as it is to the successful treatment of the case.

Observations and experiences which we feel are important and worth remembering should be recorded, put in form to be compared with future observations of ourselves and others, not trusted wholly to our memory; for many a time we find ourselves unable to recall a point which we remember as seeming at the time of great value, and which we would not have believed could have been forgotten. Moreover, we all know that putting in writing—i.e., giving definite form to—any thought or observation does much toward impressing it upon our minds.

Further details connected with the individual experience, I leave to others to supply, and pass to what seems to me next in importance; viz., personal intercourse, and exchange of thought and opinion, with professional friends and acquaintances. Next to what we learn ourselves, that which we receive from those whom we know and respect and trust commands our confidence, and increases our store of practical knowledge. As with our own, so also with the treasures gathered from others,—a note should be made of them, to refresh our overtaxed memories, and render them available when needed.

After these I would rank medical literature. Of this branch of our subject, there is a great deal to be said.

The current medical books and periodicals generally represent fairly, though not fully, the thought, the condition, and the growth or progress of the profession as a whole. And we cannot by any other means gather so much, or from so broad a field. But there are several reasons why the previously mentioned sources of information are superior. 1st, Because it is utterly impossible for the busy practitioner to even cull over all that is published. 2d, Because the valuable gems are so mixed with and hidden under the dross; i. e., there being so much of uncertain value, if not absolutely worthless matter, published, we oft-

times fail to discover the points of practical importance and value which are scattered through and among the waste matter. 3d, Unless the author is known to us either personally or by reputation, we are uncertain what value to put upon his statements; for unfortunately some who furnish very interesting and remarkable reports of cases have a faculty for manufacturing their facts to fit the desired conclusions, instead of allowing the conclusions to correspond with the facts: hence the perfectly honest reports of new and strange authors are not to be relied upon until tested and verified. Still we all know, that, from the abundance of the literary supply, we receive great and indispensable aid, and we might make it vastly more valuable to us by establishing for ourselves individually and collectively some definite method or rules: e. g., we should read with note-book in hand, and notes and references should be made as we come upon a point or an article which appears to us of practical value, and worth remembering or putting to the test. You all know that without this we may remember having read certain things, which we thought to recollect, but which we are unable to recall with sufficient exactness to make them of any use when we afterwards want them. The note-book and index rerum are *necessities*, if we would gather and keep for use the fruits of our reading. This, you may say, is too much work, and impracticable; but I think you will admit that one valuable hint or suggestion secured against loss is better than many read and forgotten: so, if you read less than you now do, you would still derive much more from the same amount of time. To be sure, it is *easier* to lazily skim over your books and journals; but *ease* is inconsistent with the acquirement of knowledge in any direction. Nothing worth having comes without an effort; and if a single item of which you had made a record should supply your need in a desperate case, you would then realize what value such a work would possess; and you would find just such needs supplied if you had your notes. Then the notes made by individuals should be reported, and compared one with another; and when any of them have been applied in our practice, or put to the test, the result should be made known, whether it be verification or refutation.

We cannot derive the full benefit which medical literature has for us, unless we make ourselves producers as well as consumers. Those who have contributed, even to the medical societies or periodicals, must realize, that, in the effort to furnish something of interest or value to others, they have done more to improve themselves, to increase their own knowledge of the subject under consideration, than they can possibly have done for any one else. This comes not only from the reading and

study necessarily associated with the writing of papers, but still more through the fixing of facts, and the developing of a definite conception of the subject, which come with making what can be gathered from all sources one's own, and giving it, as such, a new form. Every one of us should make use of this source of improvement for our own good, and, it is to be hoped, for the good of others also.

Original investigation and experimentation must be given a place among the important contributors to a physician's growth and advancement. While not every man is endowed by nature with the qualities or faculties necessary to originate or invent any thing new, yet all *can* take a new thing, and by trial test it, and thus help to demonstrate its value or worthlessness. In our special department of medicine there is especial need of this sort of work, and in performing it we can add much to the general fund of knowledge, and more particularly to our own. The effects upon the genital organs, of various drugs or chemicals, as applications, as internal remedies, or both combined, is yet to be learned by careful critical observation and experiment; and in some instances there are various forms or preparations of the same substance which should be tried with a view to the proper assignment of each to the special uses for which it is superior to the others. Again, remedies which have a known and well-defined action upon mucous membranes other than the genital, or upon other analogous organs or tissues, should be given a trial when corresponding conditions present themselves in gynecological practice, even if they have not been known as remedies in similar cases before. It was in this way that I was first led to use eucalyptus globulus, although it appears that some others were making similar use of it, and we have found it a valuable addition to our list of remedies. So, too, there are various combinations and preparations which need to be studied under experimental use. The cerates of eucalyptus and iodoform, of naphthaline, plantago, etc., and aqueous extracts of belladonna, eucalyptus, calendula, coca, etc., are among the newer preparations which are worthy an experimental use at least. If they have value, we want to know it; and we can know it only through the experiments and observations of ourselves or others. And the value of any agent or remedy can be established only by the united or aggregated observations of *many*, for no one individual will learn or know all that can be learned; and this fact needs to be emphasized, as a general rule, in all unsettled questions. I cannot refrain from making an illustration of this by referring to the gynecological section of Arndt's new System of Medicine. While the various subjects are treated generally with fair ability, and the work as a whole is a credit to its

authors, yet we fail to find many points which seem to *us* among the most important, especially in treatment. And you will each probably note similar, though perhaps different, omissions. If the observations and experience of *many* upon matters which are not fixed and settled could have been combined with what is given as seen from a single standpoint, the increased value of the work cannot be doubted.

Not to weary you with more suggestions, and not to exhaust the resources, I will leave to you each and all the duty of filling up and strengthening the weak places in the plan offered for securing to ourselves continuous progress in our profession, despite our nearness to or even our passage beyond the Critical Age.

I will simply sum up what seem to me essentials to the securing of the desired end.

1. Recognition of the fact that there has been, is, and must continue to be, progress in medicine.

2. Determined, systematic effort to keep pace with this progress, and resist the natural disposition to fall out of the ranks, and trust to the experience gained and the knowledge already possessed.

Of the means or sources of knowledge and improvement:—

1. Personal observation, made efficient by system or method, and by recording and making available for future use.

2. Personal intercourse and exchange of thought with professional friends and acquaintances.

3. Medical literature, which must not be simply read, but from which the valuable suggestions and grains of information must be extracted, and preserved in a form to be readily found when needed; and these should be tested in practice, and the results compared with those of others. To derive the greatest good from this source, it is necessary to be contributors as well as gleaners; to put what we have learned in written form, that we may the better grasp and hold it, while giving it at the same time to others.

4. Original investigation and experimentation, — testing and trying that which promises to be of value, though that value be as yet unestablished; adding to the resources of the profession, and helping to define the sphere and exact place which new and untried agents should occupy; learning to distinguish between the effects of different preparations and combinations of the same chemical or therapeutic agent; and making all this work a contribution to a general fund of knowledge derived from many investigators.

*Discussion.*

Dr. SYLVESTER indorsed the suggestions offered, and said he had found that the use of a note-book for record of important facts or items, etc. (he had been using one only of late), was his best resource for securing increased, definite knowledge; and he felt that in not having made use of this method in years past, he had lost a great deal that would have been valuable to him. He also believed that a record of cases was desirable and profitable.

Dr. BENNETT. — “While I heartily indorse all the suggestions contained in the paper, I desire to enter my earnest protest against the proposition that the age of forty is the point where advancement ends. It differs very much in different individuals, but I do not think man begins to deteriorate before fifty-five.” The eye was referred to as representing all tissues, and all possible changes to which the body as a whole is subject; and the age of forty-five is the average time when physical deterioration begins. We know that very many illustrious men in all classes have done all their best work after they passed their fortieth year.

Dr. LOUGEE took a decidedly different view from that of the essayist. For himself, he felt that he had made more advancement, had learned more, since than before he was forty. His observation had been broader, and he had been more capable of judging what was of value, and how to use it, and of making nice distinctions in diagnosis and the treatment of disease; and “I would not now admit that if I chose to put in the work, and if I had the ambition, I am not just as capable of progress as I ever was.

“As to following out the scheme presented, while it might be good for many, and a great advantage, I am not one to make use of any such method. I have never kept a record, or preserved in writing any thing I have read or learned. I believe that if we depend upon notes and records instead of memory, we destroy the power of the latter, and when we want any thing our note-books are not at hand. I have always depended upon my memory, and believe I can always call forth any knowledge I have gained, to apply at any time it may be needed. I have been credited with being always ready in emergencies, and just for the reason that the knowledge I have is stored in my memory and not in books. Then, too, the insight which comes oftentimes without thought or reason, the revelation of result which is to follow a case, or the remedy to be applied, — this often governs me without referring to the knowledge contained in books or memory. By this I can tell with almost absolute certainty whether a case will terminate fatally or otherwise.

“So it would be impracticable for me to try to make use of any such plan as has been presented. I never have, and do not care to depend on any other record than that furnished by my memory.”

Dr. BENNETT. — “But you could render your knowledge available to others, and so benefit them, if not yourself, by recording valuable experiences.”

Dr. HALL. — “As to the question of age, I think if we look about us we must admit that the *average* age at which men cease to energetically seek to improve themselves is rather under than over forty. To be sure, there are many exceptions, and these are the ones who gain prominence and distinction.

“As to the plan suggested, I am strongly in favor of order and system in all matters; the more systematic, the better will be the result accomplished. Of course, different men necessarily do things differently. For myself, I have made few notes. Even in college I noted very little that I heard. One reason was, I *couldn't* do it. If I could have taken stenographic reports, I would have done it. In regard to cases, I have been in the habit of making many notes of office-cases, but very few of outside ones. We haven't time; besides, so many similar cases would furnish nothing of much value to record: still, certain cases have special points which we ought to record, and rare occurrences, peculiar cases, should certainly be recorded.

“I believe that writing, or making notes of any thing, intensifies and fixes the facts in our memory. I want to refer to one point made by the essayist, for the purpose of emphasizing it; i.e., the importance of a definite, clear diagnosis. I think this is of *great* importance, and the whole paper receives my hearty approval. I cannot but feel that my experience is defective, for want of proper notes and record of facts. Intuition is not among my resources. I want a definite knowledge of the combination of facts in a case, — a careful diagnosis based upon a thorough examination; then I am ready to go ahead. One thought more. I think there was no one point in the paper more important than that of exchange of thought with our professional friends; and not only that, but friendly criticism, as we can give and receive it here, is of great benefit, if we profit by it.”

Dr. LOUGEE. — “I do not wish to be understood as trusting to intuition for a diagnosis. Nobody is more thorough in, or more strenuously insists upon, a careful examination and clear diagnosis, than I. It is only that I find I can depend upon intuition to reveal the result or outcome of a case, and oftentimes to decide what shall be the remedy.”

Dr. PHILLIPS. — “Though Dr. Hall has replied to some of

the points raised against me, there are still some matters to which I wish to call your attention : viz., first, you will please remember that the statement which is so seriously questioned is a quotation which I indorse to the extent of saying that 'it contains a good degree of truth.' I regret that I cannot give you the author's name, as it would undoubtedly have more weight than if it were only my own opinion. It does not follow, because most men stop striving for increase of knowledge at the age of forty or thereabouts, that none do otherwise. The exceptions are the ones who distinguish themselves, who rise above the common level. So the criticism, illustrated by the eminent men whose best work has been done after they were forty years old, only emphasizes the statement that we must make an effort, resist the tendency to rest satisfied and simply take in what comes to us. Of course every man gains something from his own personal experience and observations ; but unless he does more than that, he will soon be left behind.

" Dr. Lougee's statement, that if he chose, and if he had the ambition, he could do just as much towards advancement as ever, gives us just the point of difficulty, the seat of the disease. We must not *allow* our ambition to flag, nor our disposition to *do*, to weaken. In regard to making notes, etc., let me ask, are we any less likely to remember any thing from writing it? I maintain, with Dr. Hall, that it strengthens and intensifies its impression upon our memory. And furthermore, with due respect to Dr. Lougee, who is not only my senior in years and experience, but my recognized superior in practice, I am confident that his memory, however good and trusty, has failed to retain *many* facts and experiences which he would find of value if he had them at command ; and he cannot give what is remembered in a general way, in the definite form which would make it more satisfactory and reliable. This the note-book would furnish, without in any way supplanting or detracting from the part which belongs to the memory. I have myself done very little in the way of recording cases from practice, and I believe I have neglected a duty in that direction. While only a few out of many cases are worthy of record, or would furnish any thing of value, there are some which we ought to be able to report *accurately* and without guessing at any of the facts as must be the case if memory be trusted solely."

From the question of system and method in study, that of thorough training in preparing for life-work was raised ; and Dr. Lougee expressed himself as opposed to any fixed system of training ; believing that it would crush and ruin the natural genius of some who could only work in their own natural way, but had superior ability if untrammelled, and free to do their

work in their own way. Others felt that the ability which was thus manifested might be rendered more effective in its application if trained or taught how best to use or apply the natural ability.

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

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## SOCIETIES.

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WE take pleasure, on request of Dr. Arndt, chairman of the Directors of Provings of the American Institute of Homœopathy, in giving space to the following communication.

OFFICE OF THE CHAIRMAN OF THE DIRECTORS OF PROVINGS, A. I. H.  
ANN ARBOR, MICH., Jan. 1, 1886.

In view of the great importance of the work intrusted by the American Institute of Homœopathy to the Committee on Provings, it becomes the duty of the undersigned to call the attention of the profession at large to the work sought to be accomplished by this committee, to its importance, and to the necessity of giving to it the cordial support and the active co-operation of all who are willing to *do* something for the profession which gives them a livelihood and an honorable position in society.

The organization of this standing committee, at Deer Park, Md., session of 1884, was the outcome of the prevailing belief that the best interests of our school demand continuous and properly directed work in materia medica, above all in the proving of drugs, which cannot be accomplished as a part of the general work of a bureau annually undergoing complete re-organization. So fully convinced of this were many of the active workers in materia medica, that for some considerable time there was considered the propriety of organizing a Provers' Union, as auxiliary to the American Institute of Homœopathy. The discussions arising from the suggestion of this plan, and the praiseworthy labors of Dr. A. A. Camp of Minnesota, then chairman of the bureau of materia medica of his State society, showing the advantages to be had from the existence of an authoritative body appointed by the national organization for the purpose of "directing" the proving of drugs, are responsible for the existence of this committee.

Without specific instructions it became at once the duty of this committee to exercise a close supervision over the proving of drugs done within the jurisdiction of the American Institute of Homœopathy, to formulate rules by which such provings were to be made, in order to insure completeness and safety against the perpetuation of old or the introduction of new sources of error. To give to the committee due authority, the Institute directed that provings offered to the American Institute must bear the indorsement of this committee to insure their publication as a part of the transactions of the national society.

The committee accepted the trust with a full and clear appreciation of the responsibility assumed, and of the patient work necessary to keep before the profession the advantages to be gained by intelligent re-provings, by supplementary provings, by new provings, and by a series of carefully conducted physiological experiments. The members were also conscious of the difficulty usually found in attempts to enlist the active co-operation of others when such co-operation implies even the smallest sacrifice of time, money, or personal comfort. Active work, however, was begun, rules for the making of prov-

ings were formulated, and the aid of the profession was invoked; the members of the committee, in the mean time, expecting only very moderate results from the first year's work.

The labors of the first year have proved satisfactory in the following respects: They demonstrated that both men and women were ready to make provings under the direction of duly constituted authority. The rules adopted by the committee were found in the main to answer their purpose, and no material modifications of them were shown to be necessary. The moderate number of provings actually made yielded some very interesting results.

To illustrate: Thermometric observations of the effects of aconite in moderate doses upon the healthy human subject were had; several provers of the same drug, without knowledge of each other, experienced a close correspondence in the development of sequence of drug-action; characteristic symptoms also were developed; and the value of crucial tests and of counter-tests was abundantly demonstrated by the—in some cases very curious—effects noted by provers when taking non-medicinal substances. Modest as these results are, they are yet of sufficient interest to stimulate all to continuous and patient work in this direction.

The Committee on Provings, then, feel warranted in making an earnest appeal for further co-operation and help. The plans and rules are by no means perfected, but it is believed that the only way to arrive at absolutely satisfactory methods of conducting this work is to make a thorough trial of the rules laid down by doing continuous work under their provisions. It is sincerely hoped that the teachers of materia medica in our various colleges will during the winter make the thorough proving of some drug, under the direction of this Committee of the American Institute, by members of their class, a part of the regular work of their chair. The attention of the bureaux of materia medica of the various State and other medical societies is called to their opportunity for doing original and permanently valuable work in this direction. Medical practitioners, *men* or *women*, without serious inconvenience to themselves can add valuable items to the general stock of knowledge from which they are drawing freely and constantly. Medical students, by taking a share of this work, can thus gain a clearness of understanding of drug-action, and of the foundation upon which rests our entire system of therapeutics, which can be had by no other means.

To facilitate the work, the committee, through its secretary or chairman, will furnish any information in their power, and upon application to Dr. A. W. Woodward, 130 S. Ashland Ave., Chicago, Ill., will forward to prospective provers, free of cost, remedies of which provings are particularly desired, also printed rules and directions and blanks for daily records which reduce to a minimum the labor of conducting a prover's diary.

Under the provisions of the resolution by which this committee was created, all the provings presented are carefully examined at the annual session of this committee. Full credit is given to each prover for the work done; and, unless otherwise directed, the name in full is included in the yearly report to the American Institute of Homœopathy.

The committee, after mature consideration, and as a means of stimulating work of this kind, have concluded to offer the following prizes: A prize of one hundred dollars cash to the individual prover who furnishes the best complete proving of a drug under the direction of this committee, covering all the series described in the circular on "Rules for Drug-proving." A prize consisting of a collection of text-books, chiefly on materia medica, presented by American publishers, reaching in pecuniary value a considerable amount, is offered to the class of college students furnishing the best proving of any drug under the same conditions. Such a collection would form a fitting nucleus for a medical-college library; and since Messrs. F. E. Boericke,

Gross and Delbridge, Otis Clapp & Son, L. A. Chatterton & Co., and others, have already expressed their readiness to contribute, this prize will be worthy of spirited rivalry.

In behalf of the Committee.

H. R. ARNDT, *Chairman*,  
ANN ARBOR, MICH.

W. A. WOODWARD, *Secretary*,  
130 S. ASHLAND AVE., CHICAGO, ILL.

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*REPORT OF THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE thirteenth annual meeting of the Boston Homœopathic Medical Society was held at the Parker House on Thursday, Jan. 21, 1886. A preliminary business meeting was held at six o'clock, the president, Dr. Horace Packard, presiding. Owing to the illness of the treasurer, Dr. F. D. Stackpole was appointed *pro tempore*.

Dr. Packard, as chairman of the Committee on City Hospital, etc., reported progress in the work.

On motion of Dr. Emerson, it was voted to hold the meetings of the Boston Society for the ensuing year at the Parker House; and a motion to increase the annual dues to two dollars was referred to a committee of five, consisting of Drs. Packard, Baker, Boothby, Richardson, and Talbot.

Drs. Woodvine, Palmer, and Wilder, of the Committee on Nominations, reported the following list of officers for the ensuing year: For president, Alonzo Boothby, M.D.; for vice-president, C. H. Walker, M.D.; for secretary, A. J. Baker, M.D.; for treasurer, A. L. Kennedy, M.D.; censors, C. Wesselhoeft, M.D., C. E. Hastings, M.D., C. H. Farnsworth, M.D.

As Dr. Baker declined to serve as secretary for another year, the committee nominated Dr. F. C. Richardson; and the nominations were accepted and unanimously elected.

Mary Mowry, M.D., was elected a member of the society.

At a few minutes before seven o'clock the society adjourned to the supper-room, there being one hundred and twenty-eight members and friends present to enjoy the festivities of the evening. Drs. T. F. Allen and W. Tod Helmuth of New York were expected, and much regret was expressed because of their inability to attend, pressing duties at the last moment preventing. Drs. George B. Peck, Sayer Hasbrouck, and Charles Hayes of Providence, Dr. N. Emmons Paine and Mrs. Paine of Westborough, Rev. V. A. Lewis of Boston, Dr. E. P. Colby and Mrs. Colby of Wakefield, and Dr. E. U. Jones of Taunton, were present as guests.

At the close of the supper, Dr. Packard addressed the society,

reviewing the past history of homœopathy. The secretary's and treasurer's reports were then read; the secretary reviewing in full the work of the society the past year, and the treasurer's report showing a small balance in the treasury.

The president then called for reports from other institutions, responses being made as follows:—

Boston University Medical School. By I. T. Talbot, M.D.

Massachusetts Homœopathic Hospital. By D. G. Woodvine, M.D.

Boston Homœopathic Dispensary. By H. C. Clapp, M.D.

Hughes Club. By F. D. Percy, M.D.

Massachusetts Surgical and Gynecological Society. By L. A. Phillips, M.D.

New-England Medical Gazette. By J. Wilkinson Clapp, M.D.

Massachusetts Homœopathic Training School for Nurses. By A. Boothby, M.D.

Murdock Free Hospital. By Horace Packard, M.D.

Westborough Insane Hospital. By N. Emmons Paine, M.D.

Dr. Paine gave an interesting account of the progress of the work of the hospital.

The Rev. V. A. Lewis of Boston gave an interesting account of his journey to, and his residence for the past two years at, the South-sea Islands, and of the treatment of elephantiasis with homœopathic remedies. Mr. Lewis gave reports to show the great success attending the use of homœopathic remedies in this terrible disease. Photographic views of points of interest and of members of the royal family of Tahiti, and some very fine specimens of the handiwork of the natives, were shown to the members.

Dr. H. C. Clapp read a very interesting paper on empyema, giving results of twenty-four cases of the radical operation. He was followed by Dr. F. C. Richardson, in a paper of great interest on the use of cocaine muriate in general practice. The president of the Rhode-Island Homœopathic Medical Society, Dr. George B. Peck, being called upon, made an appropriate response; also the secretary of this society, Dr. Charles Hayes. Responses were also made by Drs. Sayer Hasbrouck and E. U. Jones.

The meeting adjourned at about 10.15 P.M., after a most enjoyable and satisfying feast for both mind and body.

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TANNIN AS A SPECIFIC FOR CARBUNCLE.—Tannin is claimed to be a specific for carbuncle. The dry powder should be sprinkled on as long as it will dissolve. Every day the carbuncle should be washed, and resprinkled with tannin. It is said that under this treatment the carbuncle soon heals, and without much pain.—*Cour. Rec.*

## REVIEWS AND NOTICES OF BOOKS.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. London: Published for the British Homœopathic Society, by E. Gould & Son. New York: Boericke & Tafel.

The Cyclopædia, in this its second part, makes its appearance as a definitely established work, with an assured future,—a most welcome appearance to the student of scientific therapeutics. In general character this part in no way differs from its predecessor, the general plan laid down by the two national associations not having been changed in any particular. This plan has been so fully discussed as to make further allusion to it unnecessary. It is also well known that the American Institute of Homœopathy, in its session of last June, decided not to assume, in whole or in part, the proprietorship of the work, though at the same time voting material aid toward its completion. A change in the title-page is therefore apparent; the British Homœopathic Medical Society there assuming the responsibilities and the credit of full ownership of the work.

The pathogeneses of twenty-seven remedies are given in the present part; these ranging from agaricus (completed), through agnus castus, ailanthus, aletris, etc., to arnica. A full and intelligent review of the work presents difficulties insurmountable by the would-be critic; since the day-books of provers, the MS. records of reporters, and the original publications of provings referred to are not easily obtainable by him for analysis and comparison. He is therefore hardly in position to judge whether, in the matter of condensation, “just discrimination” has or has not been used. After as close a comparison as time and the publications at our disposal permit, we can cordially say that the physicians to whom this work is destined to be of so great service have every reason to congratulate themselves on the manner of its doing; and we feel assured that the grumblers with just cause for grumbling must be few.

It is to be noted, that in the present part reasons are given for the omission of provings (*vide* pp. 334, 338), and also for the insertion of provings which might have been omitted without exciting comment (pp. 243, 250). In other places, provings are omitted without reasons given; e. g., under “ailanthus,” where comparison with Allen’s Encyclopædia shows that the provings of Hering and Lippe are not included in the present work. A closer study of Allen reveals the fact that the symptoms there given in Hering’s provings are exceedingly indefinite; so much so, indeed, that one is forced to the conclusion that it was cer-

tainly not a personal proving. For instance, some nineteen symptoms are credited to him, many of them referring to "women," — "women and children more than men, and old people least of all" (affected by the odor); "asthmatics" (as affected by the odor); and this peculiar symptom is found, "If odor gives any indication, ailanthus should prove a good remedy in malignant puerperal fever." Assuredly the editors of "The Cyclopædia of Drug Pathogenesis" are not called upon to offer reasons for omitting from that work "provings" (?) such as these.

Careful study and comparison reveal the satisfactory fact that "condensation" is practically interpreted by the editors to mean greater terseness of phrase and avoidance of repetition, rather than the omission of symptoms, even seemingly unimportant ones.

The scientific superiority of these clear, concise narratives of provings and poisonings, over the conventional schematic presentation of the same, must assuredly grow upon any thoughtful student of the Cyclopædia.

Typographical errors are uncommonly few. On p. 311, the date Feb. 28 (on which Dr. Hering's proving of apis was begun), should doubtless be Feb. 20; and on p. 321, in Case 17, the dates read confusingly, thanks, without doubt, to misplaced types. "Seven years ago" is found, on comparison of figures, to be "four years ago."

It is devoutly to be hoped that the owners and students of the Cyclopædia in America will not be limited to the four hundred members of the American Institute whose copies are already subscribed for. The very modest price at which the parts are offered brings them within the possibilities of every physician; and no homœopathic physician not blinded by unreasoning prejudice can fail to realize the immense importance to him of a work now accessible, and so long desired. We shall look eagerly for Part III., which is promised at an early date.

A. HANDBOOK OF PATHOLOGICAL ANATOMY AND HISTOLOGY.  
By Francis Delafield, M.D., and T. Mitchell Prudden, M.D.  
New York: William Wood & Co., 1885.

The time was, and not so long ago either, when all the textbooks on pathological anatomy in the hands of American medical students were of European origin. Of these the favorite was the well-known "Introduction to Pathology and Morbid Anatomy" of Dr. T. Henry Green, lecturer on these branches in Charing Cross Hospital, London; an excellent work for the undergraduate, but too concise for the practitioner, especially as the indispensable pathological histology is altogether ignored.

Indeed, the work is rather a manual of surgical pathology, than of that portion of the science which pertains to the physician.

The first part of Drs. Delafield and Prudden's work is devoted to a presentation of the methods of making post-mortem examinations, and of preserving morbid tissues. This is so lucid and well-arranged, that the physician who has never made a post-mortem will be enabled, by a careful perusal of its pages, to acquit himself with credit; while the anatomy is so easy and so exact, that even the distinguished Canadian gynecologist who, after successfully opening the abdomen, *couldn't find the ovaries*, will be enabled to find them lying nearly horizontally at the back of the broad ligament of the uterus.

The second part is devoted to a consideration of the morbid changes in the circulation of the blood, and in its composition, with very full articles on parasites and bacteria; and a very satisfactory presentation of inflammation. Excellent as is this portion of the work, it is greatly deficient in one particular; for few, in our day, will pretend that the vital subjects of hyperæmia, anæmia, hemorrhage, and transudation can be disposed of in three pages. Yet, after a very careful perusal of the grand work, this is the only defect apparent; and it is certain to be supplied in the next edition.

The third part is devoted to the morbid anatomy of the various organs, so minute as to leave nothing to be desired. It is especially strong on the heart; and the homœopathic physician, who wishes to profit by Edwin M. Hale's superb articles on the heart in the first volume of Arndt's "System" will make haste to revive his knowledge of the pathological anatomy of the organ in Delafield and Prudden's book.

The fourth part discusses the lesions found in general diseases, such as cholera and yellow fever, and is quite on a level with the rest of the work. All throughout, the pathological histology is carefully interwoven with the pathological anatomy; and thus the reader is introduced to the most fascinating of studies, the development of morbid tissues.

The work is illustrated with a hundred and forty-six engravings on wood, fresh and accurate; and in the matter of paper and printing, it amply sustains W. Wood & Co.'s well-earned reputation.

MEDICAL GERMAN. By Solomon Deutsch, A.M., Ph.D. New York: J. H. Vail & Co., 1884. 336 pp.

The American medical student, whose acquaintance with what Mark Twain calls the "awful German language" has been made through the medium of the average grammar and text-book, often finds himself in a state of delirious bewilderment when,

note-book in hand, he has presented himself for his first lecture from a German professor, or his first clinical examination of a German patient. However glibly he may be able to express himself concerning the "cow of the carpenter," or the "castle of my aunt's brother-in-law," or other kindred topics of everyday interest dealt with in the phrase-books, he is apt to be utterly lost among the technical terms in which is formulated the instruction he has come abroad to seek. Such a little book as this of Dr. Deutsch, therefore, should need no recommendation beyond the fact of its existence. It gives in condensed and readily-to-be-mastered form, exactly the information which is absolutely necessary to the medical student who purposes studying in Germany, or practising intelligently among German patients. It is exhaustively indexed, making instant reference to any given word, phrase, or subject, entirely practicable. It is clearly printed, and has a flexible binding, and is, in short, a most desirable and useful pocket companion.

CLIMATOLOGY AND MINERAL WATERS OF THE UNITED STATES.

By A. N. BELL, A.M., M.D. New York: William Wood & Co., 1885. 386 pp.

This volume forms the issue of Wood's Library for October, 1885. It was prepared especially for this well-known series of publications, and is of quite unique and exceptional interest and value. The immense area of the United States, admitting, as it does, of every variety of physical conformity and attendant climate, makes it exceedingly difficult for the physician to reply discriminatingly and intelligently to the frequent requests for a "climate prescription" from invalids afflicted with diseases of widely differing nature and requirements. In such an emergency, he will find this book an invaluable aid: since the author gives not only his original observations, but a summary of the observations of other exact and scientific thinkers.

EPILEPSY AND OTHER CHRONIC CONVULSIVE DISEASES: THEIR CAUSES, SYMPTOMS, AND TREATMENT. By W. R. Gowers, M.D., F.R.C.P. New York: William Wood & Co., 1885. 255 pp.

This, the September number of "Wood's Library" for 1885, is a systematic treatise of great value. The conclusions reached by the author are drawn from a wide experience, embracing the care of nearly fifteen hundred cases, chiefly at the National Hospital for the Paralyzed and Epileptic, London. Statistical tables are numerous, and a large number of illustrative cases are given. In the chapter on prognosis, p. 201, we notice that "the prognosis is slightly better in males than females;" on p. 205, "the

prognosis is slightly more favorable if the patient is of the female sex." From the context, however, there is no doubt that the word should be "male" in both instances.

The estimation in which the bromides, especially bromide of potassium, are held, is evidenced by his remark, "The signal benefit which attends its use has rendered the administration of bromide and the treatment of epilepsy almost equivalent expressions" (p. 205). An interesting series of cases is given on p. 234, showing that the hypodermic injection of picrotoxine almost invariably produced a fit in twenty or thirty minutes. This fact may be turned to excellent account by one familiar with the rule of similars, and thus the discarded agent become, perhaps, a useful remedy. The book is admirably well written, and will be found interesting and suggestive.

THE CENTURY for January has several exceptionally fine poems, chief among which is "The Song he never wrote," by Helen Jackson; two stories of Southern life, of which "Trouble on Lost Mountain," by the Uncle Remus who has taught us to expect cheerier things, is quite unnecessarily painful,—almost brutally so; and several essays pleasantly written and charmingly illustrated. New York: The Century Company.

THE January number of the POPULAR SCIENCE MONTHLY has several papers of interest to the medical profession; among them one upon "Inoculation against Hydrophobia," by Louis Pasteur, and one upon "The Physiology of the Feet," by T. S. Ellis, M.R.C.S. There are many essays on subjects of more general interest. New York: D. Appleton & Co.

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#### BOOKS AND PAMPHLETS RECEIVED.

- TEXT-BOOK OF OPHTHALMOSCOPY. By Edward G. Loring, M.D. Part I. New York: D. Appleton & Co., 1886.
- A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M.D. Sixth edition. Philadelphia: Lea Bros. & Co., 1886.
- THE BIO-CHEMICAL TREATMENT OF DISEASE. By Dr. Schüssler. Translated by J. T. O'Connor, M.D. Philadelphia: F. E. Boericke, 1885.
- THE FIELD AND LIMITATION OF THE OPERATIVE SURGERY OF THE HUMAN BRAIN. By Dr. John B. Roberts, A.M., M.D. Philadelphia: P. Blakiston, Son, & Co., 1885.
- THE PRESCRIBER: A DICTIONARY OF THE NEW THERAPEUTICS. By John H. Clarke, M.D. London: Keene & Ashwell. New York: F. E. Boericke.
- HANDBOOK OF THE DISEASES OF THE NERVOUS SYSTEM. By James Ross, M.D., LL.D. Philadelphia: Lea Bros. & Co., 1885.
- A MANUAL OF MICROSCOPICAL TECHNOLOGY. By Dr. Carl Friedlaender. Trans-

lated by Stephen Y. Howell, M.A., M.D. New York and London: G. P. Putnam's Sons, 1885.

PRACTICAL SUGGESTIONS RESPECTING THE VARIETIES OF ELECTRIC CURRENTS AND THE USES OF ELECTRICITY IN MEDICINE. By Ambrose L. Ranney, M.D. New York: D. Appleton & Co., 1885.

PSYCHISTRY: A CLINICAL TREATISE ON DISEASES OF THE FORE-BRAIN. By Theodor Meynert, M.D. Translated by B. Sachs, M.D. Part I. New York and London: G. P. Putnam's Sons, 1885.

AMERICAN MEDICINAL PLANTS. Fascicle III. By C. F. Millspaugh, M.D. New York and Philadelphia: F. E. Boericke, 1885.

ESSENTIALS OF VACCINATION. By W. A. Hardaway, M.D. St. Louis: J. H. Chambers & Co., 1886.

TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY. Baltimore, 1885.

SOME FEVER EXPERIENCE. By Charles Mohr, M.D. Reprinted from the Transactions of the Homœopathic Medical Society of Pennsylvania.

THE VALUE OF VACCINATION: A NON-PARTISAN REVIEW OF ITS HISTORY AND RESULTS. By George William Winterburn, Ph. D., M.D. Philadelphia: F. E. Boericke, 1886.

HOW WE TREAT WOUNDS TO-DAY. By Robert T. Morris, M.D. New York and London: G. P. Putnam's Sons, 1886.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, TWENTY-FIRST ANNUAL SESSION, 1885.

## PERSONAL AND NEWS ITEMS.



AT a recent meeting of the Boston Gynecological Club, Dr. L. A. Phillips, the secretary, was given a very pleasing surprise in being presented by the members of the club with an elegant French mantel clock. Dr. Lougee made the presentation in behalf of the club, "as an expression of appreciation of the laborious duties so ably and efficiently performed, and of the high esteem in which you are held as a member; together with many kind wishes, and the earnest desire that all your operations be as well-timed as they are sure to be skilful." Dr. Phillips, in reply, expressed briefly his surprise and pleasure at such a manifestation of esteem on the part of his fellow-members, and assured them that the interests of the club would in the future, as in the past, be sufficient motive for his best efforts in its behalf, and, while he felt it was undeserved, he would very gratefully accept the gift, which would be valued even more as such than for its intrinsic value.

OUR January issue contained a paper on "Laceration of the Cervix Uteri," by L. A. Phillips, M.D., of Boston, which had previously been presented at the October meeting of the Massachusetts Homœopathic Medical Society. We regret the omission of the mention of this fact in connection with the publication of the paper.

F. B. SANBORN, Esq., Inspector of Public Charities for the State of Massachusetts, will deliver a course of four lectures before the Boston University School of Medicine, in the college building, East Concord Street, Boston, on Wednesday evenings, Jan. 27, and Feb. 3, 10, and 17, 1886, at eight o'clock. Subject: "The Duties and Opportunities of the Medical Profession towards the Inmates of Public Institutions, and in Regard to the Dependent and Delinquent Classes in General."

Physicians, and those interested in the subject of the lectures, are invited to attend.

WE learn with regret that Dr. S. J. Donaldson of New York has been compelled to give up practice for the present on account of ill health. He will take an extended

vacation of a year or longer. It is his intention to spend the first three months in New and Old Mexico and Colorado, visiting the Yellowstone Park, etc., and to extend his trip to Europe; where, if health will permit, he will devote the remainder of his vacation to the study of abdominal surgery. We wish for him a pleasant trip, and a speedy return of good health.

The readers of the GAZETTE will look forward with much pleasure to the receipt of occasional sketches from abroad from the doctor's pen.

DR. F. C. RICHARDSON has removed his office to No. 1 Saratoga Place, and his residence to 118 Princeton Street, both in East Boston. His office hours will be from 2 to 3, and from 7 to 8, P.M.

DR. STELLA MANNING of class '80 of Boston University School of Medicine was married on the 31st of December, 1885, to Mr. Theodore S. Perkins of Lynn. Dr. Perkins will continue practice at No. 3½ South Common Street in Lynn.

DR. WALTER H. WHITE has removed from Tremont Street to Hotel Clifton, Columbus Avenue, corner Berwick Park, where he will be pleased to receive his friends and patients. His office hours will be until 9 A.M., from 2 to 4 and 6 to 7 P.M.

A REQUEST. — Will any physician having had a case or cases of *adenia* please give me, either by private letter or through the pages of the GAZETTE, a condensed report of the same, with the *final* result?

MARY K. GALE, M.D., *Wollaston, Mass.*

NOTICE. — A physician wishes a location; would prefer such in a town near Boston. If arrangements can be made, would like to associate himself with an older physician. Address,

M.D., care OTIS CLAPP & SON, *Boston.*

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## OBITUARI

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PROFESSOR EDWARD C. FRANKLIN, M.D., died suddenly of apoplexy at his residence in St. Louis, Mo., on the afternoon of Dec. 10, 1885. Professor Franklin was especially known to the profession by his brilliantly successful career as a surgeon, not only in private practice, but in army service during the late war. He occupied, at different times, the chair of surgery in the Homœopathic Medical College of Missouri, and that in the homœopathic department of the University of Michigan. His literary work won for him an enviable reputation; his books including a large volume on the "Science and Art of Surgery," a work on "Venereal Diseases," one on "Complete Minor Surgery," and one on "Spinal Curvatures."

As our honored contemporary, "The Medical Era," to whom we are indebted for the above summary of facts concerning Professor Franklin, justly says: "The sigh of regret with which the intelligence of Professor Franklin's death is received could not be offered as a tribute to the memory of a more worthy man, or a more distinguished physician."

THE announcement of the death of Professor ERNEST A. FARRINGTON, M.D., brings with it a sincere sorrow, which extends itself beyond the large circle of his immediate friends and professional associates, to all those who realize that homœopathy has lost in him one of the most skilful practitioners and most eloquent advocates. He was useful, successful, and beloved, alike as physician, teacher, and professional *littérateur*; his name being known, apart from his professional eminence in the city of Philadelphia, as professor of materia medica in the Hahnemann Medical College, and as contributing editor of "The Hahnemannian Monthly." His life so short in years, as men number years, was so rich in fruits of honor and usefulness as to offer an inspiration to every conscientious worker in our ranks, a reproach to every laggard or half-hearted one. He was born Jan. 1, 1847, and died Dec. 17, 1885. Of him it might be said, in the noble words of Phillips Brooks, "He caught upon his life the light which came from Christ's; the light which makes it clear that life need not be long, if only life be thoroughly *alive*."

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New-England Medical Gazette.

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EDITORIAL.

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CONCERNING *LAC CANINUM*.

THERE are certain substances which at the present day serve as a somewhat boggy battle-ground, on which mild civil war is waged between the two factions of the homœopathic school, which, in moments of good humor, refer to each other as “high-potentists” and “low-potentists,” and in moments of wrathful candor as “Hahnemaniacs” and “mongrels.” One small spot in this battle-ground is that known as *lac caninum*; the one faction claiming it as an entirely safe and solid bit of ground on which to pitch the tent of clinical reliance; the other, that it is far too swampy a spot to sustain the substantial tread of even a single scientific thinker. Metaphor aside, *lac caninum* may, without danger of hasty generalization, be taken as a type of the many so-called “remedies” over whose efficacy the factions of our school most ardently disagree. It is significant of the fruitlessness of such discussion, that it is oftenest a mere matter of *tu quoque* retort, rather than an impartial presentation on the one hand, and examination on the other, of the claims of the substance to be classed and trusted in as a remedy. Such a presentation, however, of the claims of *lac caninum*, — a presentation which one may safely look upon as reasonably complete, occupying as it does sixty-four pages of type, — appears in the January issue of “The Medical Advance.”

A serious, if brief, examination of these records was fraught with such interesting results, that we are tempted to make certain of these results public.

First, it is to be noted, that out of the formidable total of more than 955 symptoms chronicled, no less than 300 are confessedly "clinical symptoms," and as such, by conservative and scientific homœopathists, must be refused entrance to any thing claiming to be a pathogenesis of the substance on its trial as a remedial agent. We refer now to the clinical symptom *per se*; and not to that vastly valuable thing, the clinical *verification* of a symptom obtained from controlled and reliable proving. To those who claim homœopathy to be a unique and divine revelation, it surely should not need to be explained that homœopathy means simply and only the administration, for the relief of certain symptoms manifested in the sick, of a drug which has proved itself capable of producing similar symptoms in the healthy organism. What, then, have "clinical symptoms" to do in the pathogenetic history of a drug, and what is their introduction there, but a form of that "empiricism" which is by no one so ridiculed and berated as by the physicians with whom the introduction of "clinical symptoms" is habitual?

Of the 655 or more symptoms, then, which present themselves on behalf of *lac caninum* with the slightest claim to be pathogenetic, 404 symptoms are chronicled from a single prover. The "potencies" "proved" varied from the thirty-first to the cm. In several cases, *all* symptoms observed for a period of years after the taking of the last dose of the cm. of *lac caninum*, are chronicled as originating from that substance. One prover takes the substance for "proving" purposes while menstruating; another, while nursing. In no case is allowance made for any natural or pathological cause which might be operative in producing the symptoms attributed to *lac caninum*. In no case is there any evidence of the employment of control-test or counter-test. To secure the complete bewilderment of the impartial, investigating mind, the symptoms are given, not in the order of their occurrence in the single prover, but arbitrarily pieced together into the Hahnemannian schema; numbers being added by which one may laboriously piece together disjointed symptoms into what proves a scarcely less disjointed whole. No

bridle is put on the imagination on the one hand, or credulity on the other. In all this madness there is no trace of method.

So much for generalities. To give in any detail the inconsistencies, the impossibilities, the absurdities, to be found in the several provings, would require well-nigh the sixty-four pages of the original record. We must content ourselves with calling attention to a few, not more flagrant than the rest. They are chosen from the records of the few provers who contribute the immense majority of the symptoms given.

One prover for Dr. Lippe is thus introduced: "———, aged twenty-two." Three years ago prover had hard chancre on glans, removed by external application, and mercury internally. Since this *suppression*, has suffered from excessive mental depression, and has at no time since the chancre felt any of the buoyancy of youth. . . . He has an indolent and painless enlargement of the lymphatics, principally of the neck and sub-maxillary region." Not to dwell on the medical phenomenon of *suppressing* a hard chancre, how far does the above description suggest the "healthy organism" on which alone, under our rules, a substance can be reliably proved?

Another prover, to whom the record is indebted for sixty-one symptoms, is described as being "subject to slight catarrh of head; occasional sick-headache;" and yet—oh, shades of sweet reason!—we find symptoms of catarrh occurring *twenty-five* days after taking *lac caninum*, and symptoms of sick-headache occurring *forty-six* days afterward, credited to the power of that substance, administered in the two-hundredth and thousandth attenuations! It must also be added that this proving was made during the menstrual period. Nothing in all the amazing records under consideration is more amazing than the willingness shown to seriously consider and accept symptoms reported as experienced while in that condition, when, in even the healthiest women of to-day, morbid sensitiveness of mind and body wages perpetual war against common-sense, and in the neurasthenic the wildest fancies run unchecked riot, and fact is trampled into insensibility, if not unto death.

No better illustration of the quickening of the imagination, during the period alluded to, could be furnished than the last proving to which space permits our alluding. A single prover,

as was said above, furnishes four hundred and four symptoms. These provings were made during menstruation; and not only so, but drug effects from the cm. potency are mentioned as noticeable at the menstrual period, occurring *two hundred and twenty-six days* after taking the dose! While struggling with this statement, we are confronted with the fact that certain symptoms from *lac caninum* manifested themselves in this prover, as per dates given, a year *before* the first dose was taken. In any other connection one might suspect typographical error; but in this pathogenetic wonderland, as in that explored by the immortal Alice, one grows hardened to marvels, and to topsy-turviness generally, and an "unmitigated staggerer" more or less, ceases to count.

"A large boil," and an attack of malignant diphtheria, are among the soberly-recorded effects of *lac caninum*. Also, a "first movement of the bowels for four days." Also, a "feeling as if she had taken cold, but was confident she had not." Also, a "dream of seeing the Devil;" in connection with which symptom, attention should be called to the similar effects of convivial suppers, perusal of Poe's Tales, and nocturnal consumption of mince-pie.

"But oh, Iago, the pity of it, Iago!" that sixty-four pages of an able magazine should be given up to the detailed citation of such wildly droll nonsense, if viewed simply as humorous reading; of such exasperating and mischievous nonsense, if viewed from the standpoint of those engaged in a manly struggle to win over an enlightened public opinion to a belief in the scientific dignity of homœopathy! What thoughtful mind can fancy Samuel Hahnemann, the patient truth-seeker, receiving approvingly the abundant incense burned on his shrine by physicians who gravely ascribe the insignificant symptoms of a menstruating woman, to a dose taken nearly a year before, and in the cm. potency, of a substance which the wise and vigorous "Doctor," who all too rarely "talks" through the pages of our much-esteemed contemporary "The Medical Era," characterizes as "puppy-milk"! or by physicians who wilfully blind themselves to the fact that in all this weary list of nearly a thousand symptoms, there is scarcely one that may not be readily explicable by the natural surroundings, if, indeed, their origin is not

clearly traceable to the avowed tendencies and condition of the prover ?

Borne on the wind of ancient controversies, comes an echo breathing "clinical verification!" But oh, dearly beloved brethren of the I. H. A., are you prepared to admit the efficacy of Smith's Salutory Specific, and Robinson's Remarkable Regenerator, because acres of "clinical verification" can be brought to its support? And if not, why, WHY, ask modern science to listen with respectful credulity to your "clinical verifications" of *lac caninum*? And oh, dearly beloved brethren of the wide world of homœopathic practitioners and students, can we, while our sight remains clear and our hearts remain honest, dream of accepting, so far as to put to the test, in our bitter warfare with disease and death, a weapon forged in such a furnace!

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#### EDITORIAL NOTES AND COMMENTS.

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THE PAPER BY DR. HUGHES, ON THE PRESENTATION OF THE MATERIA MEDICA, read before the International Homœopathic Congress at Bâle, cannot fail to give the keenest pleasure to the many earnest thinkers who are wholly in accord with the sentiments expressed, but who have been denied, by nature, that fine and facile gift of expression with which she has so pre-eminently dowered our honored English colleague. So deep and fervent is our own assent to Dr. Hughes's utterances, and especially to those paragraphs in which he sets forth the threefold mischievousness of the Hahnemannian schema, — I. As prevailing "to rob Hahnemann of the honor which must otherwise, perforce, have accrued to him as an experimenter with drugs;" II. As acting as "a potent agent in hindering conversion to homœopathy;" and, III. As tending to bring the homœopathy of the present day to the level of mere empiricism, — that we shall feel tempted to refer to these paragraphs forever, hereafter, as the deacon of country-newspaper fame did to his manuscript prayer. The legend goes, that a sore struggle between spirit and flesh in the deacon aforesaid — between his belief in the necessity of lengthy petitions, and his natural repugnance to remaining too

long out of bed when the thermometer stood at twenty degrees below zero — ultimated in his writing out an elaborate schedule of his physical and spiritual needs, tying the same to his bed-post, and on particularly cold nights merely pointing to the same, casting his eyes heavenward with the solemn remark, “Them’s my sentiments!” and seeking blameless and well-blanketed repose. So, in our “cold days” of controversy, when assailed with shivering doubts as to our ability to express ourselves with dignity and clearness, we shall rejoicingly point to Dr. Hughes’s masterly little paper, fervently remark, “Them’s our sentiments!” and retire, like the deacon, in the consciousness of having been equal to the occasion.

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CLINICAL NOTES FROM THE PEN OF DR. OZANAM OF PARIS, which appear in a recent issue of the “*Revue Homœopathique de Belge*,” make very interesting and suggestive reading. Speaking of rectal and laryngeal polypi, Dr. Ozanam thinks operative measures called for in the fibroid and cancerous varieties, but believes the mucous and papillomatous ones to be quite within the control of medicine. Two cases of papillomatous polypus of the rectum in children under his care were completely cured by the use of *Kali bromatum*, ix trit., three to five grammes a day; and he also cites five cases of laryngeal polypus successfully treated with *berberis*. Dr. Ozanam expresses much confidence in the serviceableness of *guaiacum* in acute tonsillary angina, pointing out that the pathogenesis of this drug presents the burning pain in the throat, so characteristic of this difficulty. He employs it in from the ix to the 3x trit.

A case of chronic dysentery appearing during pregnancy, re-appearing with exacerbation of all the symptoms after delivery, subsequently complicated with purpura, and resisting all remedies during a month of treatment, was subdued with marvellous quickness by the use of *ergotine* ix, one drop every two hours. A slight proctalgia, which retarded recovery, yielded without difficulty to *æsculine*, the alkaloid of *æsculus hippocastanum*.

THE NUMEROUS AND FLAGRANT TYPOGRAPHICAL ERRORS IN THE RECENT VOLUME OF THE TRANSACTIONS OF THE NORTH AMERICAN INSTITUTE was made the subject of comment in a review of the volume in the last issue of the GAZETTE. But the grievance is one that grows with time, and with more extended perusal of the work. It would seem that in a volume of such importance, accuracy rather than promptness of publication should, if both cannot be obtained, be the supreme object. And when accuracy is slaughtered with as many wounds as was imperial Cæsar, surely a reiterated as well as fervent protest cannot be out of place. The homœopathic profession surely has a right to demand that the best thoughts of its best minds shall be clearly presented; and that is so obviously not the case in the present instance, that wisdom is turned into gibberish, and the modest list of errata presented in the fore-front of the volume takes on the character of a mild pleasantry. We would suggest the publication and extensive circulation of a supplementary list, to which the few errata hereto appended are offered as a very partial contribution.

Page 33, line 13 from top, read "Clinical" instead of "Chemical."

Page 33, line 8 from bottom, read "Prescriber" instead of "Prescreber."

Page 33, line 5 from bottom, read "Winterburn" instead of "Williams."

Page 34, line 17 from bottom, read "Brain" instead of "Pain."

Page 34, line 20 from bottom, read "N.W." instead of "W.W."

Page 35, line 1 from top, read "Onosmodium Virginianum" instead of "Onasmodium Virgincenum."

Page 35, line 1 from top, read "Hahnemannian" instead of "Hahne-mann."

Page 35, line 13 from bottom, read "Leçons" instead of "Secons."

Page 37, line 6 from bottom, read "Belge" instead of "Belze."

Page 176, line 19 from top, read "Reine" instead of "Neine."

Page 177, line 2 from bottom, read "Matière" instead of "Matcére."

Page 177, line 6 from bottom, read "pruritus" instead of "puritus."

Page 177, line 18 from top, read "at" instead of "to."

Page 178, line 5 from top, read "Bonplandia" instead of "Zonplandia."

Page 178, line 6 from top, read "Lembke" instead of "Lambke."

Page 179, line 1 from top, read "antiseptics" instead of "antisepses."

Page 180, line 3 from top, read "Asarum" instead of "Asareum."

Page 185, line 12 from top, read "Colocynthin" instead of "Colocythin."

Page 185, line 14 from bottom, read "mysterious" instead of "mythical."

Page 190, line 3 from bottom, read "Nigrum" instead of "Niguum."

Page 197, line 18 from bottom, read "mania" instead of "maniac."

Page 197, line 10 from bottom, read "Müller" instead of "Müeller."

Page 198, line 14 from bottom, read "*ignis*" instead of "*ignus*."

Page 691, line 1 from bottom, read "Aerzte" instead of "Arnzte."

Page 692, line 8 from top, read "sixteen" instead of "sixty."

Page 693, line 7 from top, read "are" instead of "is."

Page 693, line 8 from top, read "is" instead of "are."

Page 693, line 18 from bottom, read "Balsam-mounts" instead of "Balsam-mounted."

Page 693, line 9 from bottom, read "manipulation" instead of "manifestation."

Page 714, line 2 from top, read "Wiesbaden" instead of "Weisbaden."

Page 714, line 3 from top, read "Bedeutung" instead of "Bedentung."

Page 714, line 4 from top, read "Entstehen" instead of "Entstchung."

Page 714, line 4 from top, read "bei" instead of "bie."

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## COMMUNICATIONS.

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### *A LETTER OF HAHNEMANN.*

TRANSLATED BY DR. C. WESSELHOEFT.

MY DEAR MR. X., — It is true that I am about to remove to Hamburg, but it need not trouble you. If you do not object to a few groschen of postage, I shall be at your service there with my advice. By simply addressing me at Hamburg, the postman will know how to find me.

But now I must tell you that you are pursuing the best course for the recovery of your health, and that most obstacles to that end have been removed. But one obstacle still remains, and this has caused your last relapse. Man (that is, the very destructible mechanism of man) in this world is not intended to overwork himself, nor to go beyond the measure of his strength by exaggerating the rate of his activity. If he does so, either from ambition or avarice, or from other good or evil motives, he acts in opposition to nature, and his body declines and deteriorates; especially in the case of a body already weakened. Finish in two weeks whatever you cannot finish in one. Those who will not wait cannot be so unfair as to expect you miserably to drag yourself to the brink of the grave by toil, and to make a widow of your wife and orphans of your children. You are injured not alone by working more rapidly and by greater bodily exertion, but far more by the greater mental strain; for a worried mind destroys the body. If you do not provide yourself with a goodly store of equanimity (a motto: first live for yourself, and then for others), your recovery will not amount to much. When

you are buried, people will still wear clothes ; though, perhaps, not so tastefully made, yet they will make themselves comfortable.

But if you are a philosopher, you may become healthy, and live to be old. Do not listen to vexatious talk. If any thing is too hard for you, do not attempt it. If they hurry you, go slowly, and laugh at foolish people who seek your misfortune. Finish only what you can do with ease. Do not trouble yourself about what you cannot accomplish.

Our temporal circumstances are not improved by rushing work ; for, if you use up all you gain in that way, you will have nothing left after all. Economy in cutting down every thing superfluous (of which the hardest worker often enjoys the least) places us in a position to live in greater comfort, that is, more rationally, carefully, naturally, cheerfully, calmly, and healthfully. This would certainly be more to our credit, and a much wiser course, than the breathless hurry and tension of our nerves far beyond their natural endurance, destroying the most valuable treasure of our lives, — a cheerful disposition and good health.

Be wiser, my dear sir, and be sure to think first of yourself, and let all other considerations be of secondary importance. Even if people should, by attacking your sense of honor, endeavor to compel you to go beyond your strength of mind and body, do not, for God's sake, allow yourself to be cajoled to act against your own interest. Turn a deaf ear to all attempts to bribe you by praise, and keep cool as you go along leisurely and calmly, like a wise and sensible man. Enjoyment, peaceful mental and bodily enjoyment, — that is what man is created for upon earth ; and only to toil hard enough to procure this enjoyment, but not to make a slave of himself.

The covetous hurry and strife of blind humanity in pursuit of wealth and position, and its eagerness to win favors, are the ordinary causes of ruin of our true welfare ; and these are the common causes of the early decline and premature death of many young people.

One who can keep calm and cool, and can take things easily, will better accomplish his object ; he will live more quietly and healthfully, and grow old. At the same time, a calm person of this kind may sometimes succeed in giving a much more favorable turn to his worldly affairs by a single lucky hit, or a serious original thought, than would be likely to occur to a busybody who never allows himself to collect his wits.

Mere swiftness is not endurance. You will not be a man until you have first acquired a certain degree of equanimity, coolness, and careless indifference. Possessing these, you will be astonished to see how your health improves while obeying

the other directions. For then your blood will flow gently through your arteries, without pressure or heat; no frightful dreams will disturb your nerves when you have gone to sleep without nervous excitement. Free from cares, you will awake in the morning without anxiety concerning the manifold duties of the day. What do you care, as long as the joy of living takes precedence in your mind? Refreshed, you will begin your moderate task, and at meal-times nothing (neither rush of blood, nor cares, nor deep thought) will prevent you from enjoying to your heart's content whatever the good Giver of life has provided for you. Thus one day follows another with measured pace, until the last day of great old age puts an end to your well-spent life, and you are permitted to awake as calmly in the other world as you lived calmly in this.

Now, my dear Mr. X., is not this wiser and more reasonable? Do not trouble yourself about those restless people who in their self-destructiveness are ruthlessly and murderously waging war against themselves. Let them be fools if they want to; but take a wiser course yourself, and do not suffer me to preach worldly wisdom to you in vain. I have your welfare at heart.

Farewell. Follow my precepts, and even in the midst of happiness, think of

DR. S. HAHNEMANN.

P.S. — Even if you had your last two groschen in your pocket, you should be happy and cheerful. Providence guides our steps, and permits us to find compensation for losses. How much do we mortals need in order to live, to replenish our strength with food and drink, and to protect our bodies against cold and heat? We need scarcely more than good courage; the rest of less necessary comforts are then obtained without much trouble. A wise man needs but little. *Strength which is saved needs not to be replaced by medicines.*

REMARKS BY THE TRANSLATOR.

The preceding is one of a series of "Letters of Hahnemann, written to a patient between 1793 and 1805 (and hitherto unpublished), with Introduction and Notes; published by Bernhard Schuchardt. Tübingen, 1886. Laupp."

As it is taken out of its connection with the rest, it may interest the reader to know that the patient was a well-to-do tailor, evidently suffering from depression of spirits in connection with some other ailment not especially mentioned, which, however, lasted no less than twelve years. During this time the patient appears to have been loyal to his physician; but in the management of a case complicated with obviously inveterate hypochon-

dria, the physician displayed a degree of patience, persistency, and gentleness, as well as consummate skill and tact, rarely attained or recorded.

The published letter is one of the last of a series written to the patient. Let not the reader forget with whom the writer was dealing when he seems to appeal to selfishness; in this and many similar cases, the only way of arousing the patient to an appreciation of his duty to himself.

Although Hahnemann gave medicines throughout, — as we infer from his frequent allusions to pills and drops, — the case should stand on record as an example of the great power of a great mind over the weaker one of a patient, an influence which we as physicians can not only justify, but always strive to imitate.

The patient, who was treated by Hahnemann before and just after the beginning of this century, died at the age of ninety-two years, in 1851. Was not this a triumph of a physician whose advice to a patient was to live calmly in order to attain old age?

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#### ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

ARSENICUM IODIDUM, though proved entirely by American physicians, is little mentioned by American writers of our school, and is, apparently, but little used by American practitioners. Almost the only complete account of this remedy is to be found in the fourth edition of Dr. E. M. Hale's "Materia Medica and Special Therapeutics of the New Remedies" (1875); and, though that meritorious writer commences by stating that "this preparation of arsenic has been a favorite remedy in my practice for many years," he merely alludes to its power to cure a chronic dry cough, omitting all mention of its place in the treatment of phthisis pulmonalis. *Yet this is precisely the field in which this remedy has secured its most brilliant triumphs.* So far as I can ascertain, arsenicum iodidum is mentioned but seven times in Arndt's three huge volumes; and the very able writer on phthisis pulmonalis, after giving the indications for arsenicum album, merely adds, "Ars. iod. is often substituted." In reality, the iodide has a wider sphere of action, is more certain in its effects, and — so far as my experience extends — is more generally indicated in phthisis pulmonalis, than its better-known analogue; and I think that I can support these statements with a great array of cases, in nearly all of which the diagnosis was quite certain.

Yet I would not be understood to say that the American homœopathic literature of this remedy is either scanty in quan-

tity or poor in quality, but rather that a full presentation of its virtues has not yet been made and, especially, that its chief spheres of action have been strangely overlooked. Some very valuable cases are hidden away in obscure journals, while much of its literature is only to be found in English homœopathic journals, not accessible to the majority of the physicians of this continent.

In March, 1866, Dr. W. James Blakely made a proving with the second decimal trituration, which appeared in the "Hahnemannian Monthly," vol. iii. p. 265. The symptoms occupy but two pages, and pulmonary symptoms are noticeably absent; and yet the proving is so good that one regrets that Dr. Blakely did not push on with the proving, for no complete pathogenesis can possibly be evolved in three days.

In July, 1866, Dr. Eugene W. Beebe of Edgerton, Wis., published in the "United States Medical and Surgical Journal," vol. i. p. 335, another excellent proving, including an accidental one furnished by Dr. James E. Morrison of McHenry, Wis., which elicited some most characteristic symptoms.

In 1874 Dr. Timothy F. Allen threw these three provings into the form of Hahnemann's well-known schema, convenient for reference, but misleading for one who wants to know the all-important sequence of the symptoms.

The "Cyclopædia of Drug Pathogenesy" omits all mention of this remedy, — surely the result of an oversight, for certainly the "materia medica of the future" should contain a drug which is destined to play a more and more important part as the years pass on. This omission is the more to be regretted, as the provings, though far from being exhausted, are thoroughly reliable.

In the "Guiding Symptoms of our Materia Medica," vol. ii. (1880), the lamented Constantine Hering gives six pages to this remedy. A careful study shows that this article is really a collection of cases cured with *ars. iod.* given not with each case separate and distinct, but with the symptoms cut up and arranged according to the Hahnemannian schema! To such an arrangement of valuable cases, one may apply the striking comparison of Dr. Robert Ellis Dudgeon: "The Hahnemannian schema is as unnatural and artificial an arrangement of the features of many allied morbid portraits, as though an artist should paint a family group, arranging all the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the mouths all together, and so on." This error, for it is nothing less, is the more to be regretted, as in Hering's article are many practical observations, marked by all the keenness and brightness so characteristic of

the author. Take, for example, the following, under the rubric of "Relationship:" —

"*Bryonia* relieved pain and pyrosis. Useful after *sulphur* in phthisis pulmonalis. Useful after conium in sensitive lump in mamma."

Charles Julius Hempel does not mention the iodide of arsenic in the first edition of "A New and Comprehensive System of Materia Medica and Therapeutics" (1859), and he is equally silent in the second edition (1865); but in the third edition (1870), where the distinguished author had the assistance of Dr. H. R. Arndt, a fairly good account of this remedy is found, though no mention is made of its power in pulmonary diseases.

Dr. J. C. Peters, in his "Elements of a New Materia Medica and Therapeutics," devotes about half a page to this remedy, chiefly drawn from allopathic sources, and these not by any means the best.

Richard Hughes does not mention *ars. iod.* in the first edition of his "Manual of Pharmaco-dynamics" (1867), nor in the second (1870); the third edition (1875) is also silent; the fourth edition (1880) devotes just *nine lines* to it. The provings of Drs. Blakely and Beebe are lightly spoken of, — "no special effects were obtained," — and no mention is made of its use in pulmonary diseases. The fifth edition (1886) makes no change

Many of our writers on materia medica do not even mention the name of this remedy; among them Teste, Lippe, Dunham, and many others.

Drs. Sydney Ringer and Charles D. F. Phillips, the chief practitioners in the ignoble art of conveying — "convey the wise it call" — the lore of the homœopath to the text-books of the allopath, have not yet hit upon this great remedy, but doubtless its turn will come. And Dr. Lauder Brunton, who has lately joined Ringer and Phillips in their favorite pursuit, does not mention it in his recent work. Indeed, the best of the allopathic authorities is still Dr. Robley Dunglison, who, in the seventh edition of his once famous "New Remedies," gives us two pages of really readable matter.

Our writers on practice emulate their brethren who discourse on materia medica, in making little or no mention of the iodide of arsenic; and perhaps, after all, Dr. Arndt's great work gives a better presentation of its place and power than any other.

[To be continued.]

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"WHO is that gentleman?"

"Dr. X., — a charming person, I assure you. If you only knew how he takes life" —

"Yes, the life of others!" — *Tid-Bits.*

*UNUSUAL SUSCEPTIBILITY TO QUININE.*

BY EDWARD B. HOOKER, M.D., HARTFORD, CONN.

ONE evening in June, 1885, I was summoned in haste to attend a woman, a few doors from my house, who, it was supposed, had been poisoned by some drug which had been accidentally substituted for quinine. The facts in the case are as follows: The patient was a woman, twenty-seven years old, who had been confined five days previously. Her physician, believing he detected evidence of malarial poisoning, prescribed quinine, which he furnished himself, leaving several powders, the first of which had been administered about two hours before my arrival. About half an hour after it was taken, the patient began to feel a creeping sensation, something like a chill, which was followed by a progressive numbness, and loss of power of motion, which finally reached such a degree, that, becoming greatly alarmed, her husband sought the nearest medical aid. On reaching the patient, I found her apparently unconscious and perfectly motionless, with a natural color upon her face, and a warm skin, which was not unduly moist. My first thought was, that she had been poisoned by morphine; but an examination of the pulse and respiration showed both to be normal in frequency and regularity, nor was the pupil markedly affected, which evidence conclusively excluded the idea of that drug. The patient, however, gave no sign of consciousness in response to efforts made to arouse her, and was evidently profoundly affected by the medicine she had taken, whatever it might be. The eyes were open, but motionless, and the limbs were relaxed; but, conscious or unconscious, she was unable to move so much as a finger.

The heart and lungs doing their work well and easily, I assured the family there was no immediate danger at least, and that they had better send for their usual physician, who lived at some distance. I then examined the remaining powders, and estimated that they weighed eight or ten grains each, their appearance and taste being those of quinine.

Turning again to the patient, I noticed a slight motion of the lips, as if she were trying to speak. Asking her very distinctly if she heard me, and putting my ear close to her lips, I heard a faint "Yes" in reply. Asking again if she knew all that was going on about her, she once more replied in the affirmative. The situation was, then, a state of entire consciousness coupled with complete (up to this time) paralysis of the voluntary muscles. I thereupon made up my mind that the drug administered was quinine; that the patient was peculiarly susceptible to its

action, and had been profoundly affected by a dose which ordinarily would have produced no such symptoms. She was shortly after able to take a few swallows of water, and to speak with less difficulty. Gradually the ability to control other muscles returned, and in the course of an hour she was able to move her limbs quite freely, and converse with ease. She described her sensations as follows: A creeping sensation was first felt, as stated, which was followed by a loss of the sense of touch, and the power of voluntary motion. Her hearing, however, was unimpaired; nor was her sight affected for objects within her field of vision, but being unable to move the eyes, the field was limited. The only actual pain experienced was a sensation of heavy pressure or weight upon the whole left side. She was acutely conscious of all that was going on, and said she felt as one must in a trance. She made repeated efforts to speak and move, but was unable to do either until the effect of the medicine began to wear off. She stated that she was very susceptible to the action of medicines, and knew that quinine affected her powerfully, but had never before experienced such an effect, or taken so large a dose. Nor had she ever been hysterical, or subject to trances or kindred phenomena.

The only treatment employed was to re-assure her that there was no danger, that no poison had been given by mistake, and that she would gradually recover; all of which duly occurred, though she did not fully recover for four or five days, but was troubled by ringing in the ears and an unpleasant feeling in the head. Subsequent investigation conclusively showed that the drug was quinine, and the dose nine grains.

That quinine, in so small a dose as nine grains, can produce upon an adult so profound an effect, is an interesting and important fact. There must of course be, on the part of the patient, a peculiar susceptibility to the action of the drug; but such idiosyncrasy, though rare, may be encountered at any time, and, unless recognized, is liable to lead to unpleasant and possibly dangerous consequences. Various observers have noticed this susceptibility, and commented upon it. Thus Gélinau reported a case of "a delicate and nervous lady, who, after taking ten grains of sulphate of quinia on an empty stomach, was attacked in about two hours with violent abdominal pains, rigors, and general prostration, with cold sweats. The face was pale, the eyes sunken, the pupils dilated, the teeth clinched, and the limbs stiff; confused answers were given to questions; the respiration was calm, the pulse sixty. In about an hour the pulse rose to eighty; there were ringing and buzzing in the ears, and the catamenia, which were not then due, made their appearance. The next day the patient was as well as usual, except that she

suffered from dulness in the head and heaviness of the limbs." (Stillé). Such symptoms, however, are usually the effect of very large doses only. Thus Giacomini reports the case of a man who took one hundred and eighty grains at a single dose. "He gradually became giddy and feeble, and then insensible. Nine hours after taking the medicine, he lay motionless and pallid; the fingers were bluish and cold, the whole surface cool, the respiration slow, the pulse regular but slow and hardly perceptible, the pupils widely dilated, the sight and hearing almost extinct, and the voice extremely feeble; the thirst was great, and the breath cold." (Stillé). Other cases have been reported with similar symptoms produced by excessive doses, in one instance the patient becoming permanently hemiplegic. (Note that my patient complained of heaviness, confined solely to the left side.) Cases of amaurosis, transient and permanent, are accumulating, which have been caused by repeated doses not always excessively large (fifteen to forty grains); and oculists are sounding a note of warning against the repetition of such doses. Instances of fatal poisoning are not wanting, in which the symptoms were mainly those of Giacomini's case, but the doses were very large. In one instance death was preceded by delirium and coma. In some instances, however, death has resulted from a comparatively small dose. Thus Dr. Baldwin reported the case of a child, six years old, who died after taking two doses of four grains each, three hours apart. (*Am. Jour. Med. Sci.*, April, 1847.) On the other hand, it is interesting to note that enormous doses (seventy to six hundred grains) have been taken with comparatively little effect; but the possibility of the adulteration of the drug must always be borne in mind, and the probability that a large part of it was not absorbed, but passed off with the *fæces*.

There can be little danger of failing to recognize the nature of the drug in the cases in which very large doses are taken, for the effect is then only what would be naturally anticipated. It is when a moderate dose (eight or ten grains) produces an unexpected effect, that the danger of error occurs; and the drug for the effects of which those of quinine are most liable to be mistaken is morphine, since that drug is the one not infrequently accidentally substituted for quinine, with serious and sometimes fatal results. The salts of morphine and quinine resemble each other very closely, both consisting of white, shining, fluffy crystals, bitter in taste and without odor, and it is impossible to distinguish between them by the eye alone.<sup>1</sup> It is therefore not

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<sup>1</sup> Since the salts of quinine are quite insoluble in small quantities of water, requiring 740 parts to dissolve one of quinine, while those of morphine are easily soluble, a ready way of distinguishing the one from the other would be to shake the suspected powder in an ounce of cold water, which would dissolve the morphine, but leave the quinine undissolved.

difficult to understand how a careless or hurried druggist could mistake the one for the other. The physician who, having the possibility of this mistake in mind, encounters a case in which quinine has produced an unexpected effect upon a specially susceptible subject, is liable to fall into the error of believing his patient to be poisoned by morphine; and should he act upon that belief, he may possibly destroy life with atropine, while believing he is combating its antagonist. I do not know that this has ever actually occurred, but in a recent celebrated case the claim has been made that just this error was committed. I allude to the case of the two young ladies in Hoboken, who were believed to have died from morphine-poisoning in consequence of the error of the druggist, Am Ende. It is not the purpose of this paper to express any opinion upon the merits of that case, and it should be distinctly understood that in alluding to it no opinion is expressed. Mr. Am Ende has been tried for gross criminal carelessness in causing the death of the elder sister, and has been acquitted; though the possibility of her not being poisoned by morphine at all, was not, I believe, dwelt upon, or at least not made prominent. He has not been tried for causing the death of the younger sister.

Briefly stated, the facts are as follows: Two sisters, members of a Hoboken family, were suffering from a malarial trouble, for which the muriate of quinine was prescribed. Both had been sick for several days; but Margaret, the elder, was the sicker of the two, having a temperature of  $104^{\circ}$ . The prescription called for four powders of the drug, of ten grains each, and was put up by Mr. C. G. Am Ende. At 10 P.M., Sunday, Aug. 30, 1885, a powder was given to each patient; Margaret receiving hers moistened in a paper wafer, while Ella, the younger sister, seems to have taken hers without a wafer, dry on the tongue. About an hour afterwards Ella was found to be suffering considerable pain, and to be strangely affected, soon becoming unconscious, and later, comatose. The physician who was first called testified that he found her (between twelve and one o'clock) unconscious and delirious, with eyes tightly closed, intermittent respiration, and intermittent slow pulse. Another, who saw her later (4.30 A.M.), after atropine had been used hypodermically, testified that he found her entirely insensible, with rapid irregular pulse, irregular short respiration, livid face, and dilated pupils.

In the mean time, how was Margaret faring, who was the weaker of the two from the effects of the existing disease, and who had taken the powder a little earlier than Ella? At 3 A.M., five hours after the medicine was taken, she was perfectly conscious, and was "feeling splendidly," better than before she took the powder. There was no drowsiness, — on the contrary, a sense

of exaltation ; no difficulty in breathing, no pain ; and in fact the only suspicious symptom of any kind was a moderate contraction of the pupil. She had experienced no nausea, and, when asked if she felt sleepy, replied, " Who can sleep when there is such a noise about the house ? " — " Well, don't you feel sick at all ? " was asked. " No ! " she impatiently replied. She inquired about the fate of her sister, and was observed to be excited and trembling. Shortly afterward atropine was injected hypodermically, and emetics and the stomach-pump were used. In a short time her tongue became heavy, the pulse rose from about normal to one hundred and eight and one hundred and twenty ; the respiration became rapid, about thirty ; and by 4.30 A.M. she was unconscious, with pupils moderately dilated and face pale, with marked lividity about the lips. At seven o'clock she was taken with convulsions ; the pupils became widely dilated, and the pulse very feeble ; the coma grew deeper ; and at half-past seven she died, without having regained consciousness. About this time (7.30 A.M.), Ella was hardly alive, but was kept breathing by artificial respiration. It was then decided to try hypodermic injections of caffeine, and under their influence she improved a little, so that she breathed without assistance. By this means, and the use of brandy, musk, and other things, she was kept alive till night, and at 10 P.M. was semi-conscious ; but at 3 A.M., Tuesday, she died, nineteen and a half hours after Margaret, and twenty-nine hours after taking the medicine.

There are several hypotheses by which we can account for the death of both sisters. The younger sister, Ella, may have taken morphine, and died from its effects ; or she may have taken quinine, and been peculiarly susceptible to its action, and, while profoundly affected by it, been killed by the atropine given to antagonize the morphine which it was supposed she had taken. Margaret too may have taken morphine, and died from its effects, though she showed no signs of poisoning more than five hours after the powder had been swallowed ; or she may have been killed by atropine, under the impression that she also had taken morphine, because it was believed her sister had done so. It is clear, that if the powder Margaret took was quinine, she showed no special susceptibility to its action, and only experienced the usual tonic effects of such a dose. Under the hypothesis that Margaret took morphine, its long-delayed action can be accounted for only on the supposition that the high temperature of the patient, and the protection afforded by the wafer which enveloped the powder, prevented its absorption for several hours.

So far as the facts are in my possession, these hypotheses cover the ground completely. It only remains to add that one of the two remaining powders has disappeared, and that the other

has been analyzed and found to be the muriate of morphine. Now, because one of four powders is discovered to be morphine, it does not prove conclusively that the other three are morphine also. Nor would the discovery that two are morphine prove the other two to be the same, nor three of them prove the fourth to be of the same nature. It is easily conceivable that a druggist, who has carelessly allowed a quinine and a morphine jar to stand together upon his prescription counter, might, if interrupted or distracted in any way, make a mistake between the two, especially if both were open, in putting up several powders : but because it is discovered that he has done so with one powder, it is no proof that he has made the same mistake with them all, or even with any of the others. It may create a presumption that he has done so, but it is not proof. Each case must be judged upon its own merits ; and, if it be impossible to recover a portion of the medicine actually swallowed, the nature of the drug can only be determined by the effect produced.

Since the possibility of mistaking quinine poisoning for that of morphine may sometimes be encountered, it is important to be able to discriminate between them ; and it is to the state of the respiration and pulse, and that of the pupil, that we must mainly look for guidance. A dose of morphine large enough to produce deep insensibility could not fail to markedly reduce the frequency of both pulse and respiration, and (in the vast majority of cases) to greatly contract the pupil ; while a dose of quinine large enough to profoundly affect a susceptible person, even to apparent insensibility, would not materially affect either pulse or respiration. Moreover, the duration of the quinine intoxication in such cases is not long, and signs of improvement occur in a comparatively short time.

While on the subject of morphine poisoning, it will not be amiss to emphasize the fact that the state of the respiration and pulse (especially the former) is a safer guide on which to rely than that of the pupil, which is exceptionally dilated by morphine, while the respiration and pulse are invariably slowed, their frequency being, therefore, a safe guide by which to regulate the administration of the antagonist. Atropine very exceptionally contracts the pupil, but it always accelerates the respiration and pulse. In a case of morphine poisoning, when the cautious administration of atropine has brought the respiration up to about the normal standard, it is time to stop, for a while at least, even though the pupil be still contracted, and the patient still unconscious.

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A LITTLE boy said he would rather have the earache than the toothache, because he wasn't compelled to have his ear pulled out. — *Hearth and Home.*

THE HOMŒOPATHIC USES OF LOBELIA INFLATA.<sup>1</sup>

BY PROFESSOR EDWIN M. HALE, M.D.

I BELIEVE that the sphere of action of this species lies midway between tobacco and veratrum album, or their active principles, nicotine and veratrine. It acts upon the motor-nervous system and upon the respiratory centre in the medulla.

The nauseant effects of this drug are far more intense than tobacco, and this is the principal reason why it is not used for the same purpose as tobacco. Another reason is that the system does not tolerate the drug, as it does tobacco. I have, however, known *habitués* of lobelia, who, from taking it for asthma and dyspepsia, came to tolerate it to a degree which seemed surprising.

Lobelia inflata was first introduced into our school in this country at the same time and in the same manner as the lobelia siphilitica, by Drs. Jeanes and Hering (1838). In 1841 it was introduced into homœopathic practice in Europe by Dr. A. Arac of Leipsic, in the fifteenth volume of "Hygeia." Since that time it has been used to a considerable extent in our practice; but although a powerful drug, its curative sphere is limited.

We find it useful principally in asthmatic affections. It is useful in two varieties; namely, the nervous, which arises from paresis of the respiratory centre, and the catarrhal or "humid asthma." To the first, it is strictly homœopathic, and has been found curative in very minute doses. In the latter, when the mucous râles are loud, and the sense of suffocation is due to a mechanical obstruction by the mucus, and the coincident spasm of the bronchi, larger doses must be used; for this condition is similar to the secondary effects of the drug. I have seen almost magical relief follow doses of  $\mathfrak{z}\text{i}$ . repeated every hour, without nausea or vomiting following its use.

Permanent cures of asthma of many years' standing have been made by larger doses. Sometimes these large doses (half an ounce) have not caused vomiting. At other times smaller doses vomit violently, leaving the patient much prostrated, but with disappearance of the asthma. I have cured asthmatic attacks with small doses of veratrum, when lobelia seemed indicated but had failed.

In some cases of asthma, the patient complains of a "dreadful sinking sensation" in the epigastrium, with violent distressing efforts at inspiration. This is a clear indication for the use of

<sup>1</sup> Advance proof from *Drugs and Medicines of North America*, by J. U. and C. G. Lloyd, Cincinnati, O.

lobelia, and it will promptly relieve such cases in doses of 1-10 or 1-100 of a drop frequently repeated.

In cough, lobelia is very useful. The cough may be caused by accumulation of mucus in the pharynx or bronchi, or a tickling in the larynx, or it may be "croupy," or attended by dyspnoea. In purely nervous coughs, like whooping-cough, or from irritation of the laryngeal nerves, motor and sensory, and in spasmodic croup, it is a prompt and excellent specific, and I have found it useful in carpo-pedal spasms attended by laryngismus.

In some gastric disorders, lobelia does excellent service. In the so-called nervous dyspepsia, when the patient complains that nausea, oppression of the stomach, and dyspnoea follow each meal; where there is constant "faintness" at the stomach, as bad after meals as before eating, — lobelia in doses of a drop of the tincture, or of the one-tenth dilution, before and after eating, has a very happy effect.

This "faintness" at the pit of the stomach is an unfailing guide to its use. It is caused by a paresis of the sympathetic nerve. Other drugs cause this symptom. Ignatia, cimicifuga, digitalis, and veratrum all cause it by their depressing action on the same system of nerves. The primary effect of lobelia on the heart is to paralyze its motor nerves, like tobacco or aconite: hence it is a prominent remedy in primary cardiac weakness and irritation. The "sinking faintness" at the epigastrium is here the symptom most complained of. Small doses must be used to combat this condition. Some patients will bear doses of one or two drops of the tincture: others are made worse by it, and only find relief from the second or third dilution.

The secondary or re-actionary effect of lobelia is to cause violent spasmodic palpitations, or symptoms closely resembling angina pectoris. In such cases I have found quick and good results from five to ten drops of the tincture.

Primarily, lobelia paralyzes the various sphincter muscles, and can be used, in physiological doses, for spasmodic retention of urine or fæces, or rigidity of the os and perineum. Its use in labor in facilitating the expulsion of the foetus is as old as the aborigines. It has been adopted by midwives and many physicians. I have seen a rigid and undilatable os rapidly give way after a single dose of twenty drops. It will allay and regulate those violent pains in the loins during labor, which seem to arise from the rigidity of the genital passages. In dysmenorrhœa, due to this same cause, small doses give prompt relief. In this respect it resembles gelsemium and belladonna.

In hysteria, lobelia is frequently indicated. The case of spasm of the larynx reported by Dr. Knowles of Avoca, Io., in my "Therapeutics of New Remedies," is an apt example of a mani-

festation of hysteria, rapidly cured by this remedy. I have controlled the most violent hysterical convulsions by injecting into the rectum a teaspoonful of the tincture.

In gall-stone or renal colic, in incarcerated hernia and in spasmodic gastralgia, lobelia often relieves promptly. This may be said to be antipathic, but I do not believe it. The secondary effect of all paralyzants is spasm and convulsions. Lobelia is as homœopathic to spasm as to paralysis.

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*ON TRITURATION OF GLASS AND COPPER ACCORDING TO A NEW METHOD OF DEMONSTRATING THE MINUTEST ATTAINABLE PARTICLES.<sup>1</sup>*

BY C. WESSELHOEFT, M.D., BOSTON, MASS.

THE subject of this paper, though alluded to and discussed in various places,<sup>2</sup> is based upon a new series of experiments. The author, therefore, offers it to the Institute as a perhaps not unwelcome contribution to the subject of triturations now, and presumably for some time to come, to be under discussion.

A question often asked in regard to triturations is: Have the metals and other substances triturated in sugar of milk actually reached the limits of minuteness and divisibility attainable by this method? furthermore, has this limit been correctly determined by means of the microscope, and are there not particles gradually diminished in size so far as to become invisible? According to all carefully made observations hitherto, it is not justifiable to assume an infinite divisibility by means of trituration. Every substance has its limit of divisibility easily to be determined by means of trituration with sugar of milk in a mortar, beyond which limit it is impossible to carry subdivision by any degree of time and exertion. In order to obtain certainty regarding this subject, and to discover if the limit attainable in triturations of sugar of milk would remain the same under a much severer test, also in order to see if a certain metal could, notwithstanding previous tests, be made to reach a still finer degree of subdivision into particles exceeding in minuteness any hitherto found, I resolved to subject the problem to the following tedious and difficult test:—

In the fall of 1883 I triturated, with my own hand, a number of carefully cleaned medicine-phials, made of hard glass, in a *glass* mortar, until I had obtained a moderately fine powder. To fifty grains of this rather gritty powder, I added five grains of precipitated copper, and triturated the same with the glass. Al-

<sup>1</sup> Reprinted from the Transactions of the American Institute of Homœopathy, 1886.

<sup>2</sup> See also Zeitschrift des Berliner Vereins, Homœop. Aerzte, 1884.

ready after sixteen minutes, the soft, velvety feeling indicated how little effect the trituration process exerted, because the powder undergoing the process had become so fine and soft that it seemed moist, although the air was perfectly dry and warm. Nevertheless the whole was triturated carefully for forty-five minutes, while the remaining fifteen minutes were expended in scraping the substance together according to Hahnemann's directions.

Thereupon ten grains were reserved as a sample, and in their place ten grains of the coarser powder were added to the quantity in the mortar, and the whole again triturated as above stated. The gritty sound caused by the newly added glass disappeared after about fifteen minutes, and gave way to the velvety feeling. This process was repeated three times, and thus three copper-glass triturations were obtained. These triturations contained copper-precipitate which, though originally extremely fine, had been triturated three hours, with the addition of new glass at the end of each hour. It is to be considered, and to be concluded, that, in consideration of the much greater hardness and cutting quality of glass, the copper must have been subjected to a far greater subdividing power than would have been the case if triturated only with much softer sugar of milk, and that in this way much more minute particles must be expected to result, if there is any possibility of obtaining such results.

For the purpose of insuring a further control of the observation, I prepared a trituration of pure glass, ground for two hours in the glass mortar, with which no copper had ever come in contact; and, to secure a more perfect comminution of glass, only a small quantity was triturated in this way. Of these triturations the following mounted preparations were made, a description of which is necessary for an understanding of the experimental test, by means of the microscope. *First*, Upon a thin glass cover there is placed a minute particle of the two-hour trituration of pure glass; after shaking the particle back and forth, it is to be blown off by a vigorous puff of breath; the cover, upon which are held fast almost invisible particles of glass, is then fastened face down upon a slide forming a cell. *Second*, A particle of precipitated copper is prepared in the same manner upon a thin glass cover, so as to form a cell. *Third*, Of the three-hour copper-glass trituration, a cell mount is prepared in the same way, and also of the one and two hour triturations of copper and glass. *Fourth*, For the better observation of the precipitated copper, a very minute particle (one-fourth the size of a pin-head, or less) is rubbed together with Canada balsam; a very minute particle of this mixture is spread out upon a thin glass cover, and

mounted in balsam. *Fifth*, After the manner described in the first instance, a bit of the pure glass trituration is spread upon a cover and mounted in balsam. *Sixth*, Balsam-mounts are made of copper-glass triturations first, second, and third.

*The entire investigation now rests in the first place upon a careful microscopical examination of the dry mounted preparations; and secondly, upon a comparison of these with the balsam-mounted slides, by which peculiarities become prominently visible, which would otherwise escape the observer. The examination should be made with the best objectives, with day as well as lamp light, also by direct as well as transmitted light; in short, no manipulation, however irksome, should be neglected in order to become familiar with the nature of the minutest particles obtained in the manner above described, and in order to arrive at unquestionable certainty with regard to their presence or absence.*

In this way it will be seen that in slide No. 1, glass has been comminuted to the finest degree, beyond which no effort of grinding, even if prolonged for days, would produce any further comminution. Even mere traces of glass scarcely perceptible to the naked eye upon the slide are resolved, by proper objectives, into the minutest, but nevertheless distinctly visible, points, which, though faintly translucent with transmitted light, are plainly defined by their greater darkness. There will also be seen numerous larger plates, and conglomerations to which special attention should be directed. Any means of exhibiting these preparations on a dark ground is commendable, but none will do so more perfectly than Abbé's apparatus.

No. 2 will beautifully illustrate the minutest particles of copper, and serve to impress their shape and color upon the observer. The balsam-mount, No. 4, will serve the same purpose, which is only a repetition or control test of No. 2. Here careful measurements should be made in order to compare this preparation finally with the measurements of the copper-glass mounted in balsam.

No. 3 is a dry mounted copper-glass preparation, and will be remarkable to the observer, inasmuch as the minutest particles of glass are scarcely, if at all, to be distinguished from the minutest particles of copper; a difference the importance of which will now be made apparent by the examination and comparison with the balsam-mounted preparations.

Aside from the less essential slide No. 4, the great importance of No. 5 is here to be emphasized. This contains the finest glass-powder mounted in balsam, and differs essentially from the dry mount of pure glass, *for there are scarcely any of the minutest particles of glass to be seen in the balsam mount.* It is

to all intents and purposes impossible to see them in the balsam, and that is just the point upon which the examination turns. The observer should also direct especial attention to the larger plates of glass to be found in the balsam mount, where they appear *homogeneous and transparent*, without any signs of *adherent darker granules* of glass, which are also rendered invisible by the balsam having equal refractive index with glass. Hereupon the examination of the last preparation follows advantageously.

It is that of No. 6, which contains copper and glass ground together for three hours, mounted in balsam. After carefully observing all the numbers in the manner above described, No. 6 will be found upon comparison to contain apparently only large, clearly transparent plates and splinters of glass; between these there are to be seen, with transmitted light numerous sharply defined dark points, of which many are situated upon and directly beneath the flat plates and splinters of glass. If the observer has become convinced that balsam is capable of making the minutest particles of glass invisible to such a degree that they are indistinguishable, he will now be satisfied that *the dark points scattered between and upon the plates of glass are particles of copper*. Under direct light these particles of copper appear as distinct, round white dots; while with transmitted light, they appear like sharply defined round dots. With good reflected daylight falling directly upon the object, the color of the particles of copper can be distinctly seen. Such appearances never occur in finest glass mounted in balsam.

Furthermore, the observer will arrive at the conviction that the particles of copper which have been ground together with glass for three hours, still are of *the same size (minuteness) as before they were ground*, and hence that copper (as well as all metals and other hard substances) subjected to mortar trituration reaches the limit of minuteness beyond which it cannot be reduced any further by that method.

It is a matter of gratification to an observer to find that his statements are corroborated by others of unquestioned authority. Dr. J. Edwards Smith's opinions regarding my observations are well known, and require no repetition here. Dr. W. A. Haupt of Chemnitz, to whom I sent a set of slides of my preparation, assures me that after careful examination he is able to agree fully with my statements, and considers the idea of triturating copper with glass as well adapted to the illustration of the subject.

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DR. FOLLANSBEE tells of a little Los Angeles girl, who, on being asked how her mother was, said: "Oh, mamma's better; her temper is only 112."—*South California Practitioner*.

*CAUSES AND EFFECTS, PREVENTION AND TREATMENT,  
OF PROLAPSUS UTERI.*

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

*[Read before the Massachusetts Homœopathic Medical Society, Oct. 13, 1886.]*

WE all need reminding now and then of matters which we may know very well, but which we have not duly considered or applied in our practice. The reminder may serve to stimulate to new thought, and hence to a better use of our knowledge and more satisfactory results. It is to this end and with this object, and not because I expect to offer any thing new or remarkable, that I present this subject to-day.

Until a comparatively recent date, the chief cause of prolapsus uteri has been supposed to be the absence of the natural support from below, consequent upon rupture of the perineum. But this is now, by most careful observers, considered hardly worthy to be counted as a cause at all; and we all know, if we think of it, that many of the worst cases of laceration of the perineum are not attended by any considerable prolapse of the womb, while, on the other hand, many cases of prolapsus occur in women who have suffered no apparent injury to the perineum, and not a few in nulliparous women and even virgins.

Like other viscera, the uterus is suspended by ligaments, not propped up by a pillar; and the causes of its unnatural descent must be such as either weaken or overtax these ligaments. General debility or ill health, want of proper physical exercise, unhealthful attitudes and postures, violent exercise or strains, and injurious methods of dress, are among the chief causes of the former; while congestion, sub-involution, abnormal growths, etc., by which the weight of the organ is rendered unnaturally great, are to blame for such cases as belong to the latter class. None of these need here be considered in detail, as their simple mention will suggest all the various conditions and abuses to which I refer, though I shall later propose means of avoiding or removing some of these causes of unnecessary suffering.

Before considering the effects of prolapsus uteri, let me caution you not to think of all cases in which the womb is found low in the pelvis or even near the os vaginae, as coming under this head: for we must recognize the fact that the uterus is not a fixed body, occupying, normally, always the same absolute or relative position; but that it moves with every movement of the diaphragm, and may even descend during excitation to the os vaginae. The term prolapsus, as a displacement, is only applicable, properly, to a condition of constant and unvarying prolapse, or where the womb lies like a foreign body upon the

floor of the pelvis, with no power in the ligaments to lift it from this position.

The effects of prolapsus are various in kind, as well as in degree. In some instances there is little or no apparent disturbance beyond the mechanical pressure: but generally, after a time if not immediately, pain and congestion of the womb itself, vesical irritation, constipation, hemorrhoids manifest themselves; and oftentimes, as the result of the dragging down upon them, the ovaries and tubes, as well as the ligaments and peri-uterine tissues generally, become congested and painful, especially during the menstrual periods. And the effects are not confined altogether to the pelvic organs; through both the cerebro-spinal and the sympathetic nervous systems, the disturbance is reflected to other and various parts of the body, and many and sometimes serious derangements of a hysterical character are the result.

I would not be understood to imply that these difficulties are always or generally to be charged to prolapsus uteri; but I do maintain that neglected or ignored displacement of this sort may and does sometimes prove to be the beginning and source of all these succeeding ills. Nor are these yet all of the effects which are likely to follow. As the womb descends lower and lower, the walls of the vagina, and with them the bladder and rectum, are dragged down, until often these succeeding difficulties become so distressing that relief by operation is demanded, even though it may do little for the original trouble. But this part of the question does not come within my province to-day, and I will not trespass upon our chairman's territory.

Without spending more time upon this portion of our subject, it must be agreed, I think, not only that relief must or should be afforded to those who suffer from this affliction, but also that many of the enumerated causes might and should be removed and the consequent effects prevented. First of all, we should, as guardians of the health of the families under our care, see to it that physical development and healthful exercise are given due consideration by the parents and teachers of the girls who are just entering the realm of womanhood; and I must insist that this is no trivial and easy task, but one which demands our most earnest attention, inasmuch as through neglect of it a large proportion of our well-educated girls come out of school to be weak, sickly, suffering women,—well educated to be sure, and this is most desirable, but they are without health to enable them to make their education of any use or satisfaction to themselves or benefit to others. Health without education is far preferable to education without health; but both may be secured if each receive due attention. To do this, however, under the prevailing cramming system of our public schools, active and vigorous

effort is necessary ; and we as physicians are reprehensible if we do not urgently insist upon the protection of the young girls against this reckless destruction of health. With a due regard for each, not only a good education, but properly poised and well-developed bodies with sufficient muscle and vigor to maintain a healthful position and relation of all the organs, might be secured, and also a natural and necessary development of the reproductive organs and of the sustaining ligaments ; and if this were done the number of cases of prolapsus uteri would be very materially lessened.

Not only physical exercise, but such forms or methods of dress as shall favor, and not hinder, natural development, and free action of all parts of the body, must be advised and insisted upon. Constriction of the waist, and the weight and pressure of clothing hung from a belt or girdle, not only crowd down the abdominal viscera into the pelvis, but destroy the action and tonicity of all the muscles of the back and abdomen, and render the natural movement of the diaphragm impossible. The womb is thus forcibly displaced, and the force which the upward movement of the diaphragm would apply to the arch of the pelvic cavity with sufficient strength to lift it free from the floor of the pelvis,— this power is destroyed, and the uterus lies crushed down upon the perineum. Certainly this should not be allowed, and while it is, it is perfectly absurd to expect to secure a proper position and relief of the attendant symptoms by propping up from below. Trusting you will duly consider this matter of prevention, and so enlarge and extend the measures herein suggested, as to apply effectively to the many and various requirements of the different conditions and circumstances surrounding your families, I will proceed to consider the treatment of cases which have not been prevented.

And first a word as to examination and diagnosis. The patient's own diagnosis cannot be depended upon, in any case less in degree than procidentia ; and manual examination should be made with the patient standing erect and with all weight and compression of clothing removed from the waist. These conditions are essential, as we have no right to consider as prolapsus uteri that condition which many women inflict upon themselves by constriction of the body to such an extent as to force the pelvic organs down upon the perineum. If, then, we find the womb so low that it rests upon the perineum, and the os presents at or very near the os vaginæ, prolapsus is unquestionable ; but before the question of treatment is in order we must seek further for the cause of the displacement, as it is this which must be removed rather than its effects.

If the organ itself is of about normal size, and no abnormal

growth can be found to have weighted or pressed it down from its proper position, we must conclude that the ligaments are so weakened or stretched as to have no power to perform their function. The measures of first importance in such cases are those by which a natural action or exercise of these relaxed tissues may be secured. Posture, especially the knee-chest position, by which gravity aids to a reposition of the uterus ; the prone or semi-prone posture in lying down ; the erect posture in sitting or standing, which gives to the pelvis the proper angle so as to remove the weight and pressure of the abdominal viscera from the pelvic organs ; entire freedom of the waist, so that full, free breathing may be practised, both for the purpose of expanding the lungs and thereby providing an increased supply of vitalizing air, and also that, with the upward movement of the diaphragm, the pelvic arch may be lifted, and by action bring a more plentiful and rapid supply of blood to strengthen and repair the existing weakness ; moderate but frequent exercise on the horizontal bar, which by lifting the thorax makes tense the abdominal muscles, and draws all the viscera up higher even than the action of the diaphragm alone can do,— all these constitute such measures. Support of the uterus by pessaries or any other means cannot be substituted for these, but may be made to aid them by removing the weight which the ligaments have not power to raise, and allowing them an opportunity to contract and be strengthened by the exercise until they are capable of doing without the crutch which in their crippled condition is almost a necessity. Besides or together with these mechanical and rational means, I believe we may aid materially in the cure by a wise selection of the proper therapeutic agents from among such remedies as sepia, sulphur, helonias, aletris far., podophyllum and calc. carb., as may be variously indicated in different cases. Dr. W. M. Polk of New York has, by a considerable number of cases of this class, demonstrated, to his own satisfaction at least, the success of the operation for shortening the round ligaments, known as Alexander's operation. I do not propose to offer now any opinion of my own regarding the operation itself, or the principles upon which it is based, as I might again trench upon forbidden ground.

Turning, then, from this to the other class of cases, in which the cause of displacement is increase of weight in the uterus itself, or direct pressure from abnormal conditions in related tissues or organs, we are required to adopt other and different methods, looking to the removal of the direct cause of displacement, though not to the exclusion of those which apply to the other class of cases. But if a fibroid tumor or sub-involution (which is almost always associated with and dependent upon a laceration of the cervix) be the evident cause of trouble, treat-

ment must of course be directed to the cure of these conditions, and the prolapse, which is a mere mechanical effect, will disappear with its cause, while to apply artificial support from below would serve very little purpose, and could be in no sense curative.

When the womb is enlarged and heavy from congestion or hyperplasia, much good may, I believe, be accomplished with pledgets of antiseptic wool saturated with glyceroles of belladonna, hamamelis, sang. can., hydrastis can., pinus can., or iodine ; or, when glycerine is not well borne, smeared with the cerates of the same nature, introduced into the vagina and so placed as to form a medicated cushion between the congested cervix and the perineum upon which it rests ; and these tampons serve the double purpose of relieving the congestion, and at the same time lifting the uterus and thus relieving the weakened ligaments as effectively at least as any form of pessary could do. I suppose many will be surprised that I have so little to say in favor of pessaries for this condition ; but I have learned to look upon them as of very little service except as before indicated, as a temporary support, like a crutch to a disabled limb, while other means must effect the cure if it is ever to be accomplished. The pessary itself cures nothing. Above all, a pessary having a fixed point external to the vagina, so that the womb and the pelvic roof is pushed up and held inflexibly at a given point, is the worst and most objectionable. Mobility and freedom of action, as well as unobstructed and free circulation of blood, are necessary to a cure ; and these are as completely and surely destroyed by this sort of props as by the pressure in the opposite direction from constriction and superincumbent weight.

Finally, I will venture the opinion that if the measures I have here advocated for the prevention and cure of displacements were generally substituted for the common routine use of pessaries, we should hear less frequently of the incurability of prolapsus uteri.

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#### MULLEIN OIL : A QUERY.

EDITOR OF THE NEW-ENGLAND MEDICAL GAZETTE.

MULLEIN oil seems suddenly to have come to the front as a remedy to be applied in some forms of deafness and otorrhœa. It seems to me the credit of its discovery may be claimed by an old lady "way down in Maine," who advised me, fourteen years ago, to try it on a case of deafness in a child whom I was treating at that time. Who was the discoverer in Massachusetts?

The method of procuring the oil, advanced to me by the old

lady, was to fill a quart bottle with the fresh leaves, tightly pressed in; cork tightly, and set the bottle in the sun. The oil is extracted; then pour out, and refill, etc.

Respectfully yours,

W. B. WHITING, M.D.

MALDEN, MASS.

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*ŒNANTHE CROCATATA IN EPILEPSY.*

BY FREDK. B. PERCY, M.D., BROOKLINE, MASS.

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

*ŒNANTHE CROCATATA*, or water-hemlock, is a plant perennial in European countries, of the natural order of Umbelliferæ, the botanical family of *Cicuta Virosa* and *Æthusa Cynapium*. By a strange coincidence, the medicinal virtues of the two latter are well known to homœopathic physicians; and the singular success which has followed the use of *cicuta* in cerebro-spinal meningitis, and *æthusa* in convulsions of children when dependent upon cerebral anæmia, was only possible through interpretation of poisoning cases by the law of similars. Of *œnanthe crocata*, however, we know but little; Hale's article in his "New Remedies," Hughes's brief mention of it in his "Pharmaco-dynamics," and the article in Allen's Encyclopædia, constituting the chief and, I might say, the only sources of information readily accessible. This neglect is entirely unwarranted by a drug, the poisoning cases of which point so clearly and unerringly to its value in epilepsy and epileptiform convulsions. Allen and all other authorities draw largely, for the facts which they set forth, from an article by Dr. Bloc, a translation of which appeared in vol. xxxii. of the "British Journal of Homœopathy." Herein are narrated forty-nine observations of human poisonings by *œnanthe*, which showed, under all circumstances, symptoms analogous to those of epilepsy. Allen has also collected other poisoning cases to the number of one hundred and twelve, all of which tend to confirm the conclusions drawn from Dr. Bloc's collection of cases.

A chemical analysis of the plant and root showed the presence of a fixed oil, a volatile oil, a resin, and yellow coloring matter. Stillé and Maisch in their dispensatory, affirm that the resin is the active principle in all cases of poisoning, a statement which experiments upon animals would seem to confirm. The root from which the tincture is made contains the poisonous or active principle in larger proportion than the rest of the plant.

Of provings we have none, unless it be some cursory ones which followed the administration of the drug in a case of epilepsy hereafter mentioned. I will cite only one of the many

instances of poisoning, and the following case is typical of the whole : —

“Obs. 12. March 30, 1758, seventeen soldiers of the citadel of Ajaccio poisoned themselves. One of them having a mind to treat his comrades with good soup, had gathered a plant of which he had cut the leaves and roots. They ate it with avidity, but in one hour some fell into syncope and convulsions. One died before the doctor arrived, two hours after supper ; a second was expiring ; a third showed no signs of life, but trembling and convulsions. The activity of the poison was so sudden, that I saw two fall into a swoon whilst, at perfect ease about themselves, they were busy lavishing attentions upon their sick comrades. One, a man of strong and robust constitution, who was the author of this deadly feast, seemed the most hopeless. The upturning of his eyes, the contraction of his lower jaw, the feebleness of pulse, the inability to move, feel, or know any thing, with a universal chill spread over his whole body, seemed to be so many signs of death. After vain attempts to give an emetic, I had him rolled and well shaken in a blanket by eight men for two hours. He recovered warmth, and then, insensibly, movement and life. The first signs were efforts to vomit, which, aided by the emetic, were effectual. The vomiting went on for days, take what he would. He fell asleep for fifteen hours. On April 1, his tongue was extremely sore and swollen from *biting* during the convulsions. He went away perfectly cured April 21, the twenty-third day after the accident, *remembering nothing that had befallen him from the first to the third day of his illness*, nor of the circumstances that had accompanied nor those which had caused it. Let us only remark *the sudden convulsion, trismus, with biting of the tongue, followed by slumber, and oblivion of the circumstances.*”

The symptoms are generally in the following order : “Some minutes after swallowing, the subject *utters a cry, and falls a prey to convulsions.*”

“General symptoms. — 1. Regarding the nervous system: Shivering at the outset, and horripilation ; loss of consciousness and of memory ; acute cries ; delirium more or less prolonged ; stupor, vertigo ; convulsive movements of the face, jaws, and limbs. Well-marked trismus, proceeding from mere cramp to impossibility of opening jaws, or having them opened by force. *Dilated pupils*, contraction of the muscles of the eyelids, spasm of the muscles of inspiration, fainting fits, sometimes general convulsions, followed by general insensibility and death.”

2. Among symptoms referable to alimentary tract : “Bloody froth at the nose and mouth ; tongue projected, and almost always bitten.”

3. "As to the circulatory and respiratory symptoms: Irregular beating of the heart; small pulse, and thread-like; respiration short, with long intervals, and sometimes appearing to cease entirely. Brisk expirations are made from time to time, to expel masses of bloody mucus."

4. "As to secretions: At first cold, clammy sweats, then dryness of skin. Generally retention of urine, or else very little is passed."

Numerous experiments upon animals corroborate its power to occasion convulsions and death.

Post-mortem examinations both upon human beings and animals showed the following conditions of brain and spinal cord:—

"Effusion of bloody serum, and sometimes of blood at occipital foramen. On cutting the meninges, the veins of the pia mater distended, and highly arborescent at the edges of the convolutions; apoplectic foci in the cerebral mass, which is strongly injected. The annular protuberance, medulla oblongata, and peduncles of the cerebrum and cerebellum inflamed, and present, especially the latter, a certain degree of softening; severe effusion in the cellular tissue beneath the arachnoid, the ventricles, and base of the brain. *Spinal Cord.*—The integuments strongly injected, the vertebral sinuses filled with blood, soft and fluid, medullary substance red and congested."

You will readily see from the above symptoms and post-mortem conditions, that they are almost identical with those of epilepsy; and the only inference to be drawn is, that *œnanthe crocata* should prove a most valuable remedy in this disease. In the admirable lectures on epilepsy, by the late Dr. Rutherford Russell of England, we find the following: "Any medicine which is to effect a change in the condition of an epileptic nervous system, and not merely arrest the propagation of the exciting cause, must be one endowed with powers of long duration; medicines which have the power of reducing to their natural calibre the capillaries of the spinal cord and brain, and thus of removing that preternatural excitability on which it now seems pretty certain that epilepsy depends." Among the invariable symptoms of epilepsy in the order of their occurrence, he mentions,—

1. Dilatation of the pupils of both eyes.
2. Paleness of the face.
3. Twitches of the muscles of the eyes and face.
4. Loss of consciousness.
5. Tonic contraction of the laryngeal and expiratory muscles.
6. Cry.
7. Tonic contraction of the muscles of the trunk and limbs.

8. Fall.
9. Dark, purple hue of the face.
10. Asphyxia.
11. Clonic convulsions everywhere.
12. Coma.
13. Sleep.

Dr. Russell shows most conclusively that belladonna, upon which he most depended in the treatment of this disease, was singularly homœopathic to all the above-mentioned conditions; and it would be equally easy to prove that the drug we are now considering just as well fulfils these conditions.

And now as to the post-mortem conditions: Prof. Schröder van der Kolk, whom Dr. Russell quotes as authority, says, "But if the disease has already lasted a long time, organic vascular dilatation takes place in the medulla oblongata; the consequence being that too great a supply of blood is detained there, and the ganglionic groups are too strongly irritated, too quickly overcharged. Every attack then becomes a renewed cause of a subsequent attack, as the vascular dilatation is promoted afresh by every fit. Lastly, increased exudation of albumen ensues from the now constantly distended vessels, whose walls at the same time become thickened, producing increased hardness of the medulla, subsequently passing into fatty degeneration and softening." From this it would seem, that in those cases of epilepsy, in which belladonna, cuprum, zincum, and silica are of no avail, *œnanthe* may prove curative.

It is urged against the claims herein set forth for this drug, that the trismus in epilepsy is transient, while from poisonous doses of *œnanthe* it is more permanent; and, again, that the epileptic seizure lasts but a few moments, while the effects of *œnanthe* last for days. Is it irrational to suppose that the toxic doses of the drug, which overwhelm the nervous system, may explain away these minor discrepancies?

Dr. Drysdale, and also Dr. Hughes, think the drug promises more in "epileptiform seizures," than in true epilepsy, and place greater dependence upon drugs of "firmer grip and longer action." Dr. Oehme published, several years ago, two cases treated by *œnanthe*, one of epileptiform convulsions in a parturient woman, suffering from albuminuria, in which this drug checked these seizures, and prevented their recurrence; and another case of convulsions in a child, where, after belladonna and zincum had failed, *œnanthe* proved curative. Up to 1884, these are the only two cases which have come within my observation of cures of any kind of convulsions by *œnanthe*; and Dr. Hughes thinks the application of the drug, as exemplified in these cases, is more fully warranted than in the convulsions of epilepsy. In the

“Medical Times” for November, 1884, Dr. H. S. Stiles publishes a case of epilepsy cured by *ænanthe*; and within a year past, from eclectic sources, we have a more signal corroboration of its utility. Dr. Waterhouse in the December, 1885, issue of the “Eclectic Medical Journal” (Cincinnati), and Dr. Henderson in the February, 1886, issue of the same journal, bear testimony to its worth. From Dr. Henderson’s article I quote somewhat at length: “Like most physicians of this locality, with whom I have spoken on the subject of epilepsy, I find but poor encouragement in the treatment of this most obstinate disease, by using bromides, which, I find, only give temporary relief. About March, 1885, I received a letter from Dr. Waterhouse, in which he mentioned the use of *ænanthe crocata*, or water-hemlock, in the treatment of epilepsy. . . . I at once began, through my druggist, trying to procure the medicine, which, after several failures, we succeeded in getting from the homœopathic pharmacy of Humphrey & Co., New York, in the form of a mother tincture. I medicated pellets No. 35, and directed my worst case to take two pills every four hours. The spasms which seemed to involve every flexor of the body, and which were in rapid succession, ceased immediately with the beginning of administration of the remedy; and from that time (June 1) to this (eight months), there has not been the least sign of an epileptic seizure. . . . I have used the drug in two other instances, with like results. One of the cases has been a confirmed epileptic for nine years, and has become almost an idiot; the spasms have ceased, and he seems to be in a fair way to recover. I am now using it on a pauper at our county farm, who has been an epileptic for thirty years, and has been in the insane-asylum on two different occasions, and each time has been sent back to the county as incurable.”

The purpose of this paper will have been thwarted, if it has conveyed to you the idea that in *ænanthe crocata* we have a specific for epilepsy. An obstinate case of epilepsy in my own practice first led me to the study of the drug; and my own ignorance of the marked homœopathicity of the drug to epilepsy, which some of you may have shared, must be my excuse for presenting it in so crude a form, for your consideration. Let us hope that the coming year may through your help establish for this drug its proper place among the “anti-epileptic drugs.”

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—“’Pears to me,” said old Uncle Pete, as he leaned his hoe against the corn-crib and abstracted a pebble from his shoe, “’pears to me like dar war some kin’ o’ mis-decomposishum in all dis talk about babies cuttin’ teef. De way I’s e cum to look at it, hit’s de teef cuttin’ de baby. Leas’wise dat’s de way hit looks in de case ob culled chillen.” — *Archives of Pediatrics.*

## GLEANINGS AND TRANSLATIONS.

WORSTED TRUSS FOR INFANTILE INGUINAL HERNIA. — “The Southern Clinic” quotes the following: “Mr. Edward Lund refers (‘British Medical Journal’) to the worsted truss described by Mr. Coates in 1849, and strongly advises its use. A skein of Berlin wool is looped across the abdomen: one end of the loop is placed directly over the outer abdominal ring, the hernia being reduced previously. The folded worsted is passed horizontally across the abdomen, above the line of the crest of the os pubis, to the opposite side, round the hip, behind the pelvis, and over the hip of the side of the hernia. The folded end is then passed through the loop of the skein, and will here form a knot or bulged portion, which must be carefully adjusted so as to lie against the hernial opening, and being carried down the upper part of the thigh, between it and the scrotum (if a male), it is brought round the external side of the thigh near to the top of the great trochanter, and there tied or fixed with a safety-pin to the band of worsted already round the pelvis. There is an advantage in the fact that the child can be bathed with the truss on, and a fresh one then be applied, the first being dried and cleaned for future use.” — *London Medical Record.*

SUPPOSITORIES OF ICE IN RETENTION OF URINE. — In a communication to the “*Jour. de Med. et de Chir.*,” Dr. Chenee says, that, during an experience of upwards of twenty years, he has never failed in giving relief in retention of urine by the introduction of ice into the rectum. He introduces a piece of ice the form of an elongated oval, and about the size of a chestnut, which he pushes up beyond the sphincters, and renews every two hours. Almost always, in an hour and a half, or two hours at longest, he says, urethral spasm ceases, a certain quantity of urine is passed, and the bladder is emptied without effort by the patient. If, in rare and exceptional cases, this does not take place, he introduces again pieces of ice into the rectum, and places broken ice from the anus up to the end of the penis, until the urine flows, which it infallibly does. When there is difficulty in making water, occasioned by prostatic hypertrophy, the good effects of the ice are said to be rather longer coming on, but are always produced. In short, in these circumstances (strictures and prostatic hypertrophies) the sedative effects are so well marked, — thanks to the effects of the ice, — that the introduction of bougies and sounds into the bladder and urethra is always rendered easy to practised surgeons, and hardly any pain is felt.

Not long since, we tried this expedient in a case of urinary retention, with results which, so far as they go, confirm his statement, though a single case can neither prove nor disprove any thing. The patient was a painter, and had recently been engaged upon some work which it was necessary to do in a very close and warm room. When called to him, he was suffering intensely. He stated that he had known for some time — a year or more — that he had a stricture, and that for several weeks the urine had been voided in a stream not larger than a small knitting-needle, while, for the last forty-eight hours, he had only been able to expel it in drops. Being quite intelligent, and having had similar experience before, he had produced free purgation, and had sat in a hot bath until he was on the verge of fainting, but to no purpose. Attempts to introduce a catheter of any sort or size having proved futile, and having recently seen the above-mentioned article by Dr. Chenee, we introduced ice into the rectum, with the result, that, in a very short time, the bladder was evacuated. — *Mass. Med. Journal.*

SCALDED OATMEAL IN THE AFTER-TREATMENT OF SCARLET FEVER. — Dr. George Smith thus writes in the "Bristol Medico-Chirurgical Journal:" —

As the heading of this note implies, it is intended here to treat of the subject of the desquamation which follows every case of scarlet fever, however slight, both in regard to its bearings on the patient himself, and also those with whom many cast-off particles may come into contact.

Take first the process of desquamation. This, as we all know, varies very much in different individuals, and sometimes it is done by particles so fine as to be hardly perceptible; and these are, I think, a very frequent and most certain source of contagion, by means of clothes and otherwise, much more so, indeed, than the scales as ordinarily thrown off; and I may here state that it is within my own knowledge that the contagion has been thus carried from one house to another, more than a hundred miles apart, at the end of at least a year from the attack.

Now, to obviate this danger, I have for several years been in the habit of having my patients sponged over the whole surface of their bodies twice a day — commencing, as a rule, about a week from the appearance of the eruption, and continuing the process until the desquamation is complete — with a mixture of one ounce of oatmeal to one pint of boiling water; the solution is to be made fresh every day and used tepid, or at such a temperature as may be comfortably borne by the back of a finger.

My reason for using this particular combination is, that the gluten in it sticks the scales to each other and to the surface of

the body, thus allowing of their being removed from one sponging to another, without the ordinary risk of infecting either atmosphere or clothes, and greatly lessening the risk of spreading the disease.

Secondly, this same gluten fills up the cracks of the new skin, and protects it from cold, as, patch after patch, it becomes bare, and thus, to say the least, greatly lessens the risk of the dropsy which so often follows upon this disease. — *New York Medical Times.*

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### SOCIETIES.

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#### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY. — STATED MEETING, FEB. 17, 1887.*

C. H. WALKER, M.D., President, in the chair.

After approval of the records of the preceding meeting, the censors having reported favorably upon the following candidates, they were elected to membership: Frank Irwin, M.D., G. E. Hetherington, M.D., W. W. Gleason, M.D.

Propositions for membership were then received from the following: James Hedenberg, M.D., of Medford; F. W. Halsey, M.D., of Boston; C. F. Osman, M.D., of Allston; J. F. Hadley, M.D., of Waltham; L. F. Potter, M.D., of Malden. Referred to censors.

Action was then taken upon the motions presented in writing at the last meeting, and it was voted to so amend the By-law relating to the time of meeting, that it shall read: "The regular sessions of the society shall be held on the first Thursday of each month, with the exception of the months of July, August, and September; and adjourned or special sessions at such time as the President or Society may deem necessary." It was also voted to amend Art. VI. of the Constitution, to the effect that the President and Vice-President shall hold office for one year.

Under "New Business," Dr. I. T. Talbot reminded the Society that this year is the fiftieth anniversary of the introduction of homœopathy into New England, and said that it seems desirable that we should mark the time by some fitting celebration, and that such celebration should be made to serve some practical purpose. The hospital, which has required so much care in the past, is now on a firm footing; but our medical school is in need of, and should receive, financial aid from the public, which is most directly interested in the higher and better education of physicians. Harvard Medical School has recently raised three hundred thousand dollars by public subscription; and it seems that if the matter were placed before the public in the proper

light, the giving portion of the community would be willing to aid us in a similar manner.

In furtherance of this object, a committee has been appointed by the State Society, and has under consideration plans for a celebration to take place in April, at the time of the State Society meeting.

Dr. Boothby moved, "That it is the sense of this Society to co-operate with the State Society in this celebration, and in raising money for the college." This motion was seconded and carried.

Dr. Boothby then made a motion that a committee of five, including the President and Secretary, be appointed to co-operate with the State Society committee. Carried. The remaining members of the committee were appointed by the Chair as follows: J. W. Clapp, M.D., Walter Wesselhoeft, M.D., and C. H. Farnsworth, M.D.

*Scientific Session.* — The subject for consideration was "Urinalysis." Dr. James Hedenberg called to the attention of the Society "Reliable and Practicable Tests," together with a description and exhibition of the various appliances and re-agents of especial use in urinary analysis.

The speaker dwelt upon the importance of accuracy in observation, and the necessity for cleanliness of apparatus.

In mentioning uric acid, urea, and the urates, he referred to the error sometimes made of mistaking, under the microscope, urate of soda for tyrosin, and exhibited micro-photographs of the two, so that they might be compared.

Especial attention was called to the lax manner of estimating albumen by the amount of coagulum after boiling, cases having been reported as showing fifty per cent or even seventy-five per cent of albumen, when in reality the percentage (by weight) of albumen in urine rarely exceeds one-half per cent; and the author insisted that writers when reporting the rough estimate spoken of above, should say, "coagulum by heat one-fourth, etc., the volume of urine." A letter from Professor Wood of Harvard Medical College was read, in which he says that this coagulum by heat will vary with the same percentage by weight of albumen, and that in the vast majority of Bright's disease the amount of albumen is from one-eighth to one-half per cent; the maximum amount in acute nephritis being one and a half per cent, and in chronic parenchymatous nephritis five per cent.

Tests for albumen were given, and "Esbach's tube" for the estimation of the percentage, by weight, was exhibited and explained. A facsimile of this tube is now sold by Otis Clapp & Son, and will be found extremely desirable in arriving at a correct conclusion in this important matter.

The subject of casts was next taken up; and the author spoke of his success in preserving casts, for a year or more, by the use of a solution of chloral hydrate gr. xx. to aq. ℥i.

Tests for sugar were then given, and the fermentation test was recommended as the best practical qualitative and quantitative test for sugar in the urine.

Consideration of epithelial cells, organized deposits, etc., brought to a conclusion a most interesting and instructive paper.

Dr. E. P. Colby was next introduced, and read a paper on the "Significance of some Abnormal Urinary Constituents." Among the more important abnormal constituents, were mentioned: Glucose, albumen, and the rarer compounds tyrosin and leucin. After referring to glucose as an ephemeral or accidental occurrence in the urine, and as an occasional result of some temporary irritation of the nervous system, particularly the fourth ventricle, the author spoke of its presence as an indication of diabetes, and said, that, to diagnose a case of true diabetes, there should be present a large excretion of urine, of high specific gravity, containing decided amounts of glucose, an increased quantity of urea, and, at the same time, there should be wasting in flesh and strength, — the increased thirst being a result of, and depending upon, the quantity of urine passed: and all these indications should be present, not temporarily, but permanently; otherwise, we should be led to diagnose some nervous disease or error in assimilation, as a more grave condition than really exists.

In speaking of albumen, mention was made of the many conditions, other than Bright's disease, which might cause its appearance in the urine, and the many errors we should commit if we based our opinion upon this symptom alone. After reviewing the symptomatology of Bright's disease, the author summed up as follows: "It is safe to say, that no case should be diagnosed as chronic nephritis, unless there are permanently present the constitutional symptoms, together with a diminished average excretion of urea, and the presence, continuously, of albumen and casts of the tubuli. By continuously, I do not mean that albumen or casts should be discovered in every specimen examined, but that neither are, as a rule, absent for so long a period as forty eight hours."

Reference was next made to the significance of the presence of coloring matter of the bile, in urine; and the paper concluded with a brief consideration of the variation of urea, uric acid, the chlorides and sulphates, in rheumatic and arthritic diseases.

*Discussion.* — Dr. Tompkins asked what is the chief source of the dark color obtained in some specimens of urine upon the addition of nitric acid. Dr. Colby said that much had been writ-

ten upon the subject; that probably it was chiefly due to the coloring matter from the blood, and that ether would extract this.

Dr. Tompkins mentioned a case of diabetes in an elderly woman who in twenty-four hours passes ten quarts of urine of a specific gravity of 1040, and still goes out to a day's labor, and is in fair flesh.

Dr. H. E. Spaulding called attention to the presence of indican in the urine, as an indication of cancer of the liver. This indication had helped clear up a few cases remarkably. In one case where, owing to the thickness of the abdominal walls, it was impossible to detect any tumor, the presence of indican in the urine led to a diagnosis of probable cancer of the liver three months before the tumor could be discovered, and the autopsy six months later proved the diagnosis correct. He also quoted two other similar cases. Also one case of suspected cancer of the liver where indican was not present, and the autopsy proved absence of the disease.

Dr. W. L. Jackson spoke of a test for sugar by finding spores in the urine upon microscopical examination. He also spoke of observing, in a number of cases of vertigo in neurasthenic patients, large quantities of oxalate of lime, and in reply to a question by Dr. Hedenberg said that most of these patients were dyspeptics.

Under the head of "Clinical Reports," Dr. B. T. Church reported the following case: "A girl twenty-two years old, full, robust, healthy, complained of nausea and vomiting. Previous health excellent, with the exception of amenorrhœa for the past three months. Examination proved that she was not pregnant. In three days was called again, and found the patient in bed, still vomiting, but always in the morning when she first awoke. Prescribed for her, and ordered a milk diet. This was Tuesday. Friday the patient was seen again, and the condition remained about the same with the exception of increasing weakness. Saturday the vomiting had ceased. Found excoriation between the nates, covered with foul-smelling pus. Monday, no vomiting, but complained of extreme weakness; pulse seventy-two, temperature normal. Tuesday morning at four o'clock her friends telephoned me that the girl was dead. Post-mortem: Excoriation between nates had entirely disappeared. Lungs and heart normal; abdominal organs normal, with the exception of the kidneys, which were both literally filled with calculi, some of which were nearly an inch in diameter." Dr. Church exhibited the left kidney thickly studded with stone.

Before adjournment the President announced the subject for the next meeting, March 3, to be "Milk," and stated that the

milk inspector of Boston, Professor Babcock, was expected to present a paper.

Adjournment took place shortly after ten o'clock, a most profitable evening having been spent. Attendance, fifty-six.

F. C. RICHARDSON, *Secretary.*

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*THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.*

THE thirty sixth annual session of this Society was held in the County Court-Room at Albany, on Tuesday and Wednesday, Feb. 8 and 9, 1887. Among the reports submitted by committees, was the following from the Committee on Legislation : —

*“ Resolved,* That in the opinion of this Society it is desirable that the provisions of the law of 1872, whereby the different schools of medicine in this State are provided with separate examining boards, should be preserved and perpetuated.

*“ Resolved,* That, whenever the provisions of this law are changed, they should be so amended as to confer upon the boards appointed thereunder both examining and licensing powers.

*“ Resolved,* That we approve the enactment of the present bill known as the Senate Bill 45, the purposes of which are the codification of the present laws relating to medical practice, and the better regulation thereof.

*“ Resolved,* That the committee on medical legislation be instructed to endeavor to carry out and render effective the purposes and recommendations herein set forth.

*“ All of which is respectfully submitted.*

*“ H. M. PAINE.”*

An interesting paper, on drinking-water as a vehicle for conveying the germs of disease, was read by Dr. H. L. Waldo ; the question of the water-supply of large communities receiving a full and practical discussion. The prevention of scarlet-fever was considered by the Society, and Dr. Houghton of New York cited successful attempts to prevent the spread of the disease in the Five-Points House of Industry. A noteworthy paper by Dr. Talcott treated of the care of the insane. Dr. Talcott reviewed the history of the care of the insane, and paid high tribute to Christian teaching and its influence in that work. He reviewed the work at Middletown, and claimed excellent results at that institution.

No medical treatment was used there except homœopathic remedies. He claimed results better than those obtained by allopathic practitioners, and assured the brethren that he had no desire to return to “ the flesh-pots of Egypt.”

Dr. Paine, so prominently identified with the Society from his fruitful labors for its welfare, was elected president for the ensuing year ; and the city of New York was named as the place of meeting for September next.

## REVIEWS AND NOTICES OF BOOKS.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twenty-second annual session. 1886. 368 pp.

This substantial little volume, uniform with its predecessors in appearance, is uniform with them also in the practical records of well-directed and scientific work. Studies of *materia medica* predominate over studies physiological and pathological, which is wholly as it should be in a volume of the sort. It is to be noted with pleasure, that several of the local societies of Pennsylvania have presented to the State Society a symposium on some subject of interest. Witness the Alleghany-county Society's symposium on "Puerperal Fever." We have before taken occasion to commend this excellent custom to the imitation of like societies elsewhere.

The volume is excellently printed, with but few typographical errors; though the appalling statement on p. 280, that the patient's morning temperature was one hundred and sixty degrees, doubtless is to be credited to the compositor.

TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION. Held in Bâle, August, 1886. London: E. Gould & Son. 1886. 276 pp.

It is to be sincerely regretted that this representative volume will be seen and read by a minority, only, of homœopathic practitioners. Though the convention at Bâle was but small in one sense, in another and more vital sense it was great, since, at its session, there found utterance so many wise thoughts of our wisest minds.

The GAZETTE for September, 1886, was enabled, through the courtesy of Dr. Clarke, to give its readers a detailed report of the proceedings of the convention; and Mr. Wyborn's important paper on the need of an international pharmacopœia has been reprinted and commented upon in a more recent issue. Still the full "Transactions" have an authority and interest unattainable by any journalistic report. The greatest credit is due the indefatigable secretary, Dr. Hughes, for the organization of the convention, and for this prompt and highly satisfactory issue of its records. It is to be hoped that the doubtlessly large convention which will assemble in America in 1891 will be proportionately worthy and rich in good result, though the securing of this end will tax our utmost endeavor.

A TEXT-BOOK OF MEDICINE. By Dr. Adolf Strümpell. Translated by Herman F. Vickery, A.B., M.D., and P. C. Knapp, A.M., M.D., with editorial notes by F. C. Shattuck, A.M., M.D. New York: D. Appleton & Co. 1887. 981 pp.

The value of this work, in the eyes of the allopathic division of the medical profession, is well indicated by the fact of its recent great success in Germany, and by its adoption as a text-book for use in the medical department of Harvard University. Its pathology is detailed, clear, and accurate, and its treatment well-defined, if not always in accord with the newest usages of the school for which it is intended. The section on nervous diseases is so strong and masterly as to suggest that the author's specialty, or certainly his preferences, lay in this branch of medical science. Chapters on dengue, yellow-fever, and sunstroke have been added, to enhance the value of the work to the American practitioner. The notes added by the editor are exceedingly interesting and useful. No exceptions can be taken to the work of printer or publisher.

THE SCIENCE AND ART OF OBSTETRICS. By Theophilus Parvin, M.D., LL.D. Philadelphia: Lea Brothers & Co., 1886. 701 pp.

In his brief introduction to this work, the author discusses from a philological standpoint the terms "obstetrics," "midwifery," "tocology," "parturition," and "accouchement," pointing out the objections to each, and as a substitute for "obstetrics" suggesting the term "maieutics," as being more euphonious than its synonyme now in use, and of equally classical origin. To avoid confusion, doubtless, the author yields his preference, and employs the commoner term "obstetrics" throughout the book. A short but interesting account is given of the reasons for the tardy development of obstetric science.

The work is divided into five parts. Part I. treats of the anatomy of the pelvis, and of the female sexual organs; Part II., of pregnancy, its physiology and conduct, its pathology and treatment; Part III., of labor, its phenomena and conduct, its pathology and treatment; Part IV., of the puerperal state, its physiology and management, its pathology and treatment; while obstetric operations are conveniently considered separately in the fifth and concluding part.

Professor Parvin states in his preface, that he has endeavored to write a book which will be useful alike to students and to practitioners; that he has "endeavored to present the most recent information relating to obstetrics, at the same time not overlooking important truths established by past experience."

His success in this particular is unquestioned. The work is a safe guide to the student, an excellent acquaintance for the experienced physician. Contribution has been levied upon anatomy, physiology, pathology, surgery, and general medicine, and each has given of its latest and wisest knowledge toward the perfecting of the obstetric art. Professor Parvin possesses to an unusual degree the knack of condensing the opinions of others, and weaving them with his own into a connected whole. A highly valuable consensus of opinion is thus obtained on the mooted points of the subject under discussion, such as the relation between ovulation and menstruation, the physiology of menstruation, the signs and diagnosis of pregnancy, the treatment of abortion and of placenta prævia, the support of the perineum, etc. Accoucheurs and physicians generally should study Dr. Parvin's remarks and quotations on the management of pregnancy, and especially the emphatic directions that sexual intercourse should be restricted during the first half of pregnancy, and unconditionally forbidden the second half; and also those on the importance of abdominal palpation for diagnostic and other purposes, and its possible substitution, in many cases, for vaginal examination, with its attending discomforts and perils. As to therapeutics, the homœopathic physician will doubtless read with many mental reservations and substitutions.

Among the authorities referred to and quoted, are Spiegelberg, Credé, Schroeder, Kleinwächter, Schultze, Hecker, Pajot, Cazeaux, Tarnier, Depaul, Simpson, Leishman, Playfair, Barnes, Matthews Duncan, Tyler Smith, Lusk, Meigs, Fordyce Barker, Mundé, and many others. Taken as a whole, Dr. Parvin's book stands easily in the front rank of obstetric treatises, and is worthy of cordial commendation and frequent consultation. The press-work is of that perfection which characterizes all Messrs. Lea Brothers' work.

A MANUAL OF OPERATIVE SURGERY. By Joseph D. Bryant, M.D. New York: D. Appleton & Co. 1887. 530 pp.

This new candidate for honors in the field of surgical literature is deserving of careful and extended examination. Its arrangement, that of tissue and systemic classification, is commendably simple and natural. The first three chapters are devoted to generalities: agents for controlling hemorrhages, and the treatment of operation wounds. Then follow chapters devoted to operations on certain tissues and systems; as, the ligation of arteries, operations on bones, on tendons, fasciæ, muscles, etc. Chapters on amputations, plastic and abdominal surgery, operations on the urinary and male genital organs, and a chapter on miscellaneous operations, complete the work. Abdominal and

cranial surgery are brought thoroughly up to date. Due attention is paid to the latest advances in cerebral localization, and by the aid of excellent illustrations the *modus operandi* in trephining is made exceptionally clear. Nerve-suturing and nerve-transplanting are described. An interesting feature of the work is the introduction of paragraphs giving, as far as reliable data can be obtained, the *results*, as modified by antiseptic methods, of the operations described.

The author's style is as clear as the typography which sets it forth, and this is no small praise. The illustrations are admirable. The work as a whole deserves, and doubtless will attain, an enviable rank among the exponents of modern surgery.

THE PHYSICIAN'S MANUAL OF SIMPLE CHEMICAL TESTS.

Part II. By Clifford Mitchell, A.B., M.D. Chicago: Gale & Blockie, 1886. 30 pp.

This little *brochure* will be found of convenient size to accompany a urinary test case. It contains quantitative and qualitative tests, and explains the clinical significance of the character and quantity of substances found in solution in the urine. It will be found a useful little companion.

PRACTICAL URINALYSIS, WITH CLINICAL HINTS. By J. B. S. King, M.D. Chicago: Boericke & Tafel, Agents.

These "Hints" are offered on a series of cards,  $5\frac{1}{2} \times 9\frac{1}{4}$  inches each. They are in convenient form for tacking up about the walls of the physician's laboratory, where they may be constantly referred to, and will be found to furnish all the information required by the general practitioner on the subjects treated.

THE POPULAR SCIENCE MONTHLY for February contains Mr. Lilly's powerful paper on "Materialism and Morality," and Professor Huxley's reply to the same; a politico-economical paper by Frank P. Crandon, on "The Misgovernment of Great Cities;" essays, descriptive, scientific, and theological; and the usual terse and able editorials. New York: D. Appleton & Co.

The CENTURY for February shows Lincoln in Congress and at the bar. G. P. Lathrop has an interesting bit of forgotten history concerning the "Bailing of Jefferson Davis;" Edward Atkinson contributes the second of his exceedingly valuable papers on the "Relative Strength and Weakness of Nations." There is a charmingly illustrated article on the "Oldest Church in London." Poems, essays, and short stories supply the *hors d'œuvre* of a very palatable feast. New York: The Century Company.

VICK'S FLORAL GUIDE brings, as is its pleasant annual wont,

a whiff of spring in its pages. It tempts the city-bound with unattainable visions of things fair and fresh; and reminds the physician that a hoe, and a package of flower-seeds, may often prove to a patient, and especially a neurasthenic one, a prescription worth all the drugs in the pharmacopœia. Rochester: James Vick.

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BOOKS AND PAMPHLETS RECEIVED.

- THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY. By Stephen Smith, A.M., M.D. Philadelphia: Lea Brothers & Co. 1887.
- CLINICAL MANUAL FOR THE STUDY OF MEDICAL CASES. Edited by James Finlayson, M.D. Philadelphia: Lea Brothers & Co.
- A TREATISE ON SIMPLE AND COMPOUND OPHTHALMIC LENSES. By Chas. F. Prentice. New York: James Prentice & Son.
- WEAR AND TEAR; OR, HINTS FOR THE OVERWORKED. By S. Weir Mitchell, M.D., LL.D. Philadelphia: J. B. Lippincott Company. 1887.
- NERVOUS DISEASES AND THEIR DIAGNOSIS. By H. C. Wood, M.D., LL.D. Philadelphia: J. B. Lippincott Company. 1887.
- BIBLIOGRAPHIE DES SCIENCES MÉDICALES. Index Méthodique et Catalogue Descriptif des Livres et Journaux, anciens et modernes, français et étrangers, sur les Sciences Médicales. Paris: J.-B. Baillière et Fils, 19 Rue Hautefeuille. 1887. Prix, franco par la poste, 2 fr. 50.

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PERSONAL AND NEWS ITEMS.

CASES OF SKIN-ERUPTIONS AND SYPHILIS TREATED WITH  
HORSFORD'S ACID PHOSPHATE.

BY MR. JAMES STARTIN,

Late Honorary Surgeon and Lecturer, St. John's Hospital for Skin Diseases, London; Honorary Consulting Surgeon to the Sheffield Public Hospital for Skin Diseases.

IT appears to me that the "Acid Phosphate" originally prescribed by Professor Horsford, of Cambridge, U.S.A., is not so well known in this country as its merits deserve. A glance at the formula will, however, readily convince one of its value in suitable cases. Each fluid drachm gives on analysis  $5\frac{1}{2}$  grains of free phosphoric acid, and nearly four grains of phosphate of lime, magnesia, iron, and potash. The following are a few brief notes of some of the cases in which I have prescribed it with complete success:—

Mr. G., æt. 69, consulted me November, 1885, for eczema on the arms, legs, palms of the hands, and trunk. The patient complained of much debility and nervous exhaustion, and he was a man who had led a very busy business life, with much worry. In December, 1885, I prescribed Horsford's acid tonic with much good effect, as in February, 1886, I heard that he was quite well.

Mrs. S., æt. 46, consulted me in December, 1885, for psoriasis all over the body, more or less, especially on the legs and arms. In January, 1886, I prescribed a teaspoonful of the acid tonic three times a day, with marked good effect. Patient had been much exhausted by continuous nursing on an invalid mother.

Mr. C., æt. 64, consulted me in September, 1885, with one of the worst attacks of late syphilis I ever saw. After he had been relieved from the distressing symptoms, and ulcerations, I prescribed the acid tonic for epileptiform fits from which he suffered, with excellent results.

Mr. McJ., æt. 63, consulted me in November, 1885, for lichen ruber, which was

accompanied with intolerable itching. He was a nervous, irritable man. I prescribed the acid tonic, with the effect that in December he presented himself quite convalescent. — *Medical Press, London, Eng.*

### MALTINE AS A FOOD-SOLVENT.

BY J. MILNER FOTHERGILL,

Senior Assistant Physician to the Victoria Park Chest Hospital, London, Eng., etc.

REFERRING to use of MALTINE in his treatment of indigestion, Dr. Fothergill says, —

“Then, again, in order to aid the defective action upon starch by the natural diastase 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 of appearance, or its toothsome-ness; 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. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some MALTINE mixed with it before it is placed on the nursery table, we should hear much less of infantile indigestion and malnutrition.”

Again, the same eminent authority, in Fothergill & Wood's “Food for the Invalid,” says, “The action of the saliva upon starch is to quickly convert it into sugar. Consequently, as sugar is soluble, this leaves the nitrogenized portion of the flour to be readily acted upon in the stomach. When the saliva is defective in an infant, or at least insufficient to produce the conversion of starch into sugar, it is now customary to give the infant MALTINE. MALTINE is a sweet, molasses-like sort of thing, which can be added to baby's food a brief period before it has to be taken, for the conversion is quick. The starch being thus largely converted into sugar, the digestive act in the stomach goes on without painful effort. The treatment of dyspepsia in adults is carried out on precisely the same principle, and baby's food and MALTINE are equally good for them.”

THE Executive Committee of the American Institute of Homœopathy has fixed the date for the next meeting at Saratoga Springs, N.Y., June 27 to July 1 inclusive.

DRS. EMERY and FULLER, class 1882, Boston University School of Medicine, have removed their office and residence to 341 Washington St., on Rice Park, in St. Paul, Minn.

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### OBITUARY.

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IT is with sincere regret that we have to inform our readers of the death, in Detroit, Mich., on Jan. 25, 1887, of Edwin A. Lodge, M.D.

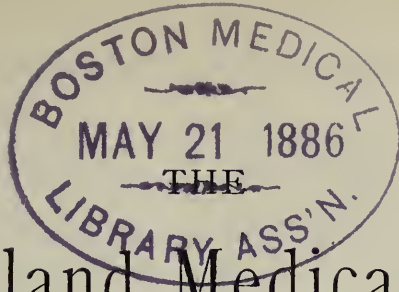
He was born in London, Eng., May 6, 1882.

He came to Detroit in 1859, and established the first homœopathic pharmacy in the West. He also enjoyed for many years a large and lucrative practice, which he was obliged to relinquish on account of failing health.

He went to Thomasville, Ga., in November last, and, after spending a few weeks there, was attacked with a low form of fever, which so debilitated him that one of his sons went South and brought him home, since which time his health steadily declined.

He was an earnest and active Christian. In connection with other labors he published for more than twenty years the “American Homœopathic Observer,” one of the most popular journals of its school.

He leaves a widow and eleven children; six sons (three of whom are physicians) and five daughters.



# New-England Medical Gazette.

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Boston, Mass.

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## EDITORIAL.

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*A JUST DEMAND.*

IT is matter for hearty congratulation and rejoicing, that homœopathists everywhere are awaking to the realization that no amount of private wealth and individual sympathy can take the place of public recognition, trust, and honor. It was perhaps natural and inevitable, that, the hard battle for the right to exist once gloriously won, homœopathy should, for a space, pause to gain breath, as it were; to strengthen its defences against certain future attacks of a determined and far from generous enemy; and, for the rest, to enjoy the deepening consciousness of ever-strengthening if unused power, and the luxury of devoted private friendships. But this time of repose is, or should be, definitely over. The trumpet-call of many duties to itself, the public, and the cause of truth and justice, summons homœopathy to abandon a defensive for an offensive policy; to push boldly forward into the field which its adversary, armed even as it is to-day with weapons stolen from homœopathy's own armory, holds but falteringly. It is altogether monstrous, that a system of medicine whose practitioners and supporters rank intellectually and socially with the highest in the community, should be debarred from representation in the public bodies, the public institutions, which its friends so largely help to support. This absence of governmental recognition is perhaps the most formidable — one may almost say, the only formidable — evil against which homœopathy is to-day called to contend. It is this fact which lends poison to the javelins which, from time to time, are

flung at us by the adversaries, less through whose power than through our own indifferentism the fact exists. It goes far and seriously toward shadowing for us, in the eyes of the world, that "reputation" without which, as poor Cassio too late discovered, mere material prosperity is but "bestial." It yearly warns away from inquiry into, and it may be enthusiastic adoption of, our system, many bright young minds, which not unnaturally, and less biassed by merely selfish considerations than we sometimes like to assure ourselves, look askance on a system of medicine which is almost unrecognized by the government under which it exists. The day of this injustice is drawing to its dusk: it remains with homœopathists themselves to say when a fairer day shall dawn. Effort, persistent and intelligent, will speedily prove this much-dreaded traditional prejudice, against which we have to contend, to be but a giant of straw.

The petition now before Congress, to make all medical positions in the army and navy eligible to the educated physician, absolutely regardless of his therapeutic beliefs, is therefore a just demand and a timely one. Just and timely also is the recent petition to the Massachusetts Legislature, that the three schools of medicine chartered by the State of Massachusetts shall all have adequate representation on the proposed new Board of Health, in event of its formation. The latter document cannot be too heartily commended for its force and dignity, and its clear presentation of cogent reasons for legislative assent to its requests. With the instant and hearty support which homœopathy has every right to expect from its friends and followers, these measures must, in the near future, achieve success. Being, however, rather in the line of new ideas, should they on their first appearance meet from the conservative legislative mind the welcome said to be accorded to a stranger by the average Yorkshireman, and "'ave 'arf a brick 'eaved at 'em," there is no reason for discouragement. With time and persistence, new ideas become old ideas; and the conservative legislative mind, after its well-known habit, not only accepts, but claims to have originated them. To "agitate, and agitate, and agitate;" to press the justice of our claim home to all lovers of fair play; to battle unitedly, and to battle unweariedly, for full recognition from the governments, State and National, which

we loyally support, — such is the *rôle* which to-day forces upon us. There is no room for doubt of the final result, though “fighting it out on this line” may “take all summer,” and take more than one summer. To the thoughtful student of the philosophy of history, this is clear, if nothing else is clear: that no just cause, unselfishly supported, was ever a losing cause.

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#### EDITORIAL NOTES AND COMMENTS.

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THE HOMŒOPATHIC HOSPITAL OF PROVIDENCE, R.I., was formally dedicated to its worthy and noble uses, on Tuesday, Feb. 16, 1886. On this occasion the building was thrown open to the public; and after appropriate religious exercises, and a few friendly and congratulatory speeches from good friends of the cause, including the present mayor of the city, opportunity was given to the visitors to view the fine building, and admire the arrangements, admirable in all respects, which have been made for the comfort of patients. In the evening a pleasant and brilliant reception was held, at which refreshments were provided, and fancy articles on sale. The occasion was a delightful and successful one, and a worthy crown to arduous and fruitful labors. It is to be most sincerely hoped that the pluck and tact which have proved equal to the establishment of this needed and beautiful hospital will never flag under the not less exacting task of its successful maintenance; to the glory of homœopathy, and the extension of the sphere of its beneficent work.

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A COMMUNICATION FROM OUR ESTEEMED COLLEAGUE, DR. WINTERBURN, is received on the eve of going to press; and we take pleasure in giving it space and prominence. At this late moment, we cannot pause to arm ourselves for a statistical warfare; but we cannot resist suggesting, that, if the statistical test fails to establish the efficacy of vaccination, then must homœopathy and many another good cause evermore shrink from appeal to such test, since no such army of figures crowds to the support of any other cause. And when homœopathy consents to mingle the record of her many patients saved, and her few

lost, with the record of allopathy's many patients lost and her few saved, in any given disease, and, finding the percentage of the whole number of deaths — as would certainly sometimes be found — not greatly smaller than the percentage of deaths before Hahnemann's day, consents to accept therefrom a deduction as to the uselessness of homœopathy, then may we and other contumacious conservatives accept Dr. Winterburn's argument, above presented, as a final one. And, by the way, accepting Dr. Winterburn's deduction, what becomes of what we have been wont to consider the noble record of homœopathy in small-pox? The average death-rate not having diminished, are we to look upon homœopathy also as weighed and found wanting?

EDITOR NEW ENGLAND MEDICAL GAZETTE, — Your kindly notice of my book on "The Value of Vaccination" leads me, after considerable deliberation, to trespass on your space so far as to offer an explanation and make a suggestion. I expected my book to encounter opposition and provoke criticism; but your strictures on my heterodoxy are so courteously expressed as to seem even kinder than would concurrence with views so caviare to the general. The book was written more than two years ago, after a prolonged incubation. It was born of a desire to present the facts of vaccination as they were, fairly and truly, to suppress nothing which had come within my knowledge, and to comment upon these facts with moderation and with transparent fairness. Those who know me, I suppose, would say I am not wont to hold my opinions with an open palm; and therefore even my good intentions toward the truth do not seem to have prevented me from being partisan, unbeknownst as it were. I can forgive myself for that if what I have written stirs up others to investigate for themselves. How blind I am you will realize, when I candidly admit that I cannot, even now, see wherein I have perverted the truth of history; but I expect to find out before the reviewers are through with me.

There is one point I would like to make, though perhaps it is a dull one. You quote from my book the mortality statistics of four recent epidemics of small-pox, in which the death-rate among the vaccinated averaged 9.3 per cent, and of the unvaccinated fifty-six per cent; and say, "Figures such as these surely testify past cavil to the power of vaccination in reducing the rate of mortality *in those vaccinated*, — a testimony of immense if not supreme importance." I have no doubt your readers, almost to a man, accepted this as axiomatic, and wondered what that fool anti-vaccinist would say to that. But wait a bit. You acknowledge, as do Seaton and all authorities, that in the pre-vaccination period the average mortality from small-pox was about one out of every five to six cases. Now, in the four epidemics you quote, as in many others of which I would be glad to furnish the figures, vaccination

seems to have reduced the death-rate in those vaccinated to one in eleven; certainly a very favorable showing. But what shall we say as to that other column,—of the unvaccinated? Why do they now die at the rate of one out of two, when a century ago they died at the rate of one out of five and a half? Is small-pox a more virulent disease than it used to be? No one claims that. Do the unvaccinated receive less careful treatment than they did a century ago? I do not believe it. Why, then, do the unvaccinated die now at the rate of *thirty-eight in a hundred cases more* than the unvaccinated did a century ago? In my book I state certain facts which seem to me to explain the why.

There is one frequent coincidence which your table (page 100, *MARCH GAZETTE*) does not show. Mix these two classes—vaccinated and unvaccinated—together, and you have a death-rate practically the same as the death-rate in pre-vaccination times. In other words, in a population vaccinated to within four per cent of its birth-rate, the deaths from the later epidemics of small-pox were at the same rate as in the epidemics prior to Jenner. Of course each epidemic is a law unto itself, and virulence is not a constant factor. Your own city had an epidemic in 1752, with 5,545 cases and 539 deaths, or 9.7 per cent, and Jenner (1791) and Massey (1723) and others speak of even milder epidemics; while during the last epidemic in New York, more than one out of four died, although sixty per cent of the cases were vaccinated.

Sincerely,

GEO. W. WINTERBURN.

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## COMMUNICATIONS.

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### *EMPYEMA: TWENTY-FOUR CASES OF THE RADICAL OPERATION.*

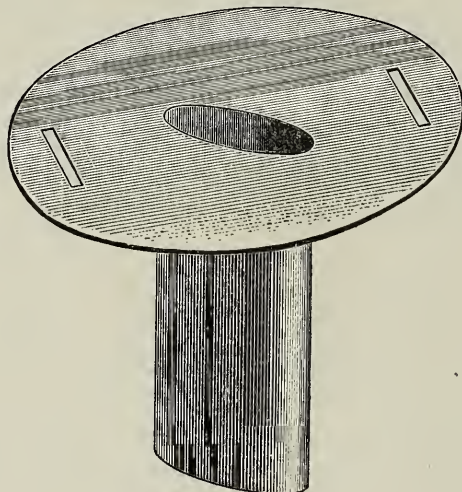
BY HERBERT C. CLAPP, M.D.

[*Read at the Annual Meeting of the Boston Homœopathic Medical Society.*]

(Concluded.)

*Drainage tubes* of some kind are a necessity. Soft rubber has been most commonly employed, although different materials have been used. I have derived great satisfaction, especially at the beginning of a case, from the use of tubes which I got a Boston silversmith to make out of coin silver, and a wood-cut of one form of which (natural size) is here shown. It is about three-quarters of an inch in width, just thick enough to pass between the ribs, and long enough to pass through the chest-wall; soldered to the outer end, at an angle sufficient to allow for the obliquity of the ribs, is an oval silver collar about two inches long, at the ends of which are slits, to which are attached tapes to fasten

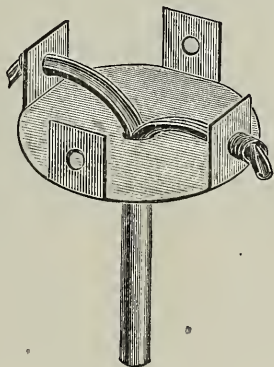
about the body. Sometimes I use them as rights and lefts ; sometimes, to obviate this necessity, with an extra, loose, circular collar tied on, with many slits in the circumference, or with one of the same shape soldered on instead of the oval collar. The great advantage in this tube is, that it allows the most perfect drainage, on account of the unusual size of its orifice ; as, being made of silver, it can be made very thin and yet not collapse under pressure. Soft rubber tubes sometimes will so collapse, unless their walls are so thick that their calibre is reduced sufficiently to refuse a passage to the numerous flocculi which are so apt to obstruct tubes. If it were not necessary to make allowance for these plugs of fibrine, and if the effusion were all uniformly fluid, the problem would be greatly simplified. Sometimes I keep these metallic tubes in throughout the case ; and sometimes, after most of the flocculi have been gotten rid of,



substitute soft rubber tubes, which have the advantage of being less irritating. When using the latter, I frequently arrange two side by side, so that if one is blocked up, the other may perhaps be unobstructed. Tubes of all kinds have to be removed and cleaned at short intervals. Long rubber tubes that are fenestrated, and pushed into the cavity to its bottom and coiled around, are not in my experience desirable ; for they cause too much irritation, and interfere with the healing process. The siphon principle of draining through tubes I have found quite unsatisfactory, and decidedly prefer that by change of position of the patient, or suction with a syringe.

Unless properly guarded, the tubes will slip inside the pleural cavity, and require to be fished out, often by a tedious and irksome process. This accident happened to me once several years ago, and quite a number of similar cases are reported. Several

devices have been suggested for preventing this awkward mishap, among which I prefer for large rubber tubes the common infant's safety-pins stuck through their ends. However, in dealing with children, the tubes have to be so small that a safety-pin often fills up the greater part of the orifice and interrupts the discharge. Adhesive plaster for fastening, in the midst of so much moisture, and many other devices, seemed to me insecure or cumbersome. A rubber collar firmly attached appeared to be desirable; but rubber cement would not hold it after being vulcanized, and manufacturers said they could not afford to make moulds for the complete thing, tube and collar united, especially in its different sizes, at any reasonable price. Finally there occurred to me the following device, which I first tried on a boy five years old, a patient of Dr. Culver's, with perfect success. A silversmith made for me a circular plate of silver about an inch in diameter, perforated in its centre by an opening large enough to admit one or two small rubber tubes, and having attached at right angles at the circumference four posts, each with a perforation. The outer extremity of the rubber tube having been split into halves,



thirds, or quarters, the ends of these were passed through the perforations in the posts, and securely fastened by knots and threads. When the tube was in position, the plate was firmly secured by several strips of adhesive-plaster passed crosswise over it and between the posts, which arrangement not only served to make the whole immovable, but also kept off the dressings from too close contact, and from thus interfering with the flow. A wood-cut (natural size) is here shown.

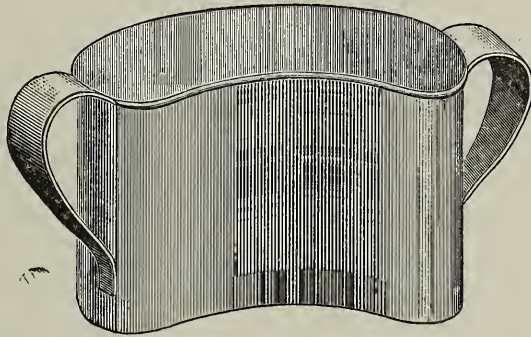
A few recommend, instead of the drainage-tube, a tent made of oakum or other material pushed into the wound to keep it open, to avoid the irritation of a drainage-tube; but if the tube merely passes through the parietes, and is not allowed to hang down between the pleural surfaces, as often used to be done, it is hard to see how it should cause more irritation than a tent. Besides, its advantages are clearly demonstrable by its securing

a continuous flow, the great antagonist of septic fever ; whereas, if a tent be used, the pus only flows at stated times when the tent is withdrawn, like the cork from a bottle. Even this temporary accumulation of pus would naturally interfere somewhat with the approximation of the pleural surfaces, and their healing contact, especially near the end of a case.

*Antiseptics.*— Since the introduction of Listerism, and the employment of its principles with more or less precision, success in the treatment of empyema has made rapid strides. Cures indeed have been made without the antiseptic treatment, since the time of Hippocrates, who in his Aphorisms wrote that opening the chest was the only cure for empyema ; and surely Phalereus, the mythological originator of the operation, got well without the spray and gauze. For he, Cicero says in his book on the “ Nature of the Gods,” having been pronounced incurable by his physicians, rushed into battle, and sought death at the hands of the enemy, rather than die from his disease ; but the coveted sword-thrust, instead of draining his life’s blood, tapped his empyema, and he recovered. Many cures were made before Listerism, but still the fatality was heavy. Surely, if any case requiring operation calls for the antiseptic treatment or some of its modifications, it is this, where there is an immense, internal, pus-secreting abscess, into which the air laden with germs must enter. Different devices, to be sure, have been suggested for preventing the entrance of air, and much has been written about them, but they are not successful. Air, therefore, being bound to enter, it remains for us to make it as pure as possible ; and the smell of the odors generated by its admission without disinfection only increases our anxiety to purify it. As there has been of late years, in certain quarters, so much hue and cry about the needlessness of the spray and antiseptic system generally, I have tried some cases without, but have been glad enough to return to it. On account of so many reported cases of poisoning with carbolic acid, I have for several years substituted Little’s soluble phenyle for a spray, during the operation and at every subsequent dressing, and have been very much pleased with the result. Its odor is in pleasing contrast to that of carbolic acid, and I have never seen any poisonous effects. For dressings I have used oakum, and borated and salicylated absorbent cotton, and towels which had been sprayed with phenyle.

*Washing out the Chest Cavity* has been considered unnecessary by some enthusiastic Listerites ; but it seems to be by most considered an essential, especially at first, on account of the numerous flocculi or floating plugs of false membrane, which may attain considerable size. If the spray is not used, its necessity is the almost universal verdict ; although Loomis, who, in his

published writings, says nothing about Listerism, advises against injections even when the pus is fetid. His report of successful terminations of cases, however, is far below that of many others. Induced by his authority to try the experiment, and thus save a great deal of labor as well as annoyance to the patient, I omitted all washings in a case operated on at the Massachusetts Homœopathic Hospital for Dr. Woodvine. This case was selected because it was complicated with phthisis, and recovery was not expected, only temporary relief. A tubercular vomica had burst through the pulmonary pleura, producing suddenly pneumothorax (which was recognized by its physical signs), and subsequently empyema. The unfortunate experience in this case was sufficient to prevent any desire for further departure from established custom in this respect, even in deference to authority. Neglect to wash out the pleural cavity, even for a short time, will often cause a rapid rise in temperature and other unfavorable symp-



toms, which will subside after the injection. The same experience follows when a tube has been obstructed. The washings are generally required to be done at first about once a day; in favorable cases they may sometimes be omitted until increased fever or odor demands them. I have never yet happened to have any accident from this procedure, although cases have been reported where alarming symptoms and even sudden death have followed the injection, showing the necessity for its being done slowly and carefully. Formerly a one per cent solution of carbolic acid was used, but many now abandon this agent on account of its possibility of poisoning. This is more likely to happen in empyema, because some of the washings are almost necessarily retained in the pleural cavity for a while after the injection. I have substituted phenyle, boro-glyceride, solution of chlorinated soda, and the peroxide of hydrogen, all of which have worked well.

When the opening is first made, and the pus rushes out, and at each subsequent washing, unless the utmost care is taken, the clothing and bed of the patient will be drenched. Generally

even the largest of the common surgical pus-pans in use are utterly inadequate, and the crockery and tin-ware from kitchen closets have not the right shape. To meet this deficiency, I had made at a common tin-shop, dippers something like the accompanying wood-cut, which hold a quart or less, and with sides curved to fit the shape of the human body. (See cut.) With trifling modifications in shape, they have in most cases proved very satisfactory.

In some cases the smell from the discharge is so overpowering, that this consideration alone would impel us to use injections, even if they were of no other use. To give an example: on the thirtieth day of last November I was requested by Dr. Woodvine to operate on a private patient of his in Roxbury, a young man seventeen years of age, whose empyema had already burst through the lung. He was expectorating fetid pus in moderate quantities, was rapidly being exhausted by a terrible cough, was sweating so profusely as fairly to drench the bed-clothing and upper part of the mattress, and was breathing at the rate of 55 or 60 in a minute, with a feeble, almost imperceptible pulse of 130; he seemed to be in great danger of suffocation from the quantity of pus which he was unable to expectorate. Rather an unpromising case for operation; and yet without it it appeared as if he must surely die, so rapidly had he failed within a few hours. The family gathered around to witness the operation. Cocaine was injected subcutaneously; but the relief from pain was not complete, and the young man, who was very nervous, could not restrain his groans. His father, who was a very sympathetic man, held his hand, and endeavored to lessen his suffering by endearing epithets and soothing tones. The son had often been sick, and for years the father's pet name for him at such times had been "sweet boy." So on this occasion he kept calling him in caressing tones, "sweet boy." When the costal pleura was divided, and the air rushed in and the pus leaped out, with it came such a stench as certainly none of that company had ever met with before. The old Anglo-Saxon word "*stink*" is now rarely called for, especially in polite society, but if its use was ever demanded, surely that was one of the times; and in recollection of the event, even that word now seems exceedingly tame. For a long time afterwards, in spite of Platt's chlorides, the whole house was saturated, soaked, from top to bottom. But to return: first one sister was seen to creep out of the room, then another, then the nurse, then the mother's love was no longer potent to restrain her, and finally the father, who was still mechanically saying, "sweet boy," was forced to beat a retreat, and was afterwards found with his head out of the window. No comment was then made, but when he had recovered sufficiently

to return to his charge, and even then, from force of long habit, repeated in his sympathetic tone, "sweet boy," the incongruity of the epithet with the surroundings made such a strong appeal to the risibilities of the doctor and myself, that, in spite of the solemnity of the occasion, we had to relieve ourselves in the old-fashioned way; and to this day, "sweet boy," with all concerned, is a by-word. The point of this long digression is this: that even such an intolerable stench as that, which beggars description, gradually yielded to the doctor's injections of phenyle, and the boy made a rapid recovery, his lung expanding, and chest-wall contracting sufficiently to obliterate the large cavity in twenty-four days.

*Anæsthetics.* — In aspiration the pain is so slight that generally no anæsthetic is called for. If one is, a piece of ice, or pressure with the thumb over the selected spot, will do. Before the discovery of cocaine, I used to give ether in all cases of pleurotomy; but a few weeks after the announcement of the wonderful properties of this drug, I used it on a young woman in the hospital (who took ether very badly), with almost complete abolition of pain. The inhalation of ether, which had been tried at first, produced such alarming symptoms, that, to avoid death from that cause, I was obliged to desist, and postpone the operation. She herself, as a result of the suffering from this inhalation, was so strongly opposed to its repetition, that she declared she would die rather than submit to it. Possibly this experience, when subsequently cocaine was used, induced her to be more heroic in bearing the cutting, the pain from which, as she asserted, she scarcely felt at all. In two other cases I have tried cocaine with partial success. Ether is far better with children, however, because it is hard for them to keep quiet even with little pain; and also because the idea of the thing, and fright, may distress them more than the actual suffering.

*Results.* — Of my twenty-four cases, eight were complicated with phthisis, and the affection was undoubtedly secondary to the tubercular deposit; that is, they were really *cases of phthisis*, with empyema as a complication, and operation was performed generally with no expectation of a cure. Of these eight cases, seven died within a few weeks or months without the cure of the empyema, and the eighth is still living with the empyema cured. There is some difference of opinion as to the advisability of operating on an empyema in a patient with well-marked phthisis. My experience shows that in some cases at least, great temporary relief may be gained, although of course the inducement to operate is as nothing compared with cases not having this complication. A similar statement might be made in reference to cases occurring in subjects of Bright's disease or diabetes.

Leaving these eight cases out, therefore, and considering only those unmixed with phthisis, namely *sixteen*, it is a great satisfaction to be able to report that *twelve* of these sixteen recovered. Dating from the time of the withdrawal of the tube and the closure of the wound, one of my own cases was cured in two weeks from the operation; one case (Dr. Woodvine's "sweet boy") in twenty-four days; one, a lady patient of Dr. Defries of Woburn, in less than a month; and five others in from one to three months. Of the four remaining cases, one who was at death's door when (about five years ago) I operated, several months after the commencement of her disease, and who had been supposed to be in consumption by her attendants, and who after the operation was taken to our hospital, still lives somewhere in the country, I hear, with a discharging fistula and a crippled lung which never expanded. Of the other three, one had a parietal fistula which healed in about two years; and the whereabouts and condition of two are unknown to me. At last accounts they enjoyed a measure of health, but still had a little discharge.

Of my four deaths, three took place within from three weeks to three months, and one occurred immediately after the operation. It was a patient of a physician in a neighboring city, and he had previously been given up by two or three old-school physicians, and was operated on only as a last resort. Two or three times I have refused to operate on similar cases, which were apparently in the jaws of death; and yet a success now and then in such cases, and the saving of a human life, will more than balance the chagrin and reputation of having one die at the time of operation.

One point especially has been firmly impressed on me; and that is, the earlier it is done, the greater, *vastly* greater, is the chance and measure of success. To do it early, an accurate diagnosis is necessary. So, in a great many cases, lives which are now lost might be saved by an early and accurate diagnosis, and by treatment directed against *empyema* instead of against low fever, debility, phthisis, pneumonia, liver-complaint, and many other diseases which are frequently mistaken for it.

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#### THE THERAPEUTICS OF SMALL-POX.

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[Continued.]

SARRACENIA PURPUREA once occupied a leading position in the list of small-pox remedies; and, though now it is by no means held in the same high esteem, it is of some importance to

settle its therapeutic value. *Sarracenia purpurea* first came into notice as a remedy for small-pox about thirty years ago, when Dr. Frederick W. Morris, resident physician of the Halifax General Hospital, sent the following communication to "The American Medical Times:" —

"*Sir*, — You have by this time, in all probability, heard something of an extraordinary discovery for the cure of small-pox, by the use of *sarracenia purpurea*, or Indian cup, a native plant of Nova Scotia. I would beg of you, however, to give full publicity to the astonishing fact, that this same humble bog-plant of Nova Scotia is the remedy for small-pox, in all its forms, in twelve hours after the patient has taken the medicine. It is also as curious as it is wonderful, that however alarming and numerous the eruptions, or confluent and frightful they may be, the peculiar action of the medicine is such that very seldom is a scar left to tell the story of the disease. I will not enter upon a physiological analysis now: it will be sufficient for my purpose, to state that it cures the disease as no other medicine does, — not by stimulating functional re-agency, but by actual contact with the virus in the blood, rendering it inert and harmless; and this I gather from the fact that if either the vaccine or variolous matter be washed with the infusion of the *sarracenia*, they are deprived of their contagious properties. The medicine, at the same time, is so mild to the taste, that it may be mixed largely with tea or coffee, as I have done, and given to connoisseurs in these beverages to drink, without their being aware of the admixture. Strange, however, to say, it is scarcely two years since science and the medical world were utterly ignorant of this great boon of Providence; and it would be dishonorable in me not to acknowledge, that had it not been for the discretion of Mr. John Thomas Lane, of Lanespark, County Tipperary, Ireland, late of her Majesty's Customs of Nova Scotia, to whom the Mic-Mac Indians had given the plant, the world would not now be in possession of the secret. No medical man before me had ever put this medicine upon trial; but in 1861, when the whole Province of Nova Scotia was in a panic, and patients were dying at the rate of twelve and a half per cent, from May to August, Mr. Lane, in the month of May, placed the *sarracenia* in my hands to decide upon its merits; and, after my trials then and since, I have been convinced of its astonishing efficacy. The only functional influence it seems to have is in promoting the flow of urine, which soon becomes limpid and abundant, and this is owing perhaps to the defecated poison or changed virus of the disease exclusively escaping through that channel. The *sarracenia*, I have reason to believe is a powerful antidote to all contagious diseases, — lepra, measles, varicella, plague, contagious typhus, and even syphilis, also a remedy in jaundice. I am strongly inclined to think it will one day play an important part in all these."

Shortly after the appearance of this most remarkable communication, Mr. Chalmers Miles, surgeon in the Royal Artillery, drew up the following report on the subject: —

"Early in the last winter a small coasting-vessel landed a portion of her crew at an obscure seaboard village a few miles from Halifax, N.S. These persons were sick with small-pox: and the disease soon spread, first among the cottagers with whom the fishermen mixed, and subsequently among those from the capital, who resorted to the village for purposes of trade. Through the early weeks of spring, rumor constantly asserted that vast numbers of the seafaring population were attacked with the complaint; but it was not until early in March that the large Civil Hospital of Halifax, by the

number of its weekly admissions for variola, began to corroborate rumor, and to authenticate the justice of public anxiety. The disease, in process of time, extended to the troops in the garrison; but the proportion of attacks to those among the civil population was singularly small. While certain portions of the inhabitants of Halifax were suffering from the epidemic, alarming accounts reached that place, relative to the terrible ravages of the scourge among the Indians and colored people generally. Variola is the special plague of the Indians; and when they are invaded by this pestilence, it sweeps them off by scores. Like the fire of the prairies, it passes over their encamping grounds, destroying all of human kind in its path. On this occasion the most painful details were given of whole families being carried off by this loathsome disease. After some time, however, it was said that the pestilence had been stayed. One of the Indian race, it was asserted, had come into the disease-stricken camp, possessed of a preparation which had the extraordinary power of curing the kind of cases which had hitherto proved so fatal. This remedy was believed by the Indians to be so efficacious, that, if given to them when attacked with small-pox, they looked forward with confidence to a speedy and effectual cure. An old weird Indian woman was the fortunate possessor of the remedy in question. She had always been known as the doctress of her tribe, and had enjoyed celebrity for many years in consequence of her reputed knowledge of medicine, and wonderful acquaintance with the herbs and roots of the woods. So well established was her fame among the Indians, that when sick they resorted to her in preference to the white doctors, whom they considered to be 'no good.' Capt. Hardy, of the Royal Artillery, an accomplished and intelligent officer, who has been for years among the Indians, says that 'the old squaw's remedy had long been known to them as an infallible cure for small-pox,' and that 'the Indians believe it to be successful in every case.' From the information gathered from the Indians, the following observations have been carefully sifted: 1. In the case of an individual suspected to be under the influence of small-pox, but with no distinct eruption upon him, a wine-glassful of an infusion of the plant, *sarracenia purpurea*, or pitcher-plant, is to be taken. The effect of this dose is to bring out the eruption. After a second and third dose, given at intervals of from four to six hours, the pustules subside, apparently losing their vitality. The patient feels better at the end of each dose, and, in the graphic expression of the Mic-Macs, 'knows there is a change within him at once.' 2. In a subject already covered with the eruption of small-pox in the early stage, a dose or two will dissipate the pustules, and subdue the febrile symptoms. The urine, from being scanty and high-colored, becomes pale and abundant, whilst from the first dose the feelings of the patient assure him that 'the medicine is killing the disease.' Under the influence of the remedy, in three or four days the prominent symptoms of the constitutional disturbance subside, although as a precautionary measure the sick person is kept in the camp until the ninth day. No marks of the eruption (as regards pitting, etc.) have been left in cases examined, if treated by the remedy. 3. With regard to the medicine acting, as is believed by the Indians, in the way of a preventive, in those exposed to infection, it is curious to note, that, in the camps where the remedy has been used, the people keep a weak infusion of the plant prepared, and take a dose occasionally during the day, so as to 'keep the antidote in the blood.'"

As soon as these remarkable reports reached England, Mr. Cosmo Glogie, surgeon-major in the Royal Horse Guards Blue, had an opportunity of testing the new remedy in an epidemic of small-pox which broke out in his regiment, at that time stationed at Windsor. Mr. Glogie writes:—

“Some time ago, seeing a paper written by assistant-surgeon Miles of the Royal Artillery, on the efficacy of the North-American plant called the *sarracenia purpurea*, or pitcher-plant, in the treatment of small-pox among the Indians, my colleague (Mr. Agnis) and myself have given this remedy. Four of the cases in my hospital have been severe confluent cases: they have, throughout the disease, all been perfectly sensible, have had excellent appetites, been free from pain, and have never felt weak. The effects of this medicine, which I have carefully watched, seemed to arrest the development of the pustules, killing, as it were, the virus from within, thereby changing the character of the disease, and doing away with the cause of pitting, and thus avoiding the necessity of gutta-percha and India-rubber applications, or opening the pustules. In my opinion, all anticipations of disfigurement may now be calmed, if this medicine is given from the commencement of the disease.”

In September, 1864, Dr. D. J. Easton sent the following communication to “*The American Homœopathic Observer* :” —

“I have treated twenty-seven cases of small-pox, out of which but two died, one a child, and the other an aged man. In both of these cases the eruption was beautifully developed, and I certainly believe that if they had been properly nursed they might have recovered. It seems to act as a purifier of the blood, allays the fever, and lessens the other sufferings which prevail in small-pox.”

“*The Palmer Journal*” stated, about the same period of time, that about sixty cases of small-pox and varioloid had been treated at the Massachusetts State Almshouse during the previous three months. But one patient died, and that was a man who was taken there in the last stages of the disease, from a neighboring town.

In “*The Revue Homœopathique Belge*” for August, 1871, Dr. Mouremans stated, that, between the months of January and July, 1871, above two thousand persons who employed it as a prophylactic were preserved from small-pox, although living in an infected district, and having frequent intercourse with variola patients; and at the same time two hundred sufferers from that disease owed their recovery mainly to this remedy. And in “*The Homœopathic World*,” October, 1874, Dr. Griffith of Petersfield states that he found *sarracenia* relieve to a wonderful extent, in some cases, the general malaise and fever that accompany small-pox.

Dr. Houghton of St. Johnsbury, Vt., reports a case of true variola, where the patient was covered with pustules, yet recovered without a scar under the use of *sarracenia*; and Dr. F. W. Morris, in “*The American Medical Times*” (May, 1862), recommends it highly as an immediate and absolute remedy in small-pox, and probably in all contagious diseases.

In “*The British Medical Journal*” (January, 1863), Dr. C. J. Renshaw records three cases of small-pox, not confluent, which were treated with decoction of *sarracenia*, apparently with de-

cided benefit; one had not been vaccinated, and there was no pitting.

Dr. George E. Husband of Hamilton, Ont., while engaged in practice in Galt, Ont., treated three hundred cases of variola and varioloid without losing one; he attaches great importance to the use of the fresh plant.

So far, all opinions have been favorable; but the adverse opinions are numerous and weighty. Thus a committee of the New-York Medical Society made a report on the remedy, concluding as follows:—

“Your committee has endeavored to lay before the society the history and recorded experience, thus far, in the use of the *sarracenia purpurea* for the treatment of small-pox; and, in conclusion, would respectfully submit the following as their deductions from the testimony here accumulated: (1) That the analyses already made of the plant do not give any active principles or elements which would give any great medicinal potency; (2) That the discoverers and advocates of the specific remedial power of the *sarracenia purpurea* over variola have given, apparently, too great credit to the *post hoc* circumstances, as being *propter hoc* influences (one reason for the latter inference being suggested by the loose, unscientific, and eulogistic style of the communications); and (3) that the reliable experience thus far appears to preponderate against the remedial efficacy of this plant in those forms of disease which do not generally recover under the administration of ordinary remedies.”

Hale's own experience appears to be but limited. He writes:—

“I have never had a good opportunity to test its value in variola, as I rarely treat the disease. I have given it in varioloid, but cannot assert that it actually modified it, because it is impossible to know what will be the extent of a varioloid.”

If Dr. Hale had said that “it is impossible to know the extent of a variola,” he would have been in harmony with all recorded experience, for a case which begins with great mildness may speedily become malignant; but, in reality, it is very easy to know the extent of a varioloid.

Dr. Haldane, of the Royal Infirmary, Edinburgh, gave the decoction of the dried root to six patients in whom the disease was unmodified by vaccination or a previous attack, and reports that no change whatever of any kind was produced. He regards the drug as utterly useless. Dr. James Watson, another physician in the same institution, gave the remedy in infusion to eight patients, and the result in all was that the disease ran its natural course. The *sarracenia* was found absolutely inert; it produced no effect whatever. Concerning one case which he especially watched, Dr. Watson remarks:—

“In this case, it is most certain that the *sarracenia purpurea* did not in the least shrivel or wither up the eruption, nor did it seem to affect the patient

in any way. It has the virtue, which happily many — unfortunately, not all — new drugs possess, of being perfectly innocuous. So much, and no more, can we say in its favor.”

Mr. J. F. Marson, of the London Small-pox Hospital, tested the remedy in fifteen severe cases: all died. He writes:—

“I cannot say that the *sarracenia* had any effect whatever. It did not save life; it did not modify in the least the eruption of small-pox; it did not influence any of the secretions; it did not increase the secretion of urine. In only one instance it seemed to act on the bowels: the seeming effect might, however, easily have been from other causes. [Mr. Marson describes the cases as having been selected for their severity, believing that they would not get well under ordinary treatment.] The cases were selected on admission in the early stage of the disease, on account of the severe symptoms manifested, and because I felt it was of no use to try the efficacy of the *sarracenia* on mild cases, or vaccinated cases, which I knew very well would recover without any thing being done for them beyond the ordinary care of such cases, — by giving salines if required, occasional aperients, and suitable diet, etc.”

The following abridged statement of Marson's cases is given by Dr. Hale, and he adds that none of them had been vaccinated except those hereafter specified.

CASE 1. — Woman. Confluent small-pox, with menorrhagia. Admitted fourth day of illness, second of eruption. Took one-half pint of decoction in two doses. Died on the eighth day of illness, fourth since admission.

CASE 2. — Girl. Small-pox, malignant. Admitted fourth day of illness, second of eruption. Took two ounces of decoction every six hours, until a pint was given. Died seventh day of illness, fifth of eruption.

CASE 3. — Boy. Confluent variety. Admitted fifth day of illness, second of eruption. Treatment same as Case 2. Died on the sixth day after admission.

CASE 4. — Man, 48. Small-pox, confluent. Admitted eighth day of illness, fifth of eruption. Took the decoction in quarter-pint doses, twice a day, until one pint was taken. Died on the fifteenth day of illness.

CASE 5. — Boy, 18. Confluent variety. Admitted fifth day of illness, second of eruption. Treatment as Case 4. One pint given. Died twelfth day of illness.

CASE 6. — Man, 25. Confluent. Admitted fifth day of illness, third of eruption. Treatment as the last. Died on the thirteenth day of illness.

CASE 7. — Boy, 17. Confluent. Admitted fifth day of illness, second of eruption. Treatment same as last. Died twenty-second day of illness.

CASE 8. — Boy, 19. Confluent. Admitted fourth day of illness, second of eruption. Treatment as above. Took two pints. Died fourteenth day of illness.

CASE 9. — Man, 25. Confluent. Vaccinated in infancy; no cicatrix. Admitted seventh day of illness, fifth of eruption. Took two pints, as above. Died eleventh day of illness.

CASE 10. — Man, 33. Confluent. Vaccinated, with small cicatrix. Admitted second day of eruption. Treatment as above. Died ninth day of eruption.

CASE 11. — Man, 41. Confluent. Unvaccinated. Admitted fourth day of eruption. Treatment same. Died on thirteenth day of eruption.

CASE 12. — Confluent. Vaccinated twice without effect. Admitted sixth day of eruption. Took the liquor *sarracenia* in drachm doses, every four or

five hours, until an ounce and a half was given. Died eleventh day of eruption.

CASE 13.— Woman, 30. Confluent. Hemorrhagic. Vaccinated; two indifferent cicatrices. Admitted third day of eruption. Treatment as Case 12. Died seventh day of eruption.

CASE 14.— Man, 35. Confluent. Unvaccinated. Admitted sixth day of eruption. Treatment as above. Three-fourths ounce given. Died twelfth day of eruption.

CASE 15.— Man, 39. Confluent. Unvaccinated. Admitted fourth day of eruption. Treatment as above. Died tenth day of eruption.

The more recent opinions of good homœopathic writers are not nearly so enthusiastic as those of the earlier ones. Thus Hughes considers, "That it has claims upon our notice, is undoubted; but it has hardly yet established a superior efficacy on its part over the ordinary treatment"; and Dr. C. G. Raue writes: "Sarracenia has been used empirically, and is said by some to shorten and to ameliorate the progress of the disease; others deny it. The fact of it is, we do not know any characteristic indications of the remedy as yet."

Writing in 1864, Dr. E. M. Hale's opinion was, that, "until we obtain a thorough proving, we shall not have any reliable data for its homœopathic application." Since that date, Drs. Duncan and Thomson on this continent, and Dr. Cigliano of Naples, Italy, have made partial provings, which, combined with some older experiments by Dr. Porcher of South Carolina, indicate a certain power of developing a restless feverishness, with bone pains and muscular soreness, which remind one very faintly of the initial stage of small-pox; but Dr. Samuel Lilienthal admirably sums up the matter in his "Homœopathic Therapeutics," "No reliable indications; severe cases." And yet I would remark that a physician has no moral right to experiment on "severe cases" of small-pox with a remedy of which we have "no reliable indications," especially when we have such an armory of remedies carefully proved and thoroughly understood. Hale, too, in his fourth edition (1875), gives us the clinical indication, "*Small-pox in its worst forms*," though he was quite aware that the provings were most meagre and unsatisfactory. Allopathic gropers in the dark, like Marson, doubtless have a prescriptive right to experiment on the sick poor committed to their care; but men who aspire to be leaders in the school of Hahnemann ought to be able to afford to keep a conscience.

The only authentic symptoms relating to the skin are those furnished by Dr. Cigliano: "Eruptions similar to *crusta lactea*; on forehead and hands papular eruptions, changing to vesicular, with the depression, as in small-pox, lasting from seven to eight days." As to Houat's provings, they are, to use Hale's graphic phrase, "too good to be true;" though some good observers

contend that his symptoms are confirmed by the authentic provings.

Hale's final opinion is as follows :—

“After summing up all the testimony for and against the value of this medicine in small-pox, I am inclined to give it credit for possessing a specific power over that disease. It appears to shorten and mitigate the eruption, and prevent serious complications.”

I have had no personal experience with the remedy. I have not been able to find any symptoms caused by it which are at all characteristic, and it is impossible to prescribe on the vague indications furnished by all the provers. Until we have a thorough and exhaustive proving, backed by an extensive clinical experience, it is wiser to keep to the well-known and long-tried remedies which we already possess.

Hale reports the following case in his second edition. It originally appeared in “*The Lancet*,” Dec. 4, 1862 :—

“Oct. 31, the writer, Mr. Burch, commenced the administration of the sarracenia to Mrs. A., who had several days previously been attacked with distinct small-pox, of very severe type. When first given, ‘the pustules on the face were so full, that, although distinct, a pin’s point could scarcely be placed between them. The secondary fever was very high.’

“The next day he found the change very great: all the fever had left; the pustules on the face were half the size and of a dark-brown color, and the skin was to be seen between them, while on the legs they were entirely depressed and flattened. Many of them curiously rose again for a day, then flattened and desiccated.

“On the 4th of November they all dried up, and fell off. The patient remarked that she felt better after every dose. It did not act as a diuretic after the first day, but the tongue rapidly cleaned. The patient was delirious the first night after taking the decoction. There were no marks of pitting in any of the cases now related.”

In the same number of “*The Lancet*,” we find the following remarkable case :—

“A poor woman brought her child, a year and a half old, to my office one night, with an eruption of small-pox, which had on that day made its first appearance. I gave her the decoction, with directions to give a dessert-spoonful four times a day. On the fourth and eighth days the visits were repeated, each time speaking in laudatory terms of the efficacy of the medicine. On the eleventh day of the eruption she made her last visit, making at the same time the following pertinent remarks: ‘I have called to thank you, sir, for your great kindness. My child is now quite well; all the scabs have fallen off, and the skin has not a blemish upon it. That medicine must be very valuable, sir; for a little girl, the daughter of one of my lodgers, caught the small-pox three days before mine did, and it has not changed a bit. The pock is all over the body yet, in great mattery heads, and here is my child with her skin nearly as clean as when she was born.’ I was somewhat incredulous as to this perfect clearance of the skin; but in half an hour she brought the child for my inspection, and the appearance fully corroborated all she had said. She had not been vaccinated.”

Dr. Taylor of London, Eng., reports the following cases:—

“The first case was a little girl, six years of age. She was seen on the third day of eruption of primary small-pox, and immediately began to take the decoction, four ounces per diem, in divided doses; and in less than twenty-four hours the mother reported her ‘better ever since she began to take the medicine.’ The eruption was very extensive, pustules large, and in some places confluent. The case advanced apparently without interruption until the seventh day, when the pustules began to shrivel, and on the eleventh day the desiccated scales had nearly all fallen off; no pitting; patient convalescent. Every succeeding case was treated in the same manner, and with the same success. Only two patients perished,—one an infant, three years old, who took it from its mother; and the other an adult female, who seemed to sink from pyæmia on the third day of the eruption.

“One man took it on the fourth day of the eruption, up to which time the disease had progressed in exactly the ordinary manner, the vesicles containing clear lymph; but here they were arrested, they never went on to suppuration, and there was no odor perceptible. Prior to his getting the infusion, he complained much of restlessness and sleeplessness at night; but, after he commenced taking it, he slept well.

“Another patient, aged twenty-five, was a man of full plethoric habit. The symptoms were severe, and the eruption abundant, quite of the confluent form on the face; the mouth and fauces were also covered; delirium was present. The treatment by *sarracenia* began on the fifth or sixth day. Relief was almost instantaneous; he slept soundly the next night without delirium, and continued rapidly to improve, and also recovered.”

The following cases, healed by Dr. Manuel Miracas of Barcelona, Spain, are the best of all the *sarracenia* cases:—

“A little infant, eleven months old, tolerably robust, though born of psoric parents, presented, Feb. 1, all the symptoms of confluent variola; the pocks, of different sizes, were crowded upon the face and hands; the eyes were closed, and the nostrils obstructed by the accumulation of pustules, and by a thick, viscous, deep yellow humor. Extreme agitation, constant crying; hoarseness; bloating of the face; scanty urine; fever, with thread-like and unequal pulse. On account of the character and extension of the eruption, and the youth of the patient, who had never been vaccinated, I gave an unfavorable prognosis. The eruption had already made its appearance forty-eight hours before. I prescribed *sarracenia*, eighteen globules of the second in a cup of sugar-water, a teaspoonful to be taken every four hours.

“FEB. 2.—The general state of the child has not sensibly changed, but the pustules enlarge rapidly. The same remedy.

“FEB. 3.—The child opens its eyes, and is a little more tranquil; the pustules are more developed; the pulse is more regular; the little patient would take the breast, if it were not prevented by the obstruction of the nostrils. Same remedy.

“FEB. 4.—Third day of treatment. The pustules on the forehead seem to have diminished in volume, and are a little rough to the touch; those which cover the other parts of the body are larger and filled with pus. The infant nurses, and is quiet. *Sarracenia*, three drops of the second in six spoonfuls of sugar-water, a spoonful every six hours.

“FEB. 5.—Fourth day of medication. The little patient is lively, and without appearance of fever. It is truly extraordinary to observe that the desiccation of most of the pustules is accomplished in so few days. The remedy is suspended.

“FEB. 6. — Desiccation complete. The child makes efforts to rise, nurses well. The crusts disappear under the form of lenticular scales.

“Ten days afterwards I saw this child: he had entirely recovered; there was no mark upon his face, and upon his body especially the skin was as smooth and soft as before his sickness.

“A young man, nineteen years of age, was taken with a severe form of confluent variola. The eruption had begun to appear four days before I saw him; the pustules were small, thick, and agglomerated. Prostration, delirium, intense fever, tongue dry and covered with whitish pustules; burning thirst; great sadness; involuntary groans; somnolence. The patient had had medical attendance, and the physician gave an unfavorable prognosis. *Sarracenia*, three drops of the second in six spoonfuls of water, a spoonful every four hours.

“The next day, the remission of the symptoms was so marked, that the allopath who had previously attended him could not but notice it, and he thought that perhaps his fatal prognosis would not be verified. The same prescription, which was repeated two days successfully, produced such an effect, that the patient, who, according to the prognosis of his former physician, was to die on that day, found himself out of danger; in fact, the pustules began to desiccate regularly, and convalescence soon declared itself.”

Dr. Mouremans published the following cases in the *Revue Homœopathique Belge* for June, 1874:—

“One of the most important of these cases is that of a woman far advanced in pregnancy, who was cured of small-pox with *sarracenia* 3d, 6th, and 9th, her accouchement being happily accomplished during her convalescence; the babe bearing upon its body numerous red blotches, indicating that it had been similarly affected, at the same time with the mother.

The following case, also reported by Dr. Mouremans, is still more remarkable:—

“An infant, a few months old, was attacked with a grave form of small-pox, with variolous angina so severe that it was with difficulty it could take the breast. The mother took *sarracenia*, 3d, 6th, and 9th; continued to nurse the infant, which promptly recovered from the disease; and the mother did not take the disorder, notwithstanding the immediate and constant contact with the child.”

Dr. Bilden reports his clinical experience as follows:—

“Early in the spring of 1864, the small-pox made its appearance in this vicinity. Fifty-eight cases came under my treatment, four of which were fatal. More than half were malignant-confluent. All were treated strictly homœopathically. The disease had somewhat abated when I heard, for the first time in my life, of the *sarracenia purpurea* as a specific in small-pox. I at once ordered a package of the dried plant, and, not knowing how to prepare or use the same, I began by careful experiment. First, I filled a gallon pot full of the crude plant, on which I poured boiling water, to which it yielded its properties readily. I then put alcohol (equal parts). When it had macerated forty-eight hours, I began using the tincture. Mr. S—— had two children, a boy of eight and a girl of ten years of age; confluent pustules, well filled; vaccine virus had never taken effect. Gave the boy five drops, on a lump of sugar, every two hours. Called several times during the day to watch the effect; could discover none; discontinued all other medicines. The next morning found that the scabbing had commenced,

which was followed by a rapid convalescence. I questioned the boy from time to time, but could learn nothing satisfactory of his symptoms. The girl lingered along, as all the others had done. I began to feel a strong confidence in my unofficinal tincture; carried an ounce vial of it continually with me.

“Mrs. D—, a young married lady, was taken with violent headache, nausea, with pain in the loins; had been vaccinated, but did not think it had taken effect. Commenced by giving one drop of the tincture every hour, carefully watching the effect. On the second day she appeared to be much worse. I began to think the medicine was aggravating her symptoms, but thought I would continue it a while longer. On the third day found an abatement. A burning rash made its appearance on the skin, which mostly disappeared in the course of forty-eight hours, leaving some twenty pustules on her face and neck, which soon filled and scabbed; and she was well again in a short time.”

Sarracenia has always been given in massive doses, save by some of the Spanish physicians; and it seems to act best given in the form of infusion of the fresh plant.

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*THE DUTIES AND OPPORTUNITIES OF THE MEDICAL PROFESSION TOWARDS THE INMATES OF PUBLIC INSTITUTIONS, AND IN REGARD TO THE DEPENDENT AND DELINQUENT CLASSES IN GENERAL.*

BY F. B. SANBORN, ESQ., INSPECTOR OF STATE CHARITIES FOR MASSACHUSETTS.

LECTURE II.

[*Delivered before the Students of Boston University School of Medicine.*]

REPORTED BY MR. A. B. FERGUSON.

LADIES AND GENTLEMEN,—In my first lecture I discussed the general subject of the dependent classes, their condition, subdivisions, number, and the duty toward them of different organizations, from the State down. This evening we consider the true character of a public establishment for a dependent class; such as the hospitals for the sick and insane, almshouses of the State or the municipalities, etc.

Of the whole number of persons before mentioned as constituting the dependent classes, no large part can be received into public establishments at one time, for the reason that they are not big enough. In discussions which occur from time to time, it is sometimes said that the rule of placing all the dependent classes in establishments should be enforced; but if any attempt were made to enforce such a rule, the establishments would have to be doubled or trebled, for it is readily seen that there are no establishments in any portion of the civilized world which can contain at one time all the poor who need relief.

At present, the public or semi-public establishments in Massachusetts, including those maintained by the State, the counties, the cities and towns, or by private benevolence, may contain in the neighborhood of fifteen thousand persons, possibly seventeen thousand ; while the number of persons falling into the rank of dependents and receiving help at this time is not much less than fifty thousand.

At this season,—that is, from about the 1st to the 10th of February, — the establishments are most full, and a greater number is maintained than at any other time ; in summer the population is less by from three to five thousand. In all severe climates this difference between the summer and winter poor is observed.

Then comes the question, If all cannot, who and to what extent shall be received into these institutions ? It might be said that the buildings should be made large enough to receive all ; but the larger the buildings were made, the greater would be the number applying to be received into them.

There is a constant tendency, except in hospitals for the sick, for persons once admitted into public institutions to remain there. This is carried to such an extent that the outside community find no room, or, becoming inmates, remain and keep others out. This is true of almshouses, and often true of prisons. In prisons, and minor prisons especially, there is a tendency for the inmates of this year to return next ; this is especially true of workhouses, houses of correction, and minor prisons, but is not seen in the higher prisons where sentences last for many years.

There are now in Massachusetts, controlled by the State government, four hospitals, and two asylums for the insane ; one hospital for the insane about to be opened ; one large State almshouse at Tewksbury ; one State workhouse at Bridgewater ; two State reformatories (at Westborough and at Lancaster) ; one intermediate institution, a school for poor children, at Monson ; and one school for the idiotic at South Boston. Every large city also maintains a similar class of establishments, — almshouse, reformatory, hospital for the insane, schools for poor children, etc. Boston has all these.

We have three State's prisons, at Concord, Charlestown, and Sherborn ; and each county also maintains one or more prisons. Suffolk County has three ; Middlesex, two ; Essex, three ; and the whole number maintained by the State and counties both is about twenty-five. We have also hospitals for the sick, schools for the deaf and blind, etc., which are maintained partly by the public, and partly by private corporations.

All of these, maintained by the State or city, draw their funds from the public treasury. For example, the Primary School at Monson, containing four hundred and twenty children, of all ages

from infancy to eighteen or twenty years old, is supported and controlled wholly by the State. There are no private contributions. This is the simplest form of a public institution, supported wholly by the paramount authority in Massachusetts. All the officers are appointed by the State government; the outside community having nothing to do, save to pay the expenses by taxes, and to see it well managed. Every thing in regard to it is regulated by statutes. In the hospitals for the insane, there is a different state of things. Of the five chartered State hospitals for the insane in Massachusetts, containing now three thousand inmates, each one is a corporation created by the State, managing its own affairs. Of the three thousand inmates, less than one-half have their expenses paid by the State. Each inmate receives treatment, for which board is paid. State, city, and town patients from the three hundred and fifty cities and towns form almost nine-tenths of the number; and less than four hundred inmates are paid for by means of their own property, or by friends. Here you will perceive a less simple form in respect to means of support.

Again, each hospital being a corporation by itself, composed of seven trustees, appoints its own officers, and has no longer any direct responsibility to the State government. The Governor has little to say in its management; all that he can do is to remove the board of trustees. The effect of this has been, that, until the present time, only one method of medical practice has been seen in the State hospitals for half a century. As a fact, the insane are treated according to one school of practice. This uniformity has been terminated by the establishment of an insane-hospital at Westborough, devoted to the homœopathic school of practice. There are other institutions resembling on the one hand the insane-hospital, and on the other the primary school, — some in which the Governor of the State can replace all the officers, others in which he can replace the governing board only. There are institutions, too, not pure examples of either method, — as the almshouse at Tewksbury, which is governed by trustees, but supported wholly from the State treasury. These trustees have not so extensive powers as some others; and, indeed, the Monson school is now governed by trustees who control two other schools at Lancaster and Westborough.

*The Admission and Detention of Inmates.* — The duty of the outside community, and especially of the professions, is important. In respect to more than one-half of the inmates of such establishments, the medical profession must make an examination of their condition before they can be admitted. In case of the three thousand inmates of insane-hospitals, they must be examined by two physicians before they can be admitted. So,

also, in admission to the State almshouse, a medical certificate is not required, but the recommendation of a physician is of great consequence. Also, in the case of admission to a hospital for sickness, on the recommendation of a physician that such patients require hospital treatment they are sent there.

Here I may mention dispensary practice; and I am glad to see that this is carefully attended to by this medical school. There is a large number of persons passing in and out of the public establishments, who are frequently seen in the dispensary also; and dispensary practice gives a young physician much valuable experience.

When the disease of a patient is insanity, the duty of the physician, as before remarked, is especially important, since on his decision may depend all the future conditions of the patient's life, as well as the disposition of his property, etc. Now, there is hardly a physician in Massachusetts who has practised five years, who has not taken notice of cases of insanity, although for lack of special education in this direction he may be but little familiar with insanity. The disease is frequently mistaken in its form, and this may lead to unfortunate consequences; since, if recognized in the early stages, it might, perhaps, be cured. One of the frequent dangers is in treating a patient as sane, who is really insane. Some forms of insanity point to a fatal termination from the first. You ought to be able to make a reasonably certain diagnosis and prognosis of this disease, which, if neglected, may, and often does, inflict untold suffering on the family and friends, as well as the patient. As the law now stands, the certificate of two physicians is required to admit a patient to the insane-hospital; and, as there are fifteen hundred commitments, we might, therefore, have three thousand physicians examining cases of insanity in a given year. The number of physicians who really examine is perhaps five hundred in a year, being on an average three patients examined by each physician. In 1879-80 nearly six hundred physicians examined and certified; but the tendency is to let this work fall more and more to experts. Any one of you may be called upon to certify in these cases; and it is desirable that you should acquaint yourselves with the obvious and the more obscure forms of insanity.

The detention of inmates is a question of like importance. Ordinarily the decision is given by the resident physician, but sometimes by the opinion of an outside physician. The physician of a large establishment can give but a cursory attention to any one patient; and the family physician may know conditions which escape the notice of others. In the Danvers hospital there is a consulting board, composed of twelve physicians,

who make visits, dividing the work, so that two visit in each month. They see the patients, and are consulted by the medical officers in regard to the general condition or special diseases of inmates.

It is particularly desirable that an establishment containing many persons should be kept in a good sanitary condition. Sanitary science is but little understood, after all; and the conditions may become bad, especially in old institutions, without attracting notice. So that, assuming that you have acquired a knowledge of sanitary science, you may become useful in improving the sanitary conditions. Although ventilation, heating, drainage, water-supply, disinfection, etc., are now well understood, the difficulty is that where the number of inmates is large, and they have accession to ventilators, etc., they may prevent proper ventilation, or otherwise cause bad sanitary conditions. More than one-half of those confined in almshouses (not in prisons) become the subjects of medical treatment and supervision; and their treatment is often very important, especially in case of epidemic diseases among the outside community. These establishments may become the worst possible places at such times. Twenty years ago, a hundred children in the school at Monson were suffering from a contagious disease; and this has happened since, both there and elsewhere. Great care must be taken by the medical profession, both outside and inside, to see that such exposure to contagion does not take place. A very strong objection to the maintenance of large establishments is, that the spread of contagious disease and the results of unsanitary conditions cannot be well guarded against. I have known in establishments disease to break out several times where the cause was quite obscure, though evidently due to unsanitary conditions. If children are kept in small establishments, they are not exposed so much. There is much danger in having large numbers of children in one building.

*Visitation and Inspection by Individuals or Committees.* — As a rule, notwithstanding the freedom allowed therefor, these institutions are very little visited; city institutions more than others, — but State institutions, such as prisons and almshouses, are much neglected by the public. They need the frequent visitation of physicians, and of all who are interested in the poor. There should be a system of committees, by which every institution should be visited at least once a year, and as much oftener as practicable. This would bring advantage to the institution, and to the person or association making the visits. The medical profession, especially, should not neglect the opportunity to see from eight hundred to one thousand of the poor together, as they are now at Tewksbury and Deer Island, and should avail themselves of every opportunity for visiting.

Professional and general criticism upon the management of an establishment derives its chief value from frequent visits. I have often found that criticisms made by myself and others were mistaken, and with little foundation, if based, as criticism often is, on the results of a single visit, and on imperfect information. Now, a great institution like that at Tewksbury, now containing eleven hundred persons, cannot be understood in one hour, or one day; a full week would be necessary to understand the exact situation of such an establishment. The effect of hasty criticism on those responsible for the management is an impression that the critics do not know what they are talking about; so they neglect what would otherwise be done, and overlook real evils in the establishment. Three years ago, the Governor of Massachusetts, for political purposes only, undertook to expose to public censure all institutions of this kind in the State. Much evil was the result; and yet, worthless as was his motive, and false as his method was, it produced more good than harm, though the result was a considerable mortification to himself and others. It brought these establishments before the public, more visits were made, and the true condition of things ascertained. The upshot was just the opposite to what the instigators fancied it would be: the Governor was turned out, and the almshouse applauded.

The direct educational value to the medical profession, of such establishments, I will not enlarge upon, since this must be evident to you, except to say, that in this great community, together with those immigrants we receive from abroad, there is scarcely a malady that does not pass through our institutions and establishments for the dependent classes. The opportunities which the State of Massachusetts offers are as valuable for medical instruction as those of the city of Paris,—and who could say more?

The sick and insane are unreasonably separated in medical education. More and more insanity is regarded as a physical disease, or as a result of physical conditions; and the more this subject is studied, the closer will its connection be found with ordinary sickness, and the more possible it will be to prevent it, treat it, and cure it, perhaps without sending the patients to public establishments. Insanity is a specialty, but one involving the most general considerations; not only those conditions which occur in other diseases, but also those connected with the interests of the individual and of the community. Insanity is the most momentous disease which could affect a family; hence the physician becomes the mainstay of the family in regard to it, and becomes acquainted with all the relations which it involves. Frequently perpetual imprisonment results from in-

sanity. I know persons who have not been outside of an insane-asylum for twenty years ; one woman, now upwards of sixty years of age, has been confined twenty-four years ; others have been confined from thirty to forty years. The burden of insanity is proportionately greater than in other diseases ; so that unless the insane have great wealth, or wealthy friends, they are supported ultimately by the public, and thus more than three-quarters of the insane are paupers.

If engaged in general practice, as you go through these institutions you learn important indications and manifestations of both mental and physical disease. You unavoidably meet insanity in your practice ; and the more you observe its complications with other disease, the better are you able to treat or prevent this disease. Mania in women, occurring after child-birth, if not understood, may terminate in death or permanent insanity ; but if understood, puerperal insanity is easily curable. So, too, with melancholia and alcoholic insanity.

Clinical instruction is as necessary in regard to insanity as to surgery, or ordinary disease. When I went to see a medical professor, some years ago, to urge that clinical instruction be given in our hospitals for the insane, he was a little sceptical, and quoted Martial : —

Languēbam : sed tu comitatus protinus ad me  
Venisti centum, Symmache, discipulis.  
Centum me tetigere manus aquilone gelatæ ;  
Non habui febrem, Symmache, nunc habeo.

MARTIAL, *Epigrams*, Lib. V. ix.<sup>1</sup>

It is alleged by some, that clinics do more harm than good ; but they are necessary for the understanding of insanity by the medical student. In an outside case you cannot see every phase at the same time, as in a hospital ; and you will never forget the indications and main features of the disease which you study there.

This school will soon have the opportunity of clinical instruction at Westborough, which can easily be visited in a single day.

Almshouses, of the State or the municipalities, are the most common of public establishments. There are 226 almshouses in this State, and fifty within easy reach of you ; there are four in Boston, and one in almost every city and town within forty miles of Boston : therefore it is comparatively easy to make an examination of local almshouses, which, though not so serviceable in

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<sup>1</sup> I kept my bed : to ease my pain  
You came, good doctor, with your train ;  
A hundred hands, colder than Boston greeting,  
Fingered my pulse to count its feeble beating ;  
I *had* no fever, Dr. Puff,  
But now I have one, sure enough.

medical education as large hospitals, yet give the student much that is valuable. The judgment of the physician is often a guide in sending a patient to or keeping him from these institutions. Such a decision is especially necessary concerning the sick. Almshouses are hospitals to a certain degree, for even in Boston the hospitals are never so numerous but that the public almshouses contain many infirm and sick persons. At the State Almshouse in Tewksbury, almost every form of disease has been seen, even leprosy. The verdict of a physician is usually necessary for the admission of patients to hospitals, except in cases of sudden injury; and it should be so with almshouse hospitals.

Out-door medical relief and dispensary practice are among the best organized charities. The medical out-door relief of many countries, and of Massachusetts, is well managed. We have now a system, in the 350 cities and towns of Massachusetts, by which the sick poor of the State can be visited, either by a layman or physician, in three days after notice of sickness has been received. Relief is administered by the local authorities, and they are reimbursed by the State. If the patient does not recover or die in a given time, he may be sent to a State hospital or almshouse. To show the efficiency of our system, I may say that at one time the Governor sent to me an Italian, with papers complaining that a certain Italian laborer, in Northampton, was ill-treated in the almshouse there. I immediately went to the office of the superintendent of the out-door poor, inquired about the case, and saw the visitor who reported him, and within two hours returned a statement to the Governor, of the condition of the Italian, and that, moreover, he was not in Northampton, but at Tewksbury.

The Massachusetts system of out-door relief to the sick has been described. Since its establishment in 1865, in 1877 out-door relief for those not sick was authorized. Temporary aid, in these cases, is continued for a few weeks; and at the end of a given time this ceases, or else the patient is sent to a public institution.

The facilities for visiting almshouses are better than for visiting other institutions, as I have said, because they are more numerous. There is no better remedy for ill management than frequent visitation. Serious abuses are made impossible if the facts become known. The result of inspection and criticism has been usually to remove actual abuses; and now there is more frequent visitation, especially by women. Visiting committees composed of women have been organized in New York and elsewhere, and the possibility of abuse is diminished wherever this is the case.

*THE USE OF CHLOROFORM IN NATURAL LABOR.*

BY O. W. ROBERTS, M.D., WARE, MASS.

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

THE subject which I have selected for consideration at this time, although one which may seem to be hardly worthy of being presented, is one of great interest to me, because it is of great interest to the parturient woman.

I often hear doctors speak of the use of chloroform in labor, as being of so common occurrence with them that it solicits hardly a passing notice or thought.

Some four years ago I for the first time used this anæsthetic. Previous to that time the fear which I had acquired from having heard of several unfavorable and fatal cases resulting from its use in surgical operations, chiefly in the dentist's chair, had been so great, that my courage was not equal to the trial of it.

Since that time I have used chloroform entirely in labor-cases, and have been highly pleased with the results.

The object of this paper is not to present any new or original ideas; but it is offered in the hope that it may elicit some discussion, and that an interchange of ideas and thoughts on the subject may prove beneficial to some, and perhaps all.

When should chloroform be used? how administered? to what extent should anæsthesia be produced in natural labor? and what risk is there of serious or fatal result?—these are points worthy of our most careful consideration.

I have followed the course suggested by Playfair in his work on obstetrics. He says, "Generally speaking, we do not think of giving chloroform until the os is fully dilated, the head descending, and the pains becoming propulsive."

I have thought, that, when chloroform is used previous to this period, the patient becomes more restive and impatient, as she expects to notice a more rapid advancement after it has been used.

Playfair also says, "There is one cardinal rule to be remembered in giving chloroform during the propulsive stage; and that is, that it should be administered intermittently, and never continuously."

When the pain comes on, a few drops may be scattered within the folds of a handkerchief twisted into a cone. During the acme of the pain, the patient inhales it freely, and at once experiences a sense of relief; and as soon as the pain dies away, or lessens, the handkerchief should be removed.

Indeed, when properly given, consciousness should not be

entirely abolished ; and the patient, between the pains, should be able to speak, and understand what is said to her.

This intermittent administration constitutes the peculiar safety of the use of chloroform in labor ; it is due to the effect of each inhalation passing off before a fresh dose is administered. I make it a special rule to always have my chloroform bottle with me, and rarely does a patient go through labor without getting a sniff at its contents. The fact that I so frequently make use of anæsthesia in labor has become so well known among my patrons, that it would be quite difficult for me to withhold it without being censured by the patient and her friends, unless some good reason was present why it should not be used, which good reason I rarely find.

Not infrequently the patient prefers to, or will if requested, handle the handkerchief herself, putting it to her nose when the pain first appears, and taking several long inhalations ; letting her hand drop away when the pain lessens.

This will almost entirely prevent the liability of too much being inhaled, as, when unconsciousness approaches, muscular power lessens, and the hand falls.

As the last part of the second stage approaches, and the head is passing over the perineum, much good can often be obtained by the inhalation of chloroform other than the anæsthetic effect it produces.

I refer to the benefit which may be obtained in preventing laceration of the perineum.

The patient will almost invariably take a long or deep inhalation when asked : so, when I find the pressure is likely to be too severe, I request that a long breath be taken ; and this lessens the perineal pressure, so laceration may often be prevented.

But we must remember, that, while carrying relief to the suffering, we are dealing with a powerful substance, and one which has caused many deaths. An article on chloroform, by Henry A. Lyman, in the September number of Wood's Library for 1881, records three hundred and ninety-three cases of death from the use of chloroform, six of which were cases in natural labor, where it was being used with care.<sup>1</sup>

Of the number recorded, fifteen died within two minutes after commencing its use, ninety-nine before complete insensibility, and thirteen immediately after the addition of a fresh supply of chloroform to the inhaler.

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<sup>1</sup> [We would suggest that in only two of the six cases referred to can the chloroform be justly said to have been used "with care." As has been pointed out by George Royal, M.D., in his admirable article on "Anæsthetics in Normal Labor" in the September issue of "The Medical Advance" for 1885, in four of these cases no physician was present at the time of the administration of the anæsthetic, and in three of the cases the physician did not arrive until after the death of the patient. — ED. GAZ.]

Case No. 393 being so nearly, and in fact almost, identical with cases in which doubtless every member of this society has used and would again use chloroform, I will give it in full.

Primipara, æt. thirty-six years; in good health, weighing a hundred and forty-five pounds.

Had been unusually well during pregnancy. Kidneys healthy; urinary secretion normal.

Had been in natural labor for eight hours. The os uteri was fully dilated, and the head was descending. The severity of the suffering caused her to insist upon chloroform; and finally she was allowed to inhale, intermittently, a few drops at a time, from a handkerchief.

She did not become unconscious, and at the end of ten minutes began to complain of a sense of thoracic depression and dyspnœa, desiring to be raised into a sitting position. She was thus raised up, and immediately the neck and face became livid.

The patient was at once placed in a horizontal position, but had already become unconscious. She frothed slightly at the mouth. The cheeks were blown out in expiration; and after one-half dozen sighing respirations, at increasing intervals, she ceased to breathe. All efforts to resuscitate failed.

This case was reported by W. K. Harrison, M.D., Chicago, March, 1881.

A review of the manner in which death takes place under the influences of chloroform, indicates at least two principal classes of characteristic phenomena:—

Death occurs either as a result of over-excitement of the nervous apparatus, or as a result of its paralysis.

The researches of Paul Bert indicate, that, whenever a certain relative quantity of any anæsthetic has been introduced into the blood, asphyxia will inevitably occur. Lesser degrees of impregnation produce the phenomena of anæsthesia alone; but as soon as a certain degree of saturation is reached, asphyxia appears.

Experimenting upon the dog, the animal must breathe an atmosphere charged with the vapor of ether in the proportion of thirty-seven grammes of ether to a hundred litres of air, in order to produce anæsthesia. If the quantity of ether be doubled, so that seventy-four grammes of ether be mixed with a hundred litres of air, the animal will at once die asphyxiated.

For each anæsthetic substance, the relation between the amount necessary for the production of simple anæsthesia and the quantity which will cause asphyxia and death, is nearly the same as one to two.

One hundred litres of air must contain the vapor of fifteen

grammes of chloroform in order to produce anæsthesia, and of thirty grammes to produce death by asphyxia.

A knowledge of these facts renders it easy to comprehend why death has frequently occurred after placing a fresh charge of chloroform on the inhaler. If the patient has been breathing air charged with chloroform in proportion of twenty or twenty-five grammes to the hundred litres of air, a small addition only will be necessary to reach the asphyxiating point, and death occurs suddenly.

In this connection, a good and safe rule, one which should always be followed, is, to never add a fresh supply of chloroform to the inhaler until you are certain the patient is rallying from the effect of the last dose.

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### CLINICAL CASES.

BY HORACE PACKARD, M.D., BOSTON.

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

#### I.—A CASE OF OVARIOTOMY.

(*Service of the Massachusetts Homœopathic Hospital.*)

THE apology for presenting the following case consists in the fact that a seemingly unpromising case proved to be as favorable a one as any surgeon could possibly desire to meet. Mrs. C., æt. 64, entered the Massachusetts Homœopathic Hospital, Aug. 31, 1885, for treatment for a tumor of the abdomen, of the presence of which she had been conscious from the preceding December. Its growth had seemed slow, until within the last six weeks, during which it had increased with amazing rapidity. Her father and two sisters died from consumption, and an aunt from cancer of the face. The patient exhibited a scrofulous tendency when a child, but her adult life had been one of robust health. She had borne four children, three of whom were living and in good health. The deceased child was a victim of diphtheria. The patient had been a hard-working woman, and had labored unceasingly up to within three weeks.

On palpation, a freely movable lobulated tumor was outlined, with the largest lobe to the left. As the tumor rotated under the hands, a sensation was communicated like that of two bodies sliding by each other. To facilitate examination, ether was administered. The comparatively small size of the tumor and the thickness of the abdominal walls rendered it extremely difficult to determine whether the tumor was cystic in its nature, or solid. Vaginal examination seemed to indicate that the tumor was con-

nected with the uterus, but not very closely. Measurement of the uterine cavity showed it to be much elongated. To throw further light on an obscure case, the aspirator needle was introduced into the most protuberant portion of the tumor. This resulted in the withdrawal of seven litres of clear, slightly straw-colored fluid, and the complete collapse of that part of the tumor. Further examination and exploration were deemed inadvisable at that time; consequently the patient was allowed to come out from the influence of the ether. Slight elevation of temperature occurred on the following day, but subsided promptly under the administration of *arnica*<sup>3x</sup>. A few days later the aspirator was again used, — this time puncturing the part of the tumor inclining to the right. This resulted in the withdrawal of about three litres of fluid very similar in its physical character to the first, and the entire collapse of this portion of the tumor. The result of examination thus far seemed to demonstrate beyond doubt the presence of a bilocular cyst, free from adhesions. Its origin still remained obscure. The general character of the fluid seemed to indicate an ovarian origin, but microscopical examination failed to disclose any of the so-called Drysdale's corpuscles. The accompanying elongation of the uterus seemed to indicate a possible connection of the growth with that organ.

After due consideration it was decided to attempt the removal of the tumor. The reasons, in brief, which led to this conclusion were as follows: —

1. The cystic character of the tumor.
2. The freedom from adhesion.
3. The great mobility of the tumor, indicating that its pedicle could not be very large.
4. The general character of the contents, pointing to an ovarian origin.
5. The general health of the patient being favorable to convalescence.

Accordingly she was prepared for operation by thoroughly evacuating the bowels, the administration of a vaginal douche, and a full bath.

On Sept. 19, at 9.30 A.M., she was etherized, and surrounded by an atmosphere of carbolic spray. The operation was performed as follows: —

The usual incision, about four inches in length, was made along the linea alba between the umbilicus and pubis. On reaching the abdominal cavity, the great omentum was found hanging down in front of the tumor, and covering it like an apron. This was slid up over the surface of the tumor, out of the way, and the white glistening sac exposed. The finger was

then passed in about the tumor, until the pedicle was felt, which was found to be on the right side, and very small. The external wound was then enlarged to about six inches, which permitted of the delivery of the tumor. The pedicle was next secured by silk adjusted in the form of the stafford knot, and assurance made doubly sure by throwing another ligature about the whole. The pedicle was then cut through with the thermo-cautery, the abdominal cavity thoroughly cleansed by repeated sponging, the ligatures cut short, and the stump allowed to fall back into the pelvis. The external wound was closed with deep wire sutures secured with the lead clamps, and superficial silk sutures for accurate adjustment of the cut edges of the skin. The wound was dressed with the Lister carbolized dressing; and the patient then placed comfortably in bed in the ovariectomy ward, with hot-water bags applied about the limbs and body. *Hypericum*<sup>3x</sup> was prescribed, ten drops in water every three hours.

SEPT. 20. — Patient passed a sleepless night. Some nausea and vomiting.

SEPT. 22. — Light tympanites. *Carbo veg.*

SEPT. 23. — Temperature 101.3; the highest point reached at any time. Dressing removed. Wound healed by first intention, except at lowermost suture where there was some inflammatory re-action.

SEPT. 27. — All dressing removed, and the wire sutures removed.

OCT. 1. — At the lowest part of wound, a small abscess has formed, and on pressure discharged eight to ten drops pus.

OCT. 2. — Sat up.

OCT. 5. — Walked about.

OCT. 7. — All dressing discarded, and only a simple body-swathe tightly applied to bowels.

In closing I would acknowledge the invaluable aid rendered in the operation by Drs. A. A. Klein, A. L. Kennedy, Emma C. Geisse, Mr. W. C. Winn of the senior class in Boston University School of Medicine, and the surgeons of the hospital.

## II. — TWO CASES OF LACERATED CERVIX, WITH UNUSUALLY GRAVE CONSTITUTIONAL SYMPTOMS, CURED BY OPERATION.

(*Service of the Murdock Hospital.*)

[*Reported for the Massachusetts Homœopathic Medical Society.*]

The following cases are reported on account of the clear-cut constitutional symptoms presented by each, and the rapid convalescence which followed surgical treatment.

Mrs. H., accompanied by her brother, presented herself for examination and advice at the daily morning clinic of the Mur-

dock Hospital on June 3. Her countenance was devoid of expression; and on asking her name, age, and address, her brother responded, adding that she had been in a state of semi-dementia since the birth of a child *six* years ago, and at one time was so violent that confinement in an asylum became necessary. The greater part of the time, she had been in a state of listless apathy, showing no interest in her household matters, and assuming no responsibility in family cares. The fact that the beginning of her mental aberration was coincident with parturition suggested that sufficient data for diagnosis and treatment could not be obtained without an examination of the sexual organs; which was proposed, and immediate acquiescence obtained. In brief, a left lateral laceration of the cervix was discovered, with considerable concomitant catarrhal inflammation of the mucous membrane, and chronic hyperæmia of the cervix.

Her friends were informed of the condition, and told that, while there was no certainty that an operation would help her mental condition, yet her general health would probably be benefited thereby, and possibly through that channel her mental condition might improve. Her husband immediately begged that such operation be performed as her condition demanded.

For one week she was placed under preparatory treatment, consisting of a hot douche once daily at a temperature of  $110^{\circ}$ , tampons of belladonna cerate, and *ignatia*<sup>3x</sup> internally. At the end of the above-mentioned time, she had improved to such an extent, that her condition seemed favorable for operation.

On July 11, the laceration was closed in the usual manner. She rallied well from the operation; the temperature at no time was above  $101^{\circ}$  F., and there was but little pelvic inflammatory re-action. On the second day, a daily douche of warm phenylized water (3j to the pint) was ordered, and the *ignatia*<sup>3x</sup> continued.

During the time she had been in the hospital, she had worn the same sad, melancholy expression continuously; she had not been seen to smile, and had shown no intelligence save in a sort of mechanical obedience to the orders of the matron and attendants.

On the seventh day after the operation, when I approached her bed in my daily round, I noticed a change in her countenance. The blank and listless expression had in a measure disappeared, a gleam of intelligence lighted her countenance, and she greeted me with a smile.

It is unnecessary to dwell upon the details of her convalescence, except to say that in a few days she was up, and took appreciable interest in matters about her; busied herself in knitting and crochet-work; and, in eighteen days from the time

she was admitted, she returned to her home in a much improved mental state, and has gradually improved up to the time of writing this article.

CASE 2. — Mrs. L., mother of three children, entered the hospital July 17. She suffered laceration of the cervix at the birth of her first child, and in the intervening time had been faithfully tamponed and syringed at intervals for "ulceration of the womb," but all to no avail, for her general health had steadily depreciated, until, for several weeks previous to admission, she had presented marked phthisical symptoms; viz., severe cough, night-sweats, hectic, loss of appetite, emaciation. In addition, she suffered untold agonies from neuralgic pain, extending through the chest, right side of head and neck, and through bowels.

Bearing in mind the happy changes which had been wrought in previous cases suffering from a like condition, I made bold to advise an operation for the repair of the laceration. After a week's preparatory treatment, during which the patient was kept in bed on a full diet of ordinary food and Murdock's Liquid Food in addition, the operation was performed as in previously described cases. She rapidly convalesced, and the cough and night-sweats disappeared in a short time. The appetite was slow in returning, but gradually improved. The neuralgia still troubled her, but was less severe than formerly. She had an opportunity to spend a few weeks in the country; and, one month after the operation, was discharged.

On her return to the city, six weeks later, she reported that while away, the neuralgic pain had entirely left her, and her appetite was all that could be desired.

These cases give occasion for many reflections. In both, the constitutional symptoms seemed out of all proportion to the local mutilation, and yet in each case rapid convalescence followed the repair of the laceration. What would have been the final result, in the two cases above mentioned, had the rupture not been repaired? Would the one have been for the remainder of her days in a state of dementia, and would the other have developed into a case of phthisis?

Such a conclusion seems reasonable; but even though it be erroneous, the fact remains that both patients were promptly relieved from long-lasting and distressing symptoms, and are now healthy women, and able to enjoy the pleasures of life.

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CAUTION IN ANÆSTHESIA. — Dr. Buck, London, says that if the patient be not thoroughly under the influence of chloroform, any irritation of the fifth nerve will produce slowing of the heart and final stoppage through the pneumogastric nerves. — *London Lancet*.

## SOCIETIES.

*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.*

THE annual meeting of the Society was held at Cooley's Hotel, Springfield, March 17; the president, N. W. Rand, in the chair. Records of last meeting were read and approved.

The censors reported favorably upon the applications of E. A. Murdock, M.D., of Spencer, and C. H. Forbes, M.D., of Athol; and by vote of the Society they were admitted to membership.

The election of officers for the ensuing year resulted as follows: President, Henry Tucker, M.D., Brattleborough, Vt. Vice-presidents, J. M. Barton, M.D., Worcester; G. B. Peck, M.D., Providence, R.I. Secretary and treasurer, G. H. Wilkins, M.D., Palmer. Board of Censors, W. F. Harding, M.D., Westfield; G. F. Forbes, M.D., West Brookfield; O. W. Roberts, M.D., Ware. Delegate to American Institute of Homœopathy, N. W. Rand, M.D., Monson. Substitute, A. M. Cushing, M.D., Springfield.

The meeting then came in charge of the Bureau of Gynecology and Obstetrics; J. H. Carmichael, M.D., chairman. The first paper, "Post-partum Annoyances," by G. B. Peck, M.D., was a tabulated statement of the experience of many physicians, to whom letters of inquiry had been sent, upon such topics as severing the umbilical cord, delivering placenta, treatment of post-partum hemorrhage, mammary abscess, etc. The chief interest in the discussion which followed was upon the subject of using the binder after parturition. Dr. Peck never uses it, believing it has a tendency to produce prolapsus of the uterus. Dr. N. W. Rand opposes it for the same reason. Dr. O. W. Roberts used to hold the same opinion, and has not been accustomed to apply it; but is now convinced that properly used it cannot produce displacement. Dr. Smith believes it is impossible that displacement can result from its use, if not continued for too long a time. Dr. Carmichael thinks no harm can follow, and applies it for twenty-four hours as a support to the abdominal walls, and to prevent relaxation of uterus and consequent hemorrhage. Many of the members are opposed to its use, and apply it, if at all, under protest and never tightly.

Dr. A. M. Cushing read a paper upon "Diseases of Females successfully treated without Local Applications." Some members doubt the accuracy of diagnosis when cases of the more serious of these diseases are cured by high dilutions, or any other means except surgical; but the doctor says he would

rather have his case get well, and the diagnosis remain doubtful, than have his patient die and the diagnosis be confirmed.

Dr. J. P. Rand reported a case of miscarriage, showing the dangers and difficulties that arise in conducting a case of this kind, especially when the woman goes to "the city" for an "operation," and then depends on her family physician to see her safely through.

Dr. Peck narrated some of the "Sunny Memories of a Young Physician."

Dr. Carmichael presented a paper upon "Laparotomy, its Uses and Abuses." He quoted from authorities to show the large per cent of cures notwithstanding the dangers that attend the operation, protested against the surgeon's operating for the sake of experience and reputation, but strongly advised that in suitable and indicted cases laparotomy be performed.

Adjourned to meet at Cooley's Hotel the third Wednesday in June.

G. H. WILKINS, *Secretary.*

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE regular monthly meeting of the society was held at the Parker House, Thursday evening, March 18, 1886.

*Business Session.*—Dr. A. J. Baker proposed for membership Dr. Charles Sumner Collins of Nashua, N.H. Referred to censors.

The following were appointed to constitute an advisory committee, having in charge the interests of homœopathy in Boston: I. T. Talbot, Horace Packard, H. C. Clapp, J. W. Clapp, W. L. Jackson, F. C. Richardson, N. W. Emerson, A. L. Kennedy, Alonzo Boothby.

*Scientific Session.*—Subject, Differentiation between Pregnancy and Abdominal Tumors.

1. "Diagnosis of Pregnancy in the earlier months." George R. Southwick, M.D.

2. "Diagnosis of Abdominal Growths." Alonzo Boothby, M.D.

3. "Case of Pregnancy complicated with Multiple Fibroma." O. B. Sanders, M.D.

4. Discussion.

W. H. Lougee, M.D., of Lawrence, was present by invitation, and participated in the discussion, which was unusually animated and instructive. The meeting was in every way a success, there being a large attendance, and great interest manifested in the subject under consideration.

F. C. RICHARDSON, M.D., *Secretary.*

## REVIEWS AND NOTICES OF BOOKS.

A HANDBOOK OF HOMŒOPATHIC MATERIA MEDICA which promises to be of immense value and importance is announced by F. E. Boericke, of the Hahnemann Publishing House of Philadelphia. This handbook is to appear in a single volume; and that this volume will be "efficient and thoroughly practical," great and pains-taking as must be the labor given to making it so, we readily believe when we read that the author is to be Dr. Timothy F. Allen. The work may be looked for in about a twelvemonth, and its price, though it cannot yet be definitely announced, will approximate fifteen dollars. The character of the book, and the names of author and publisher, combine to awaken the warmest expectations, and its appearance will be eagerly looked for. Subscriptions will now be received, and we trust will be forthcoming in substantial numbers.

THERAPEUTIC KEY: OR, PRACTICAL GUIDE FOR THE HOMŒOPATHIC TREATMENT OF DISEASE. By I. D. Johnson, M.D. Fifteenth edition. Philadelphia: F. E. Boericke, 1886. 306 pp.

One is always ready to welcome an old friend in a new dress, and to wish the friend a life long enough to outwear many new dresses. This little book, in a dress now outworn, has long been an intimate and valued friend of ours; and we rejoice in the vitality evidenced by its added growth, and the prosperity to which its fine new dress testifies. Among the matters, aside from therapeutic hints, which we find treated of in the present edition, are disinfectants, diet, artificial digestion, water as a remedial agent, antiseptic dressings, what to do in emergencies, etc; also, short articles on post-mortem examinations, and certain questions of a medico-legal nature. In the main portion of the work the diseases are, as formerly, arranged in alphabetical order; the remedies mentioned being likewise so arranged, for the most part. Auxiliary measures, when such are judged of sufficient importance, are mentioned at the end of each chapter. While we recognize that "comparisons are odorous," we cannot resist pronouncing this little book, if not the best of its kind, certainly our own preference among its many competitors. Its present dress is unexceptionally creditable and handsome.

EPITHELIOMA OF THE MOUTH. By H. I. Ostrom, M.D. New York: A. L. Chatterton Co., 1885. 120 pp.

In this small monograph Dr. Ostrom seeks to elucidate a few obscure points in the etiology, pathology, and treatment of epi-

thelioma of the mouth. He studies the structure and functions of the buccal mucous membrane, and from this study draws conclusions as to the pathological formations under consideration. No new theories as to treatment are presented. *Ranunculus bulbosus* is favorably mentioned in connection with epithelioma of the gums; but little confidence is expressed in the efficacy of medicines in other forms of the disease. Surgical operations, on which alone hope can be reasonably based, are minutely and exhaustively described.

Typographical errors are deplorably numerous. "Riticulum" for "reticulum" twice occurs; "proceed" for "precede," "cicatricle" for "cicatricial," are a few examples. Otherwise the book is well gotten up, and will repay perusal.

DIAGNOSIS OF DISEASES OF THE BRAIN AND OF THE SPINAL CORD. By W. R. Gowers, M.D., F.R.C.P. New York: William Wood & Co., 1885. 293 pp.

This is the issue for December of "Wood's Library" for 1885, and is entirely worthy its place in that handsome and valuable series of publications. In the work the author treats graphically and interestingly of the chief symptoms and of the best means of diagnosing diseases of the brain and of the spinal cord. The subjects are dealt with in a series of lectures delivered at University College Hospital; the lectures being most admirably arranged, and giving a remarkably clear valuation of symptoms and description of methods to be pursued in diagnosis. So fully and satisfactorily, indeed, are all the facts bearing on the matter set forth, that a careful student of the book may consider himself well fortified against error in differentiating the diseases treated of.

Viewed together, the twelve volumes of "Wood's Library" for 1885 afford excellent reason for self-congratulation to their fortunate possessor, and for gratitude on the part of the profession at large to their enterprising publishers.

A MANUAL OF MICROSCOPICAL TECHNOLOGY. By Dr. Carl Friedlaender. Translated by Stephen Yates Howell, M.A., M.D. New York and London: G. P. Putnam's Sons, 1885. 249 pp.

To our review of Dr. Friedlaender's manual, — by a different translator, and issued by other publishers, — which appeared in the January GAZETTE, we need only add that the pains-taking translator of the present edition has made several useful and original additions to the manual: such as, an article on the comma bacillus of Asiatic cholera; a list of American and for-

eign manufacturers, which embraces the description and prices of their latest complete student-microscopes; and numerous foot-notes, to render as clear and comprehensible as possible the views and suggestions of the author. From every point of view the little book is a worthy presentation of a valuable and practical work.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M.D. Octavo, 867 pp., 40 illustrations. Philadelphia: Lea Brothers & Co., 1886.

A treatise that, like the present, has reached a sixth edition, scarcely needs commendation beyond the mention of that fact. The author of the present work is well and widely known as a clinical professor of diseases of children, whose large experience, intelligently assimilated, cannot but command respectful attention for any literary work he may offer to the profession. In the present edition, the chapters on cerebro-spinal fever, scarlet fever, pseudo-membranous croup, and infantile diarrhœa, have been re-written. The clinical history of children's diseases is handled in a masterly manner, and well repays the study of the practitioner of any school. The treatment recommended is of course — nominally — "rational." The work wears, of course, handsome and durable dress, as the stamp of its publishers would in itself guarantee.

HOW WE TREAT WOUNDS TO-DAY. By Robert T. Morris, M.D. New York and London: G. P. Putnam's Sons, 1886. 162 pp.

The critic, in laying down this clever little monograph, does so, rather with the thought of its being epigrammatic than of its being scientific: yet scientific beyond challenge it unquestionably is. The author gives full directions for the application of antiseptic treatment, interestingly, and in conscientious detail. Every surgeon would do well to intelligently study and faithfully test the methods here set forth, before pronouncing antiseptic surgery but a passing fashion of the hour. It is a book which the student may not only profit by, but enjoy: the more so, that its author seems not wholly to have outgrown certain habits of thought and phraseology of undergraduate life.

PRACTICAL HUMAN ANATOMY. By Faneuil D. Wisse, M.D. New York: William Wood & Co., 1886. 456 pp.

This fine volume is intended, as its title-page informs us, as a "working-guide for students of medicine, and a ready-reference for physicians and surgeons." As such, we cordially commend

it to the profession, assuring them that no search in the fields of foreign or domestic literature would discover for them a work more completely and admirably adapted to its purposes. It is illustrated by 222 plates. The plan of the book is to teach the macroscopic anatomy of the human body in a series of dissections twenty-seven in number. Each chapter is complete by itself: "dissection paragraphs," giving full and clear directions for working intelligently, being companioned by "descriptive anatomy paragraphs" explaining the parts or viscera by dissection brought into view; while exquisitely printed plates illustrating the parts or viscera thus exposed and classified complete the chapter. These plates were drawn by Mr. Max Cohn, from dissections made by the author. The book will prove an inestimably valuable companion not only to the medical student, but to the surgeon whose jaded memory may be refreshed at a glance by reference to its pages. It is printed and bound in a style worthy of its contents and its publishers.

PSYCHIATRY: A CLINICAL TREATISE ON DISEASES OF THE FORE-BRAIN. By Theodor Meynert, M.D. Translated by B. Sachs, M.D. Part I. New York and London: G. P. Putnam's Sons, 1885. 285 pp.

We feel that the translator is justified in saying in his preface that this is "a scientific treatise on diseases of the brain, by the one best fitted to write such a treatise;" since its author is the great brain-anatomist, Professor Meynert.

The author's elucidation of diseases of the fore-brain is based upon a study of its structure, functions, and nutrition. Accordingly this, the first part of the work, consists of a study of the structure and architecture of the brain, of the minute anatomy of the brain, of anatomical corollaries and physiology of cerebral architecture, and of the nutrition of the brain; together with an appendix treating of the mechanism of expression. These fundamental chapters are considered not as an adjunct of the treatise, but as a fundamental part of it, without a thorough assimilation of which it would be found impossible to follow the author in the second or clinical part of his work. Taken by itself, it forms a deeply scientific text-book on the anatomy of the brain. In the third division of the present volume, the subjects treated include cortical localization, the sensory character of motor centres, the seat of intelligence, memory, the inductive mechanism in the brain, primary individuality, instinct, methods of thought, processes of thought and their relation to our moods, co-ordination and sensation. Professor Meynert attaches much importance to the relative size and weight of the brain and other organs of the body; abnormal proportions con-

stituting, in his view, "anatomical peculiarities" which serve as basis for the doctrine of predisposition to disease. The ordinary "mystical conception of heredity" is dismissed as unworthy a scientist.

Dr. Sachs has given us a most readable translation. We shall look eagerly for the second part of a work so admirable and so needed. The volume is appropriately and handsomely bound, and the press-work is above reproach.

HAY FEVER. By Charles E. Sajous, M.D. Philadelphia: F. A. Davis, 1885. 103 pp.

The time is approaching when the "tormentor" known as "hay-fever" will make its annual visit to thousands of unwilling entertainers; and a knowledge of how to permanently banish this unwelcome guest will of itself be almost sufficient to popularize the sure-to-be-sought physician. Such a knowledge Dr. Sajous, in the little monograph before us, claims to impart. According to our author, intra-nasal hyperæsthesia, inordinate susceptibility of the nerve-centres, a predisposition often inherited, and an irritant varying for different individuals, are the causes of this troublesome affection. Three areas in the nasal mucous membrane are located, which separately or conjointly become the seats of hyperæsthesia in hay-fever patients; and as this hyperæsthesia is the chief factor in producing the disease, annulling the abnormal sensitiveness will, our author tells us, prevent or cure the disease. This Dr. Sajous accomplishes by cauterization, using either the galvano-cautery or acids. The operation is simple, if intelligently performed, and intelligent performance of it is quite practicable,—we had almost said inevitable,—to the physician who reads this little book. The author cites numerous clinical cases in support of his theory, whose value in practice certainly deserves to be fairly tested, considering the frequency and immense discomfort of the trouble it claims to relieve.

LECTURES ON SYPHILIS. By G. Frank Lydston, M.D. Chicago: A. M. Wood & Co., 1885. 184 pp.

Dr. Lydston here offers to the profession a course of nine lectures on syphilis, delivered by him before the Chicago College of Physicians and Surgeons. Together with the views of the most advanced pathologists and syphilographers on the clinical history and pathology of acquired and congenital syphilis, are given selected formulæ which the author has found useful in the treatment of this often baffling disease. A subject presented so systematically and graphically, and in such con-

densed form, is always more attractive to and therefore more easily mastered by the student, than when dealt with in a bulky and comprehensive treatise; which fact should serve both as *raison d'être* and recommendation of this little book. It is clearly printed and neatly bound.

ELECTRICITY IN MEDICINE. By Ambrose L. Ranney, M.D. New York: D. Appleton & Co., 1885. 147 pp., and 14 plates.

The full title of this admirable little work, which is "Practical Suggestions respecting the Varieties of Electric Currents, and the Uses of Electricity in Medicine," quite sufficiently summarizes its aim and scope. It does not claim to treat exhaustively of "electro-physics," "electro-diagnosis," or "electro-therapeutics;" but enough is said on these important subjects, and most interestingly said, to enable the intelligent student to select a proper battery for treating a given condition, and to use it effectively. We are told that these subjects are to be more fully treated by Dr. Ranney in a work on nervous diseases, which is now in preparation; but the larger treatise will not render useless this smaller one, whose very smallness is no small factor in its practicality. The plates are well drawn and printed, and add greatly to the value of a most useful and desirable little book.

A MANUAL OF OPERATIVE SURGERY. By Lewis A. Stimson, B.A., M.D. Second edition. Philadelphia: Lea Brothers & Co., 1885. 506 pp.

This useful little volume is devoted to concise descriptions of all the special operations which the general surgeon may be called upon to make; and gives also, in terse and clear phraseology, certain recognized general principles in surgery. The general principles of antiseptic surgery are included, though of course the minutiae of antiseptic treatment are not given with each operation. Operations "such as the removal of tumors, which can be described only in general terms," are excluded, and non-essential details are sensibly avoided. The illustrations are numerous and well-chosen, and the work as a whole is to be cordially recommended as a manual for ready reference.

INORGANIC CHEMISTRY. By Edward Frankland, Ph.D., D.C.L., LL.D., F.R.S., and Francis R. Japp, M.A., Ph.D., F.I.C. Philadelphia: Lea Brothers & Co., 1885. 693 pp.

A noteworthy feature of this work, and one which greatly adds to its value as a text-book, is the introductory portion of about

140 pages, which presents clearly and in logical connection the prominent chemical theories of the present day, with hints as to their application and value. In the body of the work is to be found all that in the opinion, founded on a wide and commanding experience, of its authors, can lead "to an acquisition of a sound and accurate knowledge of elementary chemistry." The most practical systems of classification, nomenclature, and notation have been employed, and some of the more important technical applications of chemistry are sufficiently outlined to add much to the student's interest in his study of chemistry. It is a model work on its branch of science, and one which any student will find valuable and companionable.

COMMON-SENSE IN THE NURSERY. By Marion Harland. New York: Charles Scribner's Sons, 1885. 202 pp.

The cynical bachelor would doubtless say that common-sense in the nursery was the rarest of things desirable; and to this the family physician called to undo the mischief wrought in the nursery by the ignorant carelessness of mother or nurse, is sometimes fain to assent. The advent of "Common-Sense in the Nursery," therefore, in such an attractive form as the present one, is worthy of an enthusiastic welcome. Marion Harland is well known as a wise counsellor on domestic affairs; and nowhere has she offered wiser or more sorely-needed counsel than in the present volume, many of whose essays we read with much satisfaction on their original appearance in that delightful little contemporary of ours called "Babyhood." These essays deal with such practical themes as "Baby's Bath," "Baby's Day-nap," "How do you feed him?" "Clothing," etc.; and they are written in such a pleasantly familiar style, and pointed with such appropriate anecdotes, pathetic and funny, that their wise counsels are sure to be remembered and followed, when the family physician's well-meant preachment is resented and ignored. Acquaintance with and obedience to such counsels would save the physician many a midnight call, and the little citizens of the nursery many a needless peril and pain.

THE BABY'S JOURNAL. Designed and compiled by S. Alice Bray. New York: Anson D. F. Randolph & Co., 1885.

The young mother who desires to follow the sensible modern custom, — commendable from a practical no less than from a sentimental point of view, — of keeping a permanent record of the more prominent events of baby's first years, can find no more desirable aid to her pleasant task than this little book. Such "prominent events" — the cutting of the first tooth, the

date of the first step, the order of arrival of the inevitable baby ills, the peculiarities, physical and mental, which, however trifling in themselves, are sometimes invaluable guides to the better understanding of baby's after-life — here find ample and artistic place of record. The little work is charmingly illustrated, and verses appropriate to the matter to be chronicled precede the pages devoted to the chronicling. Such a record, faithfully kept, would be a useful and pleasant possession for an entire after-life. Physicians whose conversations with their patients are not sternly limited to the number of teaspoonfuls to be taken per hour, may well earn the gratitude of the young mothers of their *clientèle* by the mention and recommendation of "The Baby's Journal."

THE CHILD'S VOICE: ITS TREATMENT WITH REGARD TO AFTER-DEVELOPMENT. By Emil Behnke and Lennox Browne, F.R.C.S. Chicago: A. N. Marquis & Co., 1885. 109 pp.

This is a carefully and well edited compilation of the opinions of the best authorities on a subject, whose neglect in literature has been hitherto altogether unworthy, in view of its importance; namely, the proper methods of formation and culture of the child's voice. Among the points taken up, are the age at which a child should begin to learn singing; cultivation of the child's voice with regard to health; speculations as to the future character of a boy's voice; and others of like interest. The little book will be found to abound in useful hints, which the mother and teacher may turn to helpful account, to the future profit and pleasure of the little ones under their charge. It is clearly printed and attractively bound.

THE POPULAR SCIENCE MONTHLY for March is a particularly readable number. For papers of especial interest to the medical profession, we have, "Colorado as a Winter Sanitarium," by Dr. Fisk; "Health and Sex in Higher Education," by Dr. Dewey; and "Infancy in the City," by Dr. Peckham. The contribution on "Animal Weather Lore" will rouse a smile of reminiscence of the devoutly-believed nursery rhymes of one's boyhood. The whole issue affords a delightful hour or two of reading, and food for many after-hours of thought. New York: D. Appleton & Co.

THE CENTURY for March gives the conclusion of Stockton's fantastically clever sketch of "A Borrowed Month;" continues Howells's new serial; has a touching sketch of Southern life and character, "John Tower's Experiment," by a new writer; discusses "The Strength and Weakness of Socialism," in a

timely and able paper by Washington Gladden; and among several charming poems has a *vers de société* by F. D. Sherman, which is worthy of any of the famous singers to whom he gracefully refers. New York: The Century Company.

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BOOKS AND PAMPHLETS RECEIVED.

- THE YEAR-BOOK OF TREATMENT FOR 1885. Philadelphia: Lea Bros. & Co., 1886.
- THE PHYSICIAN'S CHEMISTRY. By Clifford Mitchell, A.B., M.D. Chicago: Gross & Delbridge, 1886.
- THE ADIRONDACKS AS A HEALTH RESORT. By J. W. Stickler, M.S., M.D. New York and London: G. P. Putnam's Sons, 1886.
- HOSPITAL SISTERS, AND THEIR DUTIES. By Eva C. E. Lückes. Philadelphia: P. Blakiston, Son, & Co., 1886.
- THE METHODS OF BACTERIOLOGICAL INVESTIGATION. By Dr. Ferdinand Hueppe. New York: D. Appleton & Co., 1886.
- A SYSTEM OF PRACTICAL MEDICINE. By American Authors. Edited by William Pepper, M.D., LL.D., assisted by Louis Starr, M.D. Volume IV. Philadelphia: Lea Bros. & Co., 1886.
- COCAINE IN HAY-FEVER. By Seth S. Bishop, M.D. Reprinted from "The Journal of the American Medical Association."
- NOTE-BOOK FOR CASES OF OVARIAN AND OTHER ABDOMINAL TUMORS. By John Homans, M.D. Boston: Cupples, Upham, & Co.
- A NEW DEPARTURE IN UTERINE THERAPEUTICS. By George J. Engelmann, M.D. Reprinted from "The St. Louis Courier of Medicine."

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PERSONAL AND NEWS ITEMS.

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DR. J. L. COFFIN, having accepted an invitation to lecture on Dermatology at the Boston University School of Medicine, will be absent from his office, No. 3 Hamilton Place, on Tuesdays.

J. HERBERT MOORE, M.D., has located at Brookline, Mass.

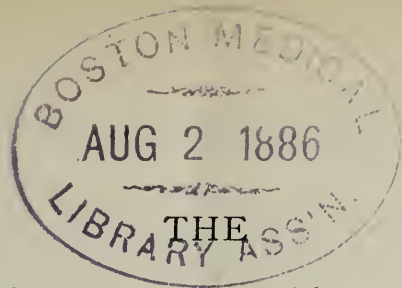
FOR SALE.—A medical practice in the vicinity of Boston. A good opportunity. Address C. W. J., care of Otis Clapp & Son, Boston.

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OBITUARY.

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GEORGE WHITEFIELD GUNTER, M.D., Middleton, Annapolis, Nova Scotia, died, Feb. 28, 1886, after an illness of three years of diabetes, finally of consumption. He was formerly located in Natick, Mass. He leaves a wife and several children in needy circumstances.



# New-England Medical Gazette.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Boston, Mass.

## EDITORIAL.

### *AMERICAN MEDICAL DIPLOMAS.*

THE frequent worthlessness of American medical diplomas is, it seems, once more to be brought to the notice of the world, and threatens, indeed, to become, in the near future, an international proverb. In a recent issue of "The Nation" we find a note to the effect that "the prosecution is imminent of numerous Germans who style themselves doctors on the strength of diplomas purchased in America. There are thirty-four hundred such doctors in Berlin alone."

When Carlyle — after a particularly indigestible dinner, let us charitably hope — once said that whenever he heard America mentioned, he had a vision of a prodigious shop-counter, stretching along the entire coast of the Atlantic, his satire would have been yet more trenchant, could he have foreseen, that, across that counter, was to be sold not only honest merchandise to feed and clothe the world, but dishonest title to honor and privilege, to deceive and work mischief to the world. As the time of commencement of the many American colleges draws near, the reflection forces itself afresh on every mind concerned for the welfare of humanity or the honor of the medical profession, how few of the graduates sent forth are even measurably fitted for the arduous duties for which the honorary title on their degree shows them to be candidates. No title appeals to deeper or more vital needs of the community at large, than does that of Doctor of Medicine; and none therefore should demand of its recipient more ample and exact demonstration of fitness. As to what demonstration of fitness is actually demanded, the

statistics lately tabulated and offered by our esteemed contemporary, "The Hahnemannian Monthly," bear eloquent testimony; and to thoughtful study of them every patriotic citizen as well as every conscientious physician can profitably turn his attention. Taken in connection with "The Nation's" statement quoted above, they go far to explain why America is fast becoming, if not an intellectual penal colony, at least a sort of intellectual alms-house, for the nations of the world, whither mental paupers may turn their steps, sure of a hospitable welcome and prompt decoration with the insignia at least of intellectual rank. It is not a noble attitude for America to assume; it is an attitude, the impression of which not even the improbable World's Congress of 1887 is likely to dignify in the eyes of Europe.

As long as legislators are either indifferent or susceptible to "gross insults," as the Mikado legislator characterizes, while accepting, pecuniary considerations, so long will colleges where degrees are purchasable for little ready money and less intellectual labor continue to flourish under State charter, and do unlimited mischief. Nothing but an enlightened, aroused, and determined public opinion can ever root out the evil. To the formation of such a public opinion, physicians of all schools of medicine may profitably devote themselves; dropping, if necessary, for the time being, scientific recriminations over the proper name of the bug which is at the root — or, to be accurate, at the slaughter of our metaphor, the bug which *is* the root — of absolutely incurable diseases; or over the number of gallons of water with which a drop of the forty thousand potency is to be "fluxed" before one turns off the tap. Civil warfare among scientific and conscientious physicians may well give way for a time to discussion concerning and co-operation in abolishing those sources which flood the community with physicians (?) neither conscientious nor scientific. Such a concerted effort could not but result in benefit not only professional but national.

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*AMERICAN INSTITUTE OF HOMŒOPATHY.*

THE time is close at hand for our National Institute to assemble in its forty-third annual session. It meets at the Grand Union Hotel, Saratoga, in the last week of June. The place is

central, a delightful resort, with accommodations unsurpassed. Moreover, the place will not be crowded as at the later season, and there will be plenty of room for every physician to come, and bring not only his wife, but also his "sisters and his cousins and his aunts." So let all turn out, and may the social element be no small addition to the scientific and professional value of this meeting. It has, of late years, been the custom for the Institute to open its session on Tuesday morning, and continue till Friday; but with the large and increasing amount of work, the sessions are always crowded and the discussions limited. As the time and arrangement of the session is left largely with the executive committee, we see no reason why it may not open on Monday evening, June 28. A large number of the members are always present by this time, and it will be so this year, since the principal trains will arrive by five o'clock in the afternoon. The organization can be perfected, the necessary details gone over, and the evening made delightful by the address of President Runnels. The Institute will then be ready to begin its solid bureau work early on Tuesday morning, say by nine o'clock; and we may thus secure greater leisure for all the subsequent reports. There has never before been a year in which the various bureaus have so thoroughly and enthusiastically organized their work; and from each one we may expect a valuable report. Every physician of our school, whether old or young, should be a member of the National Institute. It is of great importance to the individual, adds to the influence of the association, and contributes to the welfare and advancement of the profession. This session can easily be made the largest and most important ever held, and a great accession made to its membership. To this end a duty rests upon each one of us.

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#### EDITORIAL NOTES AND COMMENTS.

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IF "THE ISSUE IN ENGLAND" is not satisfactorily and forever settled to the minds of our English *confrères* by the editorial on the subject in the March issue of "The Medical Advance," one much-mooted "issue" in which they as Englishmen are naturally

interested certainly is thereby settled beyond cavil; and that is, that American possibilities in certain directions were not, after all, exaggerated when Dickens wrote "Martin Chuzzlewit." Mr. Hannibal Chollop is no longer a disputed possibility: he is a revealed entity; he lives, he writes; he walks, metaphorical bowie-knife and revolver in hand, if not in at the door of Martin's lonely cabin, yet in at the door of the British Homœopathic Medical Society, and there addresses our English brethren on the unhappy "European"-ism of their sentiments, in language which, but for its conventionalized spelling, would be ecstatically hailed by every lover of Dickens with a shout of "*Chollop!*" Do we exaggerate? Listen to him: "This situation has in it one impressive lesson for Americans. England has a State Religion and a State Medicine, and each is an apparatus that freemen must forever avoid. . . . Prestige, custom, vested rights, enthral your Englishman from the egg to the coffin. . . . With their mother's milk they sucked in all that makes a formula so awful. . . . The homœopathic profession of America, . . . we are glad to inform Dr. Pope, has had no 'large and successful experience' in the barrel, — its experience has been wholly outside." . . .

And finding prose inadequate to the strain of his emotions, the writer emulates his brother-in-Dickens, Mr. Wegg, and "drops into poetry;" perpetrating, in stanzas following a full line of Greek, these Chollopian lines concerning the two divisions of the medical profession in England, —

"One law is made for both, so well,  
That one gets on, and one gets —."

It is with feelings of uttermost perplexity that the average "freeman," as represented by the American homœopathist, tries to recall what so great privileges, medically speaking, his Americanism secures to him, that he should thus Chollopianly crow over his English brother, shut out forever from those privileges by the incurable misfortune of his "European" birth. In his perplexity he recalls how, so far from being equal before the government with his allopathic adversary, the American homœopathist is making at this moment a plucky and as yet ineffectual fight for such equality, as manifested by equal eligibility to all

medical offices in governmental gift; and in his perplexity he supposes that such facts as this must, like the "revolvers and bowie-knives" of Mark Tapley's amiable soliloquy, be regarded as "not worth mentioning."

We trust that our English brethren will not make the mistake of their predecessors of Dickens's day; but will regard this modern Chollop-ism as born of individual eccentricity, and by no means of national feeling. We trust they realize that nowhere have they more sympathetic spectators, in their struggle against the oppression of prejudice, than in their American fellow-workers, who are fighting the same battle under conditions not sufficiently different to greatly lighten its stress. We trust that they need no assurance of how we, their brethren in race and language, in aim and purpose, are glad in their successes, sympathize in their perplexities, sorrow in their losses, glory in their ability and their pluck, and rejoice whole-heartedly in our right to do so.

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AMONG THE OPERATIVE MEASURES which, long theoretically approved by the profession, have been regarded as practically impossible because of the grave after-danger from septicæmia, is the operation known as *raclage* of the uterus. Since, however, the successes of modern antiseptic surgery have demonstrated that many fatal results in former operations were due "not so much to the operation as to the operator," uterine *raclage* (or scraping) has, in common with other operations, taken its place among the practical resources of modern surgery, and is in successful use among European surgeons, especially those of Germany. In a recent number of "The Medical Abstract" is a translation of an exceedingly interesting paper on this subject by Professor Tarrillon. This surgeon has employed uterine *raclage* in his own practice with such excellent results, that his recommendation of it is emphatic and enthusiastic.

He employs it in those cases of cancer of the uterus "where the cervix, naturally short, is seized in its deeper portions, and in the cavity, or where the uterus is the primitive seat of the evil, and it becomes a question of cancer along the internal surface of the organ." As a palliative measure, especially in the latter

case, he looks upon *raclage* as of the highest value. "The operation consists," he tells us, "in fully removing all of the diseased parts until we come upon healthy tissues. . . . As cancer invades the uterus, it softens it; and if to the touch the diseased parts appear indurated, it is because the tumor is found in mass. . . . The tissue of the cancerous portion is found to be easily torn, and does not resist under the instrument. The healthy tissue of the uterus resists the blade; it speaks, so to say, at every effort directed against it; it conveys to the hand of the operator a sensation as of elastic scraping. When we perceive this sensation, we must stop."

The instrument used in the operation is the one known as Récamier's curette. "*Raclage* should be practised with several curettes, of different forms, and they should be made long. At the beginning of the operation, a curette with a cutting border should be used. Toward the end, when the instrument penetrates deeply into the cavity, and we do not know the thickness of the healthy tissues which separate the uterus from the peritoneum, a curette with dull edges must be employed. . . . Before the operation, the vulva must be made thoroughly aseptic, and several vaginal injections should be made with weak bichloride of mercury."

As to the immediate after-treatment, Dr. Tarrillon is, on the whole, in favor of the use of the thermo-cautery for the whole surface. He then applies iodoform dressings; blowing in a small quantity of the powder, and covering the cavity with one or two tampons of iodoform gauze. The aseptic power of this dressing, he claims, is so great that it does not need renewal oftener than once in three or four days.

*Raclage* is not brought forward as a curative measure in uterine cancer; but to prolong the life of a patient thus cruelly afflicted, and to render her condition infinitely more comfortable than could otherwise be the case, are surely results justifying the employment of an operation which, rightly performed, is attended by but few and slight risks. Uterine colics sometimes follow, but though painful they are transitory, and not dangerous. Pelvic peritonitis rarely supervenes, except as a result of too early operation, or subsequent neglect of antiseptic measures. The patient should be kept absolutely at rest for eight or ten

days. The contra-indications for the operation are two: When the cancer has gone beyond the uterus, and invaded the neighboring organs, and if *raclage* would risk perforation of the uterine walls; or when marked inflammatory symptoms exist about the uterus, if there is any indication of the presence of pelvic peritonitis, or acute or chronic phlegmon of the broad ligament.

*Raclage* is also recommended for the removal of small uterine polypi, in vegetating endometritis, and to take away those shreds of the placenta which, after delivery, graft themselves upon the mucous membrane of the uterus. In chronic endometritis, *raclage* is said to yield marvellous results. An operation for which such noteworthy claims, based on experience, are made, is surely deserving of the most serious consideration from physicians called upon to treat the maladies which come within the sphere of its alleviation.

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### COMMUNICATIONS.

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#### THE THERAPEUTICS OF SMALL-POX.

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[Continued.]

BAPTISIA TINCTORIA, as a remedy for small-pox, was unknown till the year 1872, when Dr. Eubulus Williams, physician to George Muller's Orphanages in Bristol, Eng., used it in an epidemic which invaded that establishment. The earlier cases (two hundred and ten in number) were treated with *tartar emetic* in the third decimal and higher potencies, with *vaccinia* and with *thuja*. Of these two hundred and ten cases, nineteen died, or nine per cent, which compares favorably with the usual average of recoveries. Not quite satisfied with these results, though they are superior to any obtained in the London small-pox hospital, the doctor resolved to administer baptisia tinctoria, from its well-known action in fevers of a typhoid type. So the remaining cases (ninety in number) were treated with baptisia tinctoria first decimal dilution, one drop every two, four, six, or eight hours, according to the age of the patient and the severity of the case. All these patients had been vaccinated in infancy; and the result was that none took the disease under three years of age, and none died from it under eleven; that is, no cases

were lost during the period when primary vaccination remained effective. Dr. Williams rightfully attributes the absence of any fatal case among the children under ten years of age, to the protective effect of vaccination in their infancy. It is important to note that the cases treated with baptisia were not selected, but comprised every case occurring in one department, irrespective of the age of the patient or the severity of the symptoms. But let us have the results in the doctor's own words:—

“In the cases in which baptisia was used, the result was even beyond my expectation. In several confluent cases which threatened to prove speedily fatal, the effect of the remedy was very marked, inducing a speedy development of the eruption, with corresponding diminution of the constitutional disturbance.

“Nor was this all. The appetite improved; the patients were able to, and actually did, take abundant nourishment, and continued to do this throughout the attack. In many of these the secondary fever was entirely absent, in other cases the disease appeared to be suddenly arrested; but in all the effect was very speedy in improving the general symptoms of the patient. In those that were cut short, the vesicles seemed to dry up instead of becoming pustular, and there was an entire cessation of all symptoms of illness within a few days after taking the baptisia. Many of the patients recovered their usual spirits and tone, and the symptoms were so mild as not to prevent their moving about. One can only assume that the baptisia must be credited with the great modification of the disease.

“Of those patients who succumbed to the disease in the earlier part of the epidemic, the majority died on or about the sixth day of illness, and this was preceded by flattening of the vesicles, and a very feeble circulation; but in those cases treated with baptisia, there was no evidence of the failure of vital power either on the sixth or any other day. I believe, too, that the decomposition of the skin and mucous membrane was much prevented by the use of this drug; at any rate, the usual offensive effluvium was almost entirely absent.

“In three cases hemorrhage took place, one bleeding of the nose, and in two the catamenia appeared out of due time and excessive in quantity; these recovered without an untoward symptom. Now, in the earlier cases, when this symptom showed itself, the hemorrhage was speedily followed by death. It may be difficult to account for this; the quantity of blood lost was not sufficient to account for the death, but I regarded it as an evidence of great nervous depression, which depression was prevented by the baptisia. I may mention that the subjects of this epidemic were all orphans, and that a very large majority had lost one or both parents by phthisis.

“Under ordinary circumstances, therefore, it was probable the effects of variola would have been more than ordinarily severe, both in the immediate results and in the after-marks; none had been re-vaccinated. In the earlier cases it was frequently necessary to administer stimulants; but in those in which baptisia was used, there was absence of the fits of exhaustion, and, therefore, alcoholic stimulants were less called for. Then, as to the loathsome scars produced by variola, these were much less than usual; and one of the worst cases treated by baptisia threw off the crust from the face in large continuous pieces, leaving the skin beneath pale, even, and smooth. The absence of irritation of the skin may or may not have been the effect of the baptisia; but I think that this medicine, partly at any rate, caused the crusts to remain unbroken. In two cases only of those treated with baptisia, were there any evident scars two months after recovery.

“How may the beneficial results of the use of baptisia be accounted for? Theories alone are for the most part unsatisfactory, but in small-pox ‘the nervous system is overwhelmed by poison’ (Watson) as in many other adynamic diseases; the aim of the physician should therefore be to counteract this tendency to loss of vital power. Baptisia has been proved to possess properties rendering it invaluable in cases of blood-poisoning, as typhoid and typhus fever, and in my experience unusually successful in variola. I hope other members of the profession will find it equally so.

“Few could test its efficacy with better advantage than myself, in my recent experience; for not only were there a large number under treatment at the same time, but although in one establishment, and the different modes of treatment took place in separate buildings, the conditions of all the patients were identical; and though it is not well to form deductions from a limited test, there was sufficient success to encourage one greatly.

“In some cases that I have had under treatment in private practice, the effect was equally encouraging. In a few, the patients were so well as to cause the friends to doubt the correctness of the diagnosis, as their experience showed it to be so much less formidable than their expectations had led them to fear.”

It must be noted, that, of the 210 cases, 25 were between the ages of three and eleven; and of the 90 cases, eighteen. Again, of the 210 cases, 185 were between eleven and eighteen; of the 90 cases, 72.

Dr. Bayes sums up his opinion by stating, “The testimony in favor of *baptisia tinctoria* in averting the worst dangers in cases of small-pox appears to me to be conclusive. I should, however, be inclined to attribute the successful issue of the cases which were treated by *baptisia*, not to any specific action of the remedy, but to its power to avert the worst danger incident to the febrile state, namely, a tendency to sudden prostration and subsequent syncope.”

Dr. Richard Hughes has a very high opinion of *baptisia tinctoria* as a remedy in small-pox: he remarks that “it displayed really remarkable powers, enabling hemorrhagic cases to recover, averting prostration, improving appetite, obviating decomposition (as shown by the absence of the usual offensive effluvia), and preventing pitting.” Dr. W. V. Drury does not agree with his learned colleague: “*Baptisia*, though much thought of by some, has not yet acquired that general approbation that the other medicines have. . . . It is not likely that in the fever accompanying small-pox it will ever equal *bryonia* or *rhus*; still some symptoms may call for its use.”

Kippax, in his very excellent “Lectures on Fevers,” tells us that “*baptisia*, *belladonna*, and *veratrum viride* are oftenest indicated in the initial stage;” but, so far as *baptisia tinctoria* is concerned, it would be more correct to say that when it is indicated you notice these indications very early in the disease. And I most cordially indorse Hale’s advice, “When we find the medicine indicated at the outset, persevere with it throughout the malady.”

From the first onset of the initial fever, there is marked prostration of strength, with a tendency to decomposition, as shown by the odor of the breath, the coating of the tongue, and the appearance and smell of all the excretions. This prostration is almost invariably accompanied by excessive pain in the small of the back. Chill all day and fever all night is characteristic, and there is increased chilliness on going into the open air; or the whole surface of the body may feel hot and dry, with occasional chills up and down the back, just as if ague were coming on. Great painfulness in the sacral region when lying upon it, or in the hips, or any other part, when lying upon them. Constant dull, aching pain in the lumbar region, aggravated by motion. The patient is inclined to drowsiness, and has a stupid, tired feeling, which is quite characteristic.

Lilienthal, in his work on Diseases of the Skin, tells us that "pustules appear thickly upon the palatine arch, tonsils, uvula, and in the nasal cavities, *but scantily on the skin;*" and I can confirm the curious remark. Hale remarks that "the pulse is first accelerated, afterwards low and faint," and this indication holds good in a majority of small-pox cases; but I have sometimes noted Dr. Chargé's indication, originally made in connection with typhoid fever, "softness of the pulse in the first stage."

The patient experiences occasional gusts of wild, wandering feeling. After considerable experience with this remedy in small-pox, I incline to think that *despair of cure, with certainty of death*, is characteristic. As the disease advances, the patient becomes more and more stupid and drowsy. He has headache, too, dull, heavy, and pressive, very much aggravated by motion; frontal headache with heat and vertigo; worse on stooping. The characteristic countenance of baptisia tinctoria is an expressionless face, of a dusky, purplish hue, as if one had been exposed to cold, or, further on, a dark, red face with besotted expression.

The mouth is dry and parched, often with minute erosions. The tongue is coated white, with red papillæ protuberant, followed by yellow, brown coating in the centre, the edges red and shining. The teeth and gums feel sore, with bloody oozing; the breath is fetid, with occasional salivation. Nausea is present, with eructations, followed by vomiting. No appetite, but constant craving for cold water. Dyspnœa is quite common, even in cases in which no pulmonary complication exists, and this dyspnœa is accompanied by great nervous restlessness. All the excretions are offensive and fetid.

Baptisia tinctoria is but partially homœopathic to small-pox, for the most prominent symptoms of the disease — the changes

in the skin—are not reflected in any degree in the pathogenesis of the remedy. Allen gives the following symptoms, obtained by Dr. Wallace while proving the first decimal dilution: “Livid spots appear all over the body and limbs; size of pea to three-cent piece; thickest on the body; without sensation; not elevated, and irregular in shape (after six weeks).” And yet, from the extended experience of Dr. E. Williams during the Bristol epidemic, as well as from a very considerable experience of my own, I make no question but that it is in close relation to that dangerous phase of small-pox in which the patient is utterly prostrate, with a typhus-like tendency to putridity. And, as I have already remarked, this tendency can be detected at a very early stage of the disease.

The only remedy that closely resembles *baptisia tinctoria* is *rhus toxicodendron*, and the differential diagnosis is quite clear and plain. In *baptisia tinctoria* the patient is anxious, and yet dull, and he feels certain of death: in *rhus toxicodendron* he is timid and despondent, with fear of death. In *baptisia tinctoria* the face is red, heavy, and besotted: *rhus toxicodendron* has a sickly expression, but bland and listless, with sunken face, and blue rings around the eyes. Both remedies have restlessness; but in *baptisia tinctoria* *motion is painful*, while *rhus toxicodendron* has the well-known symptom, *motion of the limbs improves*. Both remedies have dry white tongue; but *baptisia tinctoria* differs from *rhus toxicodendron* in that it has a yellow streak down the centre. Later in the disease, this yellow streak becomes brown, while the tongue of *rhus toxicodendron*, in the advanced stages, has a red triangular tip, cracked and bleeding, and showing the imprint of the teeth. Both remedies have yellowish involuntary stool; but those of *baptisia tinctoria* are exceedingly fetid, while those of *rhus toxicodendron* have hardly any smell.

Following Dr. Eubulus Williams, I have always given *baptisia tinctoria* in the first decimal dilution, twenty drops in a cupful of water, a teaspoonful every hour.

MURIATIC ACID is still another remedy for small-pox when it assumes a typhoid type, especially during the stage of suppuration; such cases often show early signs of putrid decomposition or even of gangrene. Muriatic acid has been little used by our practitioners, and is scarcely mentioned by our writers. Indeed, most of them omit all mention of it; and Kippax, who can rarely be charged with such sins of omission, merely mentions it as a remedy in *malignant throat symptoms*, though that excellent writer devotes considerable space to details of less valuable remedies. Yet it is a precious medicine, which can be replaced by no other; and, moreover, its indications are clear, definite, and easily borne in mind.

It must be admitted, however, that muriatic acid, like its ally baptisia tinctoria, is not fully homœopathic to small-pox. The skin symptoms are but an indifferent similimum to those of the disease under consideration, though in this respect it is much nearer than baptisia tinctoria. But muriatic acid shares this feature with many other of the remedies with which we combat small-pox, for very few present a picture of that disease from its inception to its close.

The muriatic acid small-pox presents nothing remarkable at its onset, except that the chilliness is accompanied by dryness of the mouth. The heat is chiefly concentrated in the head and upper part of the body, the feet remaining cold. Epistaxis is common, and it is apt to be persistent, and the patient complains of dull headache with vertigo and stupefaction, aggravated by touch and by exertion of vision. Great desire to sleep is characteristic of muriatic acid, and the sleep is often restless on account of determination of blood to the brain; a dreamful sleep thronged with anxious dreams, sleepiness in the day-time, and sleeplessness at night, is somewhat common. The well-known characteristic of muriatic acid in typhoid fever is quite often seen in small-pox; the patient constantly settles down in the bed with moaning and groaning during sleep, and this settling down takes place even after the patient has been raised, with constant muttering in the waking state, and inability to collect his senses. I have never noticed, however, the intermission of the pulse at each third beat, and the profuse discharge of watery urine, which are occasionally noted in the muriatic typhoid fever, though involuntary micturition is common.

As the disease progresses the typhoid state is developed; and this may take place at the first appearance of the eruption, though it is more frequently seen during the stage of suppuration. The pocks darken from capillary hemorrhage, and the smell becomes distinctly putrid. The mucous membrane of the throat becomes dark red and swollen, with a whitish ash-colored exudation so closely analogous to that of diphtheria that I have never been able to detect the difference. Indeed, Bæhr of Hanover remarks that muriatic acid is "particularly appropriate if the pustules become associated with symptoms of diphtheritis in the mouth and fauces, and the life of the patient is in the greatest jeopardy." This diphtheritic membrane is succeeded by ulcerations, accompanied by œdema of the uvula and tonsils, and I have noted the redness of the inside of the cheeks, and of the arch of the palate, followed by the appearance of a white or ash-gray membrane which covered the mouth and fauces with one uniform coating, precisely as described in Allen's mon-

umental work. The tongue, too, is coated grayish white, and a profuse flow of saliva is almost invariably present. Often the tongue is partially paralyzed, and even when fully conscious the patient has difficulty in moving it. To quote Allen again, "the tongue is heavy, and seems too long, so that he can scarcely move it, especially when talking; with great dryness of the mouth and fauces." In very bad cases the bowels move involuntarily, and the discharges are diarrhœic, with gurgling and rumbling. Prostration is very marked, and it is accompanied by anxious uneasiness and tossing about.

Baptisia tinctoria is very near to muriatic acid, but the action of the latter is more energetic, and the patient is *farther gone*. Generally speaking, the senses are blunt in baptisia, while they are generally too acute in muriatic acid, and with these points in mind the practitioner will rarely be led into error.

I have always used this remedy in the third decimal dilution.

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*NOTES ON COCAINE HYDROCHLORATE IN GENERAL PRACTICE.*

BY F. C. RICHARDSON, M.D.

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

IN a profession where success so largely depends upon our ability to relieve physical suffering, any agent possessing the power to safely and promptly afford such relief is sure of a most cordial welcome; and the physician who neglects to avail himself of such agent not only fails in his duty to his suffering patient, but is in imminent danger of being deservedly superseded in public confidence by his more conscientious and enterprising brother, who, realizing that drug-action is not omnipotent, eagerly adopts any adjuvant which will aid in robbing sickness of part of its pain and discomfort.

Even we of the school of scientific therapeutics, though in a far less degree than those of the other camp, are forced to recognize the disagreeable fact, that

"Oft expectation fails, and most oft there  
Where most it promises; and oft it hits  
Where hope is coldest, and despair most sits."

And, this being the case, it would seem that we ought not to despise those agents for the palliation of pain, a knowledge and use of which so enhances our value to suffering humanity.

Such an agent we have in the muriate of cocaine, a drug which especially commends itself to our favor, because in no well-authenticated case has its use caused harmful effects.

It is not my purpose in this paper to add any thing new to the flood of literature concerning the many and varied applications of cocaine. But having during the past six months made considerable use of the drug, I have been profoundly impressed with its wonderful powers, and offer these few notes, thinking that perhaps some one who has not yet had experience with the drug, hearing a direct confirmation of what he has seen in print, may be induced to test its power; and once having witnessed the wonders it is capable of performing,—wonders such as Arabian story-tellers used to talk of in their fables,—I am certain he will never forego the satisfaction to be derived from its use.

And here let me say a word as to cost, which no doubt deters many from employing it. Of the commercial cocaine now in the market, I regard Squibb's as the most desirable for general use, it having given me as good results as Merck's, while it is considerably less expensive, the price having been reduced to ten cents per grain.

Eight grains in half an ounce of distilled water will furnish you with enough of a three-per-cent solution (which is sufficiently strong for general use) to enable you to satisfy yourself as to the desirability of keeping a supply on hand, and I assure you opportunities for its use will not be found wanting.

The principal use which I have made of cocaine has been in the treatment of a case of morphinism, of which I am not yet ready to make any report, further than to simply affirm its usefulness in the treatment of this habit; it having the power to palliate the morphine hunger, but, according to my experience, does not, as has been largely reported, take the place of morphia. During the progress of this case, however, I have been enabled to confirm many of the reports already made on the action of cocaine, and have also learned some additional facts. For instance, I found that the muriate of cocaine, administered hypodermically in doses of half a grain, prevented hunger, and so of course destroyed appetite. This effect, I consider one of the greatest objections to its use in the treatment of the opium-habit; for, while it enables the patient to go without food with comfort, it in no way else takes the place of food, having no nutritive value of its own.

In a paper published in the July number of "The American Journal of the Medical Sciences," Dr. H. J. Beyer arrives at the following conclusions in regard to the physiological action of cocaine on the heart:—

1. Cocaine is exceedingly prompt and uniform in its effects upon the heart.

2. In small doses it is a powerful stimulant to the heart's action.

3. In medium doses it has an inhibitory influence over the ventricular contractions.

4. In large doses it produces diastolic arrest.

My experience confirms the first and second statements as to the uniformity and promptness of action on the heart. I would add that the stimulating effect of small doses is extremely evanescent, the dose having to be repeated in from half an hour to an hour. The fact that larger doses, instead of increasing this effect, rather cause sensations of weakness and fatigue, seems to be confirmatory of the third statement as to its inhibitory influence over the ventricular contractions.

Of its analgesic effect I have had most striking proof. Wishing to satisfy myself that cocaine, and not imagination, was aiding my patient in his battle against morphia, I sent him, instead of the customary bottle of cocaine solution, the same bottle filled with distilled water.

In a very short time I received a note, inquiring if I had not forgotten to put in the cocaine. I sent back word that the solution was all right, but contained a different preparation of the salt. After two or three hours the patient came to me himself, explaining that he could not use the new solution, the introduction of the needle caused so much pain, so had used what remained of the old solution (that containing cocaine), as with that the needle caused no disagreeable sensation whatever. The difference was so great, that I could not induce him to continue the use of the distilled water, and was obliged to forego my experiment, having gained at the same time a decided respect for the anæsthetic properties of cocaine.

But it is in those painful conditions which so frequently come to the general practitioner for relief, that cocaine wins for him the gratitude and admiration of his patient.

After the instillation into the eye of a few drops of the three-per-cent solution mentioned, motes, cinders, and even bits of deeply-embedded steel, may be removed from the inflamed and exquisitely sensitive conjunctiva, without the patient, much to his amazement, and perhaps your own, experiencing any discomfort from the operation; and I know of nothing that will so magically relieve the pain of conjunctivitis, whether traumatic or idiopathic.

By the introduction of cotton tampons saturated with the cocaine solution, into the cavities of carious teeth, I have prevented much suffering, the relief being exceedingly prompt, and in many cases permanent.

In the treatment of two cases of hay-fever, the cocaine in my hands has proved a great blessing to the afflicted patients, it relieving temporarily all the most distressing symptoms. I em-

ployed a four-per-cent solution in this instance, applying it to the nostrils, sometimes with a brush ; at others I have saturated tampons of cotton, and introduced them.

A two-per-cent solution afforded relief in a case of infantile coryza, or snuffles, the babe nursing quietly after an application to the nasal mucous membrane.

I have also proved the truth of the statement that neuralgia of the trigeminus can be relieved by inserting a cotton tampon immersed in cocaine solution into the ear ; only I used a four-per-cent solution, while a one-per-cent solution is said to produce the desired effect.

I have relieved otitis externa, and furunculous otitis, by the topical application of a four-per-cent solution.

Acute otitis media can also be relieved by cocaine, not by applying the solution to the drum-head, which, it must be remembered, is not mucous membrane, but in the manner explained by Dr. A. Hobbs in "The Therapeutic Gazette" for July. Two drops of a two-per-cent solution were placed in a warmed eustachian catheter, and blown into the tympanum. The pain returned, in a less degree, in about two hours, when two drops of a four-per-cent solution were used in the same way, with entire relief for eight hours, and no return of *severe* pain afterwards. Not possessing an eustachian catheter, I resorted to another method of application suggested by the same author ; namely, spraying a solution of cocaine and glycerine into the corresponding nostril, and immediately resorting to Valsalva's method of inflation.

Its property of contracting blood-vessels, and producing regional anæmia, led me to try cocaine in a case of nose-bleed which had been continuous for four hours, resisting all the homely expedients which had been tried. With my patient lying down, I dropped into the nostril two drops of cocaine solution, and after allowing time for it to become somewhat diffused, repeated the application, with the result of stopping all bleeding.

The plan of dissolving the cocaine in oil seems to insure a longer contact of the remedy, and a smaller quantity is required to effect anæsthesia. The alkaloid dissolves readily in this menstruum, without the addition of alcohol, it being necessary only to expose the solution for a few moments to gentle heat.

Dr. K. I. Graves writes to "The Chicago Medical Times" that he has found bathing the gums with a four-per-cent cocaine solution served to arrest diarrhœa in children, in whom this symptom was evidently due to irritation from teething. While I have had no experience with it in diarrhœa of teething children, bathing the hot and swollen gums with cocaine solution has relieved the irritability and wakefulness consequent upon

teething, and allowed the little patient to glide off into a peaceful slumber.

From several conclusive tests, it would seem that the long-looked-for infallible remedy for sea-sickness has been secured by a St. Petersburg physician, in whose hands, in the following mode of administration, cocaine has proved a cure and preventive:—

℞ Cocain. mur.	gr. ii.
Spts. vini rect., q. s. ad solve.	
Aq. dest.,	℥v.
M. Sig. ℥i. every two or three hours.	

The same author reports two cases of cholera nostra relieved by cocaine administered in this manner. The dose is so small that we can hardly attribute its curative effect to the physiological action of the drug, and are at a loss how to account for it, until we read in "The Weekly Medical Review," No. 24, 1885, several cases recorded, in which cocaine produced in previously healthy persons severe nausea and retching, together with oppression of breathing, and dizziness. Its very apparent homœopathicity at once clears up the whole mystery.

During a stormy voyage between here and Norfolk, Va., my morphine patient above mentioned, acting upon my suggestion, used the cocaine hypodermically upon his attendant, in dose of one-eighth grain, with excellent result; the sickness and misery disappearing so promptly as not to necessitate a repetition of the dose. Relief was so great in this case, that my patient used the cocaine with equally good result in the case of another passenger suffering with the same distressing malady.

The method of using cocaine originated by Dr. J. Leonard Corning (*vide* October, 1885, number of "Therapeutic Gazette") bids fair to greatly increase the range of its application. He is probably correct in believing that the cocaine is removed from the part after its injection, by the circulation, and its local effects thereby put an end to; so that, if, by means of the Esmarch bandage, and the elastic ligature, the circulation in the limb is arrested, the action of the cocaine is rendered much more permanent. It is clear that this method may be applied in the surgery of all the extremities; and in the treatment of neuralgias and other disorders of the peripheral nervous system, it is destined to render good service.

A case of chronic inflammation of the second joint of a finger, resulting from felon, gave me an opportunity to test this procedure. Two or three drops of a four-per-cent solution were injected into the tissues surrounding the joint, and at a short distance from this puncture a second similar injection was ad-

ministered, when exsanguination and compression was made, followed by such relief from pain that the patient was able to sleep for hours. No disagreeable after-effects.

Other fields for the application of the muriate of cocaine will readily suggest themselves in connection with the above epitomized reports.

The medical literature of the day is teeming with enthusiastic laudations of this drug; and it would be but a waste of your time and mine for me to serve to you second-hand matter which you can read at your leisure, and in much better shape than I could hope to present it to you in a paper of this kind. Therefore I have called to your attention only such facts as my experience has confirmed; and the object of these few notes is to call forth the experience of those present to-night, and to bring the drug more forcibly to your notice.

As regards the few reports of untoward effects from cocaine, these cases should be carefully studied. One swallow does not make a summer, neither do five; and when so much evidence has accumulated in favor of the drug, it will not do to condemn it without much more evidence against it than we at present possess.

While conservatism in all matters is desirable, we should have a care that it does not drift into inertia. "Prove all things, and hold fast that which is good," should be our motto.

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*THE DUTIES AND OPPORTUNITIES OF THE MEDICAL PROFESSION TOWARDS THE INMATES OF PUBLIC INSTITUTIONS, AND IN REGARD TO THE DEPENDENT AND DELINQUENT CLASSES IN GENERAL.*

BY F. B. SANBORN, ESQ., INSPECTOR OF STATE CHARITIES FOR MASSACHUSETTS.

LECTURE III.

[*Delivered before the Students of Boston University School of Medicine.*]

REPORTED BY MR. A. B. FERGUSON.

LADIES AND GENTLEMEN,—I will begin this evening by referring to a topic which I omitted to speak of in my last lecture,—the city almshouses of Boston. I have taken pains to learn the number of persons in the city institutions, and this will show the magnitude of the work which is done by them. The charitable institutions of the city of Boston include a hospital for the sick (the City Hospital); a hospital for the insane at South Boston; a school for poor children at Roxbury (the Marcella-street Home); two schools for truants and young offenders at Deer Island; a workhouse at Deer Island (the House of

Industry) ; a temporary home for the poor in Chardon Street ; and four almshouses, — at Deer Island and Austin Farm for women, at Rainsford Island for men, and at Charlestown for both men and women. The aggregate number in all these establishments is at present about 3,000, of whom about 1,350 are men, 1,000 women, and 650 children. The four almshouses alone contain 486 men and boys, and 495 women and girls, in all 981 ; the school for poor children contains 388 ; the two reformatories, 196 ; and the House of Industry, 948. This is an unusually large number of the latter class. As I said before, this is the season when the number is greatest.

From these statements, you see what a large field is open to you for practical observation in this city ; and all these establishments are worthy of a visit. Most of these, with the exception of the temporary home in Chardon Street, have little to do with the care of infants, though the Marcella-street Home has recently undertaken this.

**MATERNITY HOSPITALS AND THE CARE OF YOUNG CHILDREN.** — This subject is of special interest to your school, which is looking for the establishment of a maternity hospital near by ; and this will open up all questions in connection with this subject, among them the need of maternity hospitals in cities, and the evils to be guarded against. It is only in large cities that such hospitals are possible. They are seldom or never found in rural districts, and very seldom in villages ; but the tendency is toward their establishment in all large cities. The city of Boston has had a hospital of this kind for many years ; this is now a large one in McLean Street ; and there are five or six smaller ones, as the New-England Hospital for Women and Children, and others.

In every large city there are numerous cases of married women requiring hospital treatment during childbirth ; and, moreover, there are many unmarried females who require the treatment of a maternity hospital or ward, under circumstances which usually lead them to keep their condition as private as possible. It is this tendency which makes it advisable to have all such hospitals under public supervision and inspection. There are often efforts made on their part to escape notice, and this is one reason why it is required that they should be under public supervision. Births of this kind should be known, — are in fact by law to be registered ; but there is a tendency to the establishment of small private institutions for women in this condition, where such births may escape registration. All are under public inspection at present ; for the law requires that all such places shall be licensed, and subjected to public inspection. Undoubtedly, some avoid this for a time.

INFANTICIDE, AND THE DESERTION OF CHILDREN. — The great argument in favor of such hospitals for unmarried women is that with them the destruction and desertion of their offspring does not so often take place; while, perhaps, it has been a too common occurrence without them. If there were no other reason, in my judgment, this is sufficient, that it prevents the destruction, before and after birth, of infants of this class. This prevention began in Boston with the establishment of an Infant Asylum in 1867. It was then discovered that there was an increasing number of births of this class; and a frequent result was their destruction, either by the will of the mother, or in consequence of their desertion soon after birth. A committee was formed in 1866, which sought to awaken the interest of persons in regard to this question; and out of the conferences held, there grew the Massachusetts Infant Asylum, for the care of foundlings and deserted infants. No one can know exactly to what an extent infanticide and desertion prevail, but we do know that they prevail to a great and hurtful extent. When this Infant Asylum was founded in 1867, the objections which were made to it were that it might serve to promote the evil it was intended to remedy; that it would encourage vice, and lead to the greater abandonment of children by their mothers: but experience has proved otherwise, if the institution is carefully managed. Our experience in the asylum for the first few years was that the mortality, though diminished, continued to be great; but this was owing to inexperience and the unfavorable selection of a location. Since then it has been found that the best way of treating infants is not to allow them to accumulate in any one establishment, but to distribute them in single families as fast as possible. The mortality has now fallen off very considerably.

The number of deaths, under one year, of motherless infants, has been reduced from ninety per cent in 1866 to about thirty per cent in 1886; that is, practically extinguishing two-thirds of the mortality of infants of this class, by placing one infant with one woman in one house.

We call this the Massachusetts system for the care of motherless infants, because, so far as we know, no such method has been so carefully wrought out and administered elsewhere as in this State. In France the mortality is still large, though less than formerly; in Ireland and Prussia this system has been adopted, and gives good results, but not so good as ours. You may remember the controversy which took place in 1883 about the "slaughter of the innocents" at the Tewksbury almshouse. There are always a great number of deaths among motherless infants in a large establishment; but the fact was, that these in-

fants had all been withdrawn from Tewksbury, and placed where they could be better cared for, some years before 1883. The Infant Asylum provided for about one-half in 1878-79; hence infants were then sent to the State Almshouse, sometimes one hundred a year, and, in spite of all care, from seventy-five per cent to ninety per cent died before the end of their first year. Great pains were taken to preserve their lives, but it was found unavailing in most cases. You students will find that a certain contagion carried from one infant to another produces incurable disease. The physicians at Tewksbury have watched the progress of this disease, and say that when an infant of this incurable class is brought in, every infant in the room is soon attacked; and from that time it is found impossible to save the life of any infant in the room. Whatever the cause, experience shows that it is unsafe to have more than three or four infants in a room, provided new cases are to be brought in; and this is the practice at the Jamaica Plain Asylum. A selection of infants was made for this asylum, of necessity; the rejected cases were sent to Tewksbury, and there died, as has been told. In 1879 the State Board of Health, Lunacy, and Charity examined into this problem; and, becoming satisfied that such infants could not be kept alive at Tewksbury, they arranged that no motherless infants should be received there. At the time when Gen. Butler made his onslaught, no such infants had been received at Tewksbury for more than three years. Infants of this class were detained in Boston until sent to the Infant Asylum, or to its branch at Medford, or to Deer Island. The evils of the old system still continuing, in April, 1880, a law was passed for taking charge of infants, and placing them directly in families. Since the 4th of April, 1880, there has been no system except this. Now the State pays the board, either in asylums or families, of a hundred and fifteen children under three years of age, and ninety under two years. The number taken care of in a year is more than two hundred; for the past year two hundred and twenty-nine have been thus taken care of, and of these thirty-three died, fourteen per cent. Many of these were over one year old, the mortality under this age being considerably greater than fourteen per cent.

During the whole five and a half years there have been about eight hundred infants cared for by the State board; of these two hundred and fifty-seven died (about thirty per cent), covering a period from birth to three years of age. Under one year twenty-five per cent have died. Their treatment by the State begins with their reception, and includes medical and family treatment until they are either adopted or buried.

WHAT MAY BE DONE BY PHYSICIANS IN THIS MATTER. —

This whole question, though investigated many years ago, and often re-investigated since, is not well understood by the medical profession in general. In 1867, at the organization of the Infant Asylum, Dr. S. Cabot announced that one institution should never receive more than twenty-five infants at one time. This statement was heard with surprise by the majority of physicians; but experience has proved that even a smaller number is better, and we have reduced it to twenty, with no more than six in any one room. In this matter physicians naturally become acquainted, not only with facts, but causes; and, as they are likely to know in advance of such births, they may inform themselves, if suitable provision has been made, before exposure goes so far as to cause the death or disappearance of the child.

In regard to older children, the State becomes responsible for such, either because they are without parents, or abandoned, or because the children have committed some offence, or are subjects of disease. The number of these is greater than that of infant children. The State receives in a year, and cares for, two thousand of these older children, who are found in all parts of the State, and often in rural districts. They are of all nationalities and conditions, and are disposed of in a great variety of ways. Contrary to what happens with infants, their health is good. There will seldom be any considerable disease or mortality among them, except those slight diseases to which all children are liable. The mortality of children from three to sixteen is less than that of any other class of public dependents. Little can be said in regard to your professional duty toward these children, but more concerning the opportunities which a physician has for becoming acquainted with their condition in consequence of practising in their families. Physicians acquire a knowledge of all classes of people, and thus of the exact moral and physical condition of their children.

Mr. Sanborn closed his lecture with these remarks on

THE ANOMALOUS POSITION OF THE MEDICAL PROFESSION IN REGARD TO DISEASE AND VICE.—It was observed many years ago by a witty judge in New Hampshire, that “no young man ought to begin the practice of law until he had an independent fortune,” so great, in his opinion, was the risk of falling into temptation at the hands of his clients. It is scarcely to be expected that all medical students shall have acquired pecuniary independence before they begin to practise; and you find yourselves exposed to temptations and moral dangers, perhaps as great as those which beset the legal profession. These dangers are of two or three kinds; or, rather, I need mention only two or three among a much greater number. You will be strongly

tempted to profit by the credulity, love of life, and fear of pain, which are so common to the human race; and it will very soon come to your notice that persons who do this often make large fortunes, and may even acquire reputations almost as prosperous as their fortunes. The short and opprobrious name which such practitioners merit is not always bestowed upon them by the public, nor yet by physicians themselves; for a certain amount of insecurity in regard to all empirical knowledge of medicine may lead physicians to the observance of that noble maxim, "Judge not, lest ye also be judged." But there are examples of quackery so flagrant and so frequent that I may mention them without fear of being misunderstood. Those persons who profess to cure incurable diseases; who act strictly upon the saying of Voltaire, placed in the mouth of a medical man,— "We put drugs of which we know little, into human bodies of which we know less;" who fortify themselves by incredible certificates, coming from unknown persons living at inscrutable places,—all these are the conspicuous examples of an evil which is spread far more widely than it is noted. Your instructors have already taught you, no doubt, to avoid even the appearance of evil; but you can have no conception, until you commence practice, how strong the temptation will be.

What I have thus far said relates to ordinary disease; but there is a class of diseases connected with vice and crime, in regard to which the moral dangers of the medical profession are greater, although the circumstances are materially different. In these cases, the greater the professional skill and scientific knowledge of the practitioner, the more his services may be in requisition, and the more highly they may be rewarded.

There is a kind of practice well known to the members of the profession, which by our laws is criminal malpractice, and which yet is by no means uncommon, especially in cities. This practice is very largely in the hands of persons imperfectly educated, and whose degree in medicine, if they have taken or purchased one, implies very little professional knowledge. But almost any physician, if known to be skilful and not in large practice, may be called upon, under circumstances that may appear worthy of consideration, to take part in malpractice of this kind. Still more frequently are physicians called upon to treat the diseases or remove the consequences of habitual vice; and this is often an important resource in the practice of young physicians.

In those communities where the State unwisely and immorally undertakes to "regulate vice," as it is called, physicians of this description may hold a semi-official position, representing on the one hand the government, and, on the other, classes which exist in defiance of morality and law. Intemperance also fur-

nishes frequent occasion for illegitimate practice such as I have in mind.

Now, in regard to this whole subject, it should be borne in mind, as I said to you in my first lecture, that the learned professions exist, and find their only reason for existence, by promoting the public good. Whenever, therefore, the clergyman, the lawyer, or the physician, becomes in any considerable degree the servant of vice, and derives his income from such service, he is not only guilty of such misconduct as would bring reproach upon any citizen, but he is false to all his professional obligations, and is, to the extent of his misconduct, the worst enemy of his own profession. Prosperity in such a course, or even an urgent necessity arising from poverty, will not excuse practice of this kind; nor is it any less culpable when a large number of the profession agree to wink or smile at it. Yet there are cases not a few where the individual good of the patient may seem to excuse, or, in casuistry, may apparently justify, reckless or criminal practice. In respect to these, your professors have doubtless reminded you already that the course you adopt must be taken upon a serious consideration of all the facts brought to your knowledge. But the habit of yielding readily to considerations of expediency is no less hurtful in your profession than in the other occupations of mankind. You will have no privilege, when you have taken your medical degree, to claim any exemption thereby from the most exacting of the moral laws. On the contrary, you will be so placed as to see more clearly than most men, what are the inevitable consequences to the physical constitution of violating the moral constitution of our nature. You will, therefore, be less excusable than others if you forget or neglect duty in this respect.

Physicians are indeed excusable if they hesitate a little about encouraging those sanitary improvements which appear to diminish the reliance of the community upon your profession for relief in sickness and pain. It can be but a momentary hesitation; for in no sanitary condition of the community which is easily conceivable, would there be any such diminution of disease as to limit materially the work of physicians. Thus far, indeed, the effect of the sanitary science and the so-called preventive medicine of the last hundred years, has been to bring into requisition the services of more physicians and better educated ones. Nor was the work of the physician any more highly esteemed, or better paid, when mankind, in every generation, were ravaged by the plague, the pestilent fever, or the small-pox, than now when the epidemics have ceased to be so alarming, because so much better understood. But since there are shortsighted men in every occupation, there may still exist physicians

who look upon improved drainage, wholesome tenement-houses, unpolluted water-supply, pure air, and food and drink unperverted by adulteration, as enemies of the medical fraternity. I incline to think there are such, because a jocosé remark, made by my friend Dr. Allen of Lowell, the other day, to the effect that doctors did not take much interest in sanitary improvements, was received with such wrath and exaggerated sensibility by some of his younger brethren in the profession. To any of you who may hold such an opinion, I would say that the whole course of civilization, with each successive benefit conferred upon mankind, has only increased the necessity and the compensation for such service as the well-taught physician can render. Nor has the admission of women to the medical ranks apparently lessened the demand for doctors of my own sex; but rather widened the field over which medical practice extends, by combining to some extent the duties of the physician and the trained nurse. In the case of infancy particularly, which a hundred years ago was very little understood by the ordinary medical man, the work of women as physicians has proved specially useful.

I have dwelt this evening upon a topic, of which, in my judgment, we cannot over-estimate the importance. In order to furnish you with more definite information in one branch of this subject, I have brought for distribution among the class a report written eighteen years ago concerning the care of motherless infants. The principles there set forth have since been put in practice by the State authorities on a large scale, and with such results as I have attempted to describe.

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### *THE SPHERE OF ELECTRO-THERAPEUTICS IN PELVIC AILMENTS.*

BY F. A. WARNER, M.D., LOWELL, MASS.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

DURING the last century the greatest gift to mankind was the elaboration of a system of therapeutics by Samuel Hahnemann.

During the present century its handmaid electro-therapeutics has come as another boon to the human race. Such a measure of success has attended its intelligent use, that it has been found worthy of mention in our standard medical works. The fact that so many gynecologists are not using this valuable supplement in their practice has induced me to present a paper under the above title, its object being to study the relations of electricity to pelvic ailments as a therapeutic agent; to determine

what functional disorders can be overcome by it, what neurotic disturbances dispelled, and what pathological conditions removed.

In the pelvic diaphragm, which fills the true pelvis, we find a wonderful combination of muscular and fibrous tissue arranged in three separate excretory channels, and lined with mucous membrane; the central channel being especially provided with erectile tissue; each being provided with more or less of the peritoneal membrane as a covering, permeated with arteries, veins, lymphatic vessels, and nerves; the whole diaphragm being bound into one by connective tissue. The great and varying functional activity of this central region, its intimate relation with the sympathetic nervous system and the mind, render it peculiarly susceptible to disturbances, which may be functional, neurotic, or pathological. The question is, how much of an auxiliary can electricity be, in restoring to their normal condition the diseased pelvic organs? The answer to this question may be found by studying the action of the electric current on the various tissues of the pelvis, and the clinical results produced.

The main action of electricity is tonic. "The influences that aid nutrition, and produce tonic effects, are four; viz., mechanical, physical, chemical, and physiological. Although all enter more or less as factors in bringing about constitutional effects, yet the mechanical and physiological actions are mainly efficacious. Mechanical effects are most marked under faradic currents. Physiological effects are produced by either current, though the galvanic current frequently acts more powerfully here, and especially in exciting the processes of *absorption*. They affect both secretion and excretion." Very interesting effects become apparent when applied in certain pathological conditions. In menorrhagia, instead of increasing the flow, its tendency is to decrease it. In enuresis it acts powerfully, in decreasing the excessive waste; while in suppression of urine, very remarkable results have been obtained. The whole subject of the relation of electricity to nutrition is of immense importance. Persons subjected to general faradization are very apt to increase in weight and size of body. The improved nutrition is manifested also by the increased capacity for intellectual and physical labor. Its action on involuntary muscular fibre is quite different from that on voluntary muscles.

In the latter, contraction takes place immediately on closing the circuit. In the former, movements are not induced until a certain time after the tissues have been acted upon. In the voluntary muscles, all contraction ceases upon the removal of the excitation; while in the involuntary muscles, the excited movements *continue for a long time after* the removal of the

current. This peculiar action of electricity upon the involuntary muscles enhances its value in the treatment of pelvic disorders.

One of the most frequent functional complications in pelvic diseases is habitual *constipation*, often leading to pelvic congestion and its sequences. Ovarian irritation and inflammation are frequently induced by this cause.

It is often a prime factor in uterine deviations or displacements, owing to the straining needed to procure defecation. Neglect of very regular defecation is the first step in many cases of constipation. Its influence on the portal circulation is to disturb the harmony of action in the various organs connected with it; and, extending this influence outside the portal circle, the action of the heart or brain, or both, is inhibited, and thus the whole being is disturbed.

The most skilful and well-directed treatment of a displaced uterus may be greatly prolonged, or even defeated, in consequence of the ever-recurring constipation. When caused by insufficient motion of the contractile fibre-cells of the intestines, and by loss of the power in the abdominal muscles, electricity has proved itself to be very useful. Faradization of the abdominal muscles will restore their tone; and, when extended to the intestines, powerful peristaltic movements may be induced, as well as tone be given to the muscular and mucous tissues of the alimentary canal. If the appetite is poor, and digestion weak, general faradization will bring about the most gratifying results. The constant current is valuable for restoring the lost function of the rectum, by a simple device like this: viz., place a piece of zinc in the mouth, and a piece of silver in the rectum, connecting the two with a wire; the result will be a free movement of the bowels. General or even local treatment for other diseases than constipation often relieves the patient of that trouble. The value of electricity in relieving constipation is certainly very apparent, not only as an independent trouble, but also on account of the relation it bears to other pelvic diseases.

Another functional trouble to which I would now direct your attention is *amenorrhœa*. It has received electric treatment, more than any other pelvic disorder, and with such general success, that electricity has been styled "the only true emmenagogue." We may expect it to excite menstruation whenever the uterus is capable of performing that function. A favorable prognosis must be based on the idea that no serious pathological condition exists. General faradization, with a view of changing the constitutional condition, is sufficient, in many cases, to restore the suppressed function.

I have seen good results by applying one electrode to the

abdominal parietes, and the other to the lumbar region. "A more profound influence may be produced by applying a cup-shaped electrode to the os, and the other above the pubes, and alternately to the ovaries." While the faradic current is generally used in this functional ailment, the galvanic and static forms have given excellent results.

If I mistake not, the successful use of the galvanic intra-uterine pessary has been reported to this society.

Under the head of neurotic pelvic ailments, I shall place *dysmenorrhœa*. In considering this disease, we must bear in mind that the uterus is a muscular organ, guarded at its outlet by internal and external sphincters; that the normal action of the cervix, in menstruation, in orgasm, and in labor, is expansion and retraction, synonymous with contraction of the body; or, to reverse the statement, contraction of the body is synonymous with retraction and expansion of the cervix. The uterus at this time being very hyperæmic, stasis takes place to a greater or less degree; the harmonious action of the muscular fibres of the body and cervix is prevented, and we have dysmenorrhœa. Now, we believe that in electricity we have found an agent that is capable of restoring the functional integrity of the muscular fibres of the uterus, and relieving the stasis.

Whether this is a correct explanation, or not, one thing is certain, that the electric current has, in the hands of experienced physicians, given the most brilliant results. Dr. Rockwell gives very emphatic testimony to its efficacy in dysmenorrhœa of the neuralgic form. If, then, most cases are neuralgic or neurotic, the sphere of electricity as a therapeutic agent in dysmenorrhœa is enlarged. As a further testimony, Dr. Rockwell says, "In my own experience, I have observed success follow various methods of treatment with both currents. As a rule, however, the galvanic is far more effective than the faradic. In many cases I have found it useful to alternate the two. While internal applications must frequently be resorted to, yet some of the most striking results have come from simple external applications."

The management of a confirmed case of *irritable uterus* requires of the attendant great care and watchfulness, and a resort to many means for making the patient even comfortable. Conjoined with the indicated treatment, the spine may be faradized twice a week. Should there be any pathological condition of the uterus, such as sub-involution or engorgement, we should govern ourselves accordingly as to the method of using it, and expect much benefit.

The use of the agent under consideration in *menorrhagia* is limited. If induced by misplacement, intra-uterine growths, or

by some ovarian affection, it would be of doubtful utility. If from constitutional causes, we could only hope to arrest the flow without producing permanent benefit.

When associated with areolar hyperplasia, or the engorgement following sexual excesses, we may confidently expect permanent benefit.

*Ovaralgia* of rheumatic origin may be relieved by electricity. In this connection it would be well to remember that daughters of rheumatic fathers are peculiarly liable to ovaralgia.

Since constipation is a frequent factor in causing *ovaritis*, electricity may be used as a preventive agent, and possibly as curative. Ovaritis arising from sub-involution ought certainly to be relieved. Dr. Julia H. Smith says, in cases of chronic ovaritis, rest, massage, and electricity are to be commended.

*Displacements.* — At one time it was expected that the electric current would restore the displaced uterus to its normal position. This hope has not been realized, but electricity has been found to be of great value as an auxiliary. With it pathological conditions have been removed, which, if permitted to remain, would have prevented successful use of the means needed to restore the womb to its normal position. With it we may promote the absorption of the products of inflammation adjacent to the uterus, and which held it away from its proper poise. With it we may preserve the functional integrity of the whole alimentary canal, and thus promote not only nutrition, but prevent the uterine deviations which are liable to follow straining in defecation. In some instances, the muscular system will need faradization, especially if the patient be practically bedridden.

Professor Delemater, in a recent lecture, remarked, "I believe that more can be accomplished with the electric current, in conjunction with the proper use of tampons, in malpositions of the uterus, not due to organic changes, than is possible with pessaries and other mechanical supports."

*Chronic Metritis.* — In order the better to understand the influence of faradization or galvanization upon the uterine tissues, let me briefly consider the anatomical structure of the uterus and its appendages, together with the principal pathological condition to which it is liable. The chief bulk of its substance is muscular, the fibres being variously arranged in three layers intimately connected with each other, and pervaded by nucleated connective tissue, as well as blood-vessels, lymphatic vessels, and nerves. The broad ligaments by which the uterus is kept in proper position are a continuation of all these tissues even to the serous exterior and mucous interior. The chief morbid changes which occur in the uterus and its appendages consist of atrophy of the contractile fibres, with effusions, and relative

or absolute increase of connective tissue, inhibiting the functional activity of the blood and lymphatic vessels. Scanzoni says, "Its chief anatomical deviation consists of an excessive growth of connective tissue, which is formed by the organization of lymph effused between the muscular fibres of the womb, causing compression or even obliteration of the blood-vessels in some parts, and dilatation in others."

Now, the effect of the electric current is to induce contraction of the muscular fibres, and strengthen their tone, promoting at the same time *absorption* of the *effusions*, thus restoring the circulation, and checking undue proliferation of tissue. Another writer expresses himself after this manner: "acts by preventing inflammatory stasis, and by producing the *resorption* of leucocytes, and elements migrated into the surrounding tissues, and giving a certain tonicity to the tissues."

Several years since Dr. Althaus demonstrated to his own satisfaction the value of faradization in chronic metritis. Every now and then we hear of physicians who have been successful with the galvanic current.

Dr. Ellingwood wrote quite recently in "The Medical Record:" "I have treated four cases of sub-involution with the galvanic current, all of which followed confinement. In those of not more than six or eight weeks' duration, two or three applications generally were sufficient, and the effect was like magic, a satisfactory cure resulting in each case. The last case was one of long standing, the uterine hypertrophy having existed for at least three years. The symptoms were severe in the extreme. Retention of urine had existed for forty-eight hours; temperature and pulse exalted, pain and suffering intense. After catheterization, examination revealed a uterus prolapsed, greatly enlarged, and impacted within the pelvic walls. Complete laceration of the cervix, of seven years' standing, existed. I had her assume the genu-pectoral posture, and, after careful and long manipulation, succeeded in replacing the uterus.

"I submitted the patient on alternate days for four or five weeks to a mild galvanic current, the result of which was in every way satisfactory. She refused to submit to an operation for laceration; claiming, after the galvanic treatment, to enjoy better health than for years before."

*Pelvic Cellulitis.* — There is yet another field to which I must direct your attention; viz., pelvic cellulitis. Dr. R. Ludlam very recently remarked, "The use of electricity both for assuaging the pain, and promoting the absorption of the tumor or the induration resulting from pelvic cellulitis, is very much relied upon by some experienced physicians." Again, it is well known that as a first step in many pelvic operations it is necessary to

remove all inflammations, exudations, or indurations, before it is proper to operate.

That electricity can be made a valuable auxiliary in this preparatory work, I do not doubt.

*Fibro-myomas.* — “The more conservative method of treating fibro-myomas with electricity is beginning to compare favorably with its bolder rival, the bloody operation. The former method of applying a weak interrupted current . . . is now superseded by the application of an intense current. Great superiority is claimed for this method. Dr. Apostolie of Paris records more than one hundred cases, in which recovery was complete. The tumors did not disappear altogether, but they atrophied and shrank away.” — *North Carolina Medical Journal*.

*Ovarian Tumors* have been treated by electrolysis, but the results do not compare favorably with ovariectomy.

It was not my intention to pass the border of electro-therapeutics into the domain of electro-surgery, and I will therefore bring this paper to a close. I have endeavored faithfully to direct your attention to the sphere of electro-therapeutics in pelvic ailments; and if I have gained your attention sufficiently to make it available and valuable to you in your practice, I shall feel more than paid for the time, thought, and research given to the preparation of the foregoing pages.

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#### GLEANINGS AND TRANSLATIONS.

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The “*Journal of the American Medical Association*” quotes the following:—

**SUGAR DRESSINGS.** — Dr. F. Fischer gives a long and interesting summary of the results of this mode of treatment in the surgical clinic at Strasburg, as used by Professor Lücke and himself. Finding the sublimate solution to be unsuitable in many cases, in the beginning of the winter semester of 1883–84 they tried a mixture of naphthalin and sugar in equal parts, and then a mixture of iodoform and sugar (one part iodoform to ten parts of sugar). The naphthalin-sugar was soon abandoned; the iodoform-sugar was confined in its use to such cases as presented tubercular changes. The use of sugar in preventing decay and suppuration in wounds is old: Galen refers to it, and Dr. Fischer quotes various authorities since his time; he refers, among others, to Packard (“*American Journal Medical Science*,” 1865) as using it in hospital gangrene. In his experiments he has kept hydrocele fluid eighteen days, preserved by a solution of

sugar ; blood serum, eight days. Animal infusions that are alkaline in re-action become acid in four or five days on standing. Mixed with a thick sirup they can be kept a month without showing bacteria or vegetable mould. This fact led to the conclusion that in an acid secretion bacteria could not live in any number ; and, consequently, that the use of sugar with the dressings, after the disinfection of wounds by the sublimate solution, would prevent any disturbance by foreign substances.

To apply the sugar to wounds, small bags of muslin were made, the muslin being prepared by boiling and soaking in soda solutions, and washed until it no longer gave an alkaline reaction ; the sugar being placed in them, they were laid upon the wounds and covered with wood-wool. All the ordinary antiseptic precautions were taken, however, in performing operations and treating wounds, and before the sugar was applied the sublimate solution was used to cleanse the wound. The layer of sugar over the wound was made at least two centimetres thick, then came gutta-percha paper, which, with the muslin and wood-wool, completed the dressing. This sugar-dressing remained eight to fourteen days undisturbed. If the secretion was moderate, the sugar retained it ; if greater, it formed with it a crust ; was the secretion excessive, new sugar sacks were placed in position, and retained by folds of muslin.

The healing process in most cases went on without fever ; a record of  $38^{\circ}$  C. was rarely reached. A temperature of  $38^{\circ}$  C. was a sign for the renewing of the dressing, even when the patient felt well. Granulations spring up quickly under the sugar sacks, and the wound preserves a healthy appearance. The number of cases so treated and recorded reach two hundred and two ; of these, five died. One was a case of erysipelas after amputation of the breast ; a second died of hæmorrhagic nephritis ; a third, *amputatio in studio septico*, died in a few hours after the operation ; the fourth and fifth, with pulmonary phthisis. In extensive suppurations, such as phlegmons, empyema, etc., this dressing is not suitable, as the sugar is dissolved by the profuse secretion, and causes much discomfort to the patients. Sugar acts admirably as a deodorizer in unhealthy wounds, ulcers of the leg, ichorous carcinoma, etc. : after thorough disinfection with the sublimate solution, the sugar being laid on thickly, after two or three dressings the odor is entirely removed.

He recommends the sugar dressing that is so easily applied, particularly for all wounds closed by nature ; for those healing by first intention ; for ulcers in order to stimulate healthy granulations ; and for all slight wounds, particularly of the hand, and superficial contusions. — *Deutsche Zeitschr für Chir.*

The "New York Medical Abstract" quotes the following:—

OPERATION TO CURE EXTENSIVE LOSS OF SKIN IN THE ARM (Joseph Bell).—In 1883, N. L., during a very severe attack of phlegmonous erysipelas, lost the greater part of the skin of the inside of his right arm, from the posterior fold of the axilla down to within three inches of the wrist-joint. He came under my care with the view of having an amputation performed at or near the shoulder-joint. After months of treatment, however, by skin-grafting, rest, etc., cicatrization had progressed, till only a wound about three and a half inches long by one broad remained inside of elbow-joint. This refused to heal any farther, a dense cicatrix ringed in the arm for about three inches of its length, and the tissues around were constantly re-opening. He again was admitted in June, 1885, requesting amputation. I thought it a pity to sacrifice a good hand, so determined to shorten the limb. This I did by cutting down upon the humerus three inches above the elbow-joint behind, and removing subperiosteally the whole lower three inches, including the condyles and cartilage, and also the olecranon. He has now a useful arm with full flexion, extension, pronation, and supination, shortened barely two inches, and healed.—*Edinburgh Medical Journal*.

A REPERTORY TO URTICARIA.—Dr. James W. Ward, in "The California Homœopath," publishes the following repertory to Urticaria:—

URTICARIA IN GENERAL :

Aconite, Apis, Ars., Bapt., Baryt. c., Bell., Berb., Bov., Bry., Calc. c., Calc. ph., Carb. veg., Cepa., Con., Cop., Croc., Cycl., Dios., Dulc., Gamb., Graph., Hepar. sulph., Hyper., Ign., Kreos, Lyc., Lycps., Mag. c., Mag. sulph., Marum, Merc. v., Merc. prot., Mezer., Natr. mur., Nitr. ac., Pallad., Pet., Phos., Psor., Puls., Rhus tox., Sang., Sars., Sep., Spong., Stram., Sulph., Urt. u.

INDIVIDUALS.—*Children*: Calc. c.

LOCALITIES.—*Whole body*: Bapt., Bov., Carb. veg., Croc., Merc. v., Natr. mur., Nitr. ac. *Head*: Psor. *Face*: Nitr. ac. *Forearm, left*: Lycps. *Hands*: Hep. sulph., Hyper. *Thighs*: Cepa. *Leg, right*: Lycps.

DEVELOPMENT.—*Annually*: Rhus tox. *Summer*: Puls. *Before nausea*: Sang. *Violent exercise*: Con., Natr. mur. *Eating Meat, after*: Ruta. *Eating crabs, after*: Pet. *Eating mussels, after*: Cop. *Eating pork, after*: Puls. *Eating pastenes, after*: Puls.

FORMS.—*Red*: Apis, Ars., Bell., Bry., Cepa., Cop., Natr. mur., Spong., Stram. *White*: Calc. c. *White lumps, red*

*areolar*: Dulc. *Œdematous appearing*: Apis. *Pale*: Urt. u. *Large*: Ars., Bov., Natr. mur. *Irregular shaped*: Bapt., Natr. mur. *Elevated*: Ars., Bry., Calc. c., Cop., Urt. u. *Wheals*: Kreos., Urt. u.

TYPE. — *Chronic*: Lyc.

AMELIORATIONS. — *Air, cold*: Calc. c., Dulc. *Heat, external*: Rhus tox. *Wrapping up warmly*: Rhus tox. *Rubbing*: Dros., Urt. u. *Scratching*: Berb., Dros., Ign., Mez. *Perspiration*: Apis. *Exercise*: Ign.

AGGRAVATIONS. TIME. — *Day*: Lyc. *Evening*: Gamb., Kreos., Lycps., Nux v., Psor. *Evening, before retiring*: Lycps. *Night*: Cycl., Gamb., Merc. v., Puls.

CIRCUMSTANCES. — *Warmth*: Bov., Dulc., Lyc., Psor. *Warmth of bed*: Carb. veg., Merc. v., Mezer. *Air, open*: Nitr. ac. *Air, cold*: Rhus, Sang. *Getting wet*: Rhus. *Scratching*: Apis, Ars., Baryt. c., Dulc., Gamb., Hepar., Mag. sulph., Merc. prot., Sep., Sulph. *Rubbing*: Dulc. *Draught of air*: Ign. *Exertion*: Con., Nat. m., Psor. *Cool bathing*: Puls. *Undressing*: Puls. *Warm weather*: Apis. *Change from warm into cold air*: Sars. *When one cannot sweat*: Apis. *Touching*: Apis., Bell., Bry., Hepar. s., Mezer.

ACCOMPANIMENTS. — *Menses delayed*: Puls. *Menses profuse*: Bell. *Gastric derangements*: Nux v. *Diarrhœa*: Dulc., Puls.

CONCOMITANTS. SENSATIONS. — *Like flea-bites*: Acon., Dulc., Marum. *Itching, simple*: Acon., Ars., Baryt. c., Bov., Calc. c., Carb. veg., Crot., Dros., Graph., Lyc., Mag. sulph., Marum, Merc. v., Nitr. ac., Nux v., Pallad., Phos., Puls., Ruta, Sang., Sep., Spong., Stram. *Itching, corrosive*: Berb., Calc. c., Cop., Con., Dulc., Gamb., Kreos., Mez., Natr. mur., Psor., Rhus, Sulph., Urt. u. *Stinging*: Apis, Bov., Crot., Dros., Dulc., Mag. c., Natr. m., Urt. u. *Stitching*: Berb. *Smarting*: Apis, Berb., Hyper. *Soreness after scratching*: Dros., Sulph. *Burning*: Apis, Ars., Bapt., Baryt. c., Berb., Bell., Calc. ph., Carb. veg., Dulc., Gamb., Graph., Mag. sulph., Marum, Mez., Nux v., Rhus tox., Sep., Sulph., Urt. u. *Prickling*: Apis, Baryt. c., Bry., Ceba., Dros., Lycps., Natr. m. *Biting*: Lyc., Gamb. *Crawling*: Pallad. *Tingling*: Sulph. *Scorched*: Urt. u. *Gnawing*: Dros. *Sensible to touch*: Hepar. *Unchanged by scratching*: Acon., Baryt. c. *Unchanged by rubbing*: Bov., Sep., Baryt. c. *Scratching changes eruption to other places*: Berb., Cycl., Mez. *Consequences from suppressed urticaria*: Psor., Stram., Urt. u.

FRAGMENT OF STEEL EXTRACTED FROM THE VITREOUS HUMOR WITH THE ELECTRO-MAGNET. — Dr. T. R. Pooley of New York related the following case: "Feb. 4, 1885, A. K.,

aged thirty-six, of New York, was planing steel, when a splinter flew off and struck his left eye. Little pain followed, but the sight was lost. The day following he came to my service in the New-York Ophthalmic and Aural Institute. Examination of the injured eye showed moderate circumcorneal injection, small pupil, synechiæ; a wound in inner part of cornea and iris; lens opaque; vision, perception of light; field complete; some tenderness on pressure over ciliary region. At 4 P.M., same day, eye cocainized. A linear incision was then made with a Beers knife between the internal and external recti muscles, and an electro-magnet used as a probe introduced into the vitreous chamber. On the third introduction of the instrument, the foreign body was brought into the wound, where it was seized by a pair of forceps and extracted with some difficulty. It measured 4.5 millimetres, and was crescentic in shape. The wound was closed by a conjunctival suture. Feb. 6, had no pain during the night; no discharge; slight swelling in the region of the wound; suture has given way. Feb. 8, pupil dilated; adhesion only at point of entrance of foreign body; V. = 200. The recovery was comparatively slow, pupil contracted, and there was pain every night for a week; then the iritis subsided; the eye became white, and free from pain; the cataract progressed, yet on the date of his discharge from the hospital, eleven days after the operation, he could count figures at one foot. I learn that he was seen last July 10 at the dispensary, and that the operated eye had normal size, aspect, and tension, and was free from irritation. Under these circumstances we may confidently predict, that, by an operation for the removal of the cataract, good vision may be restored." — *Albany Medical Annals*.

HOW TO REMOVE A PLASTER-OF-PARIS BANDAGE. — Krosz ("Deutsche Medicinal Zeitung") gives the following method of removing a plaster-of-Paris bandage: "Scrape a groove with a knife, and drop along it a solution of caustic soda. The plaster becomes soft along the groove, and is then easily cut through. In this way a lid can be cut in the plaster, or any fenestra which may be needed, without cracking the bandage. A hinge may be made to the lid by painting the base of the flap with caustic soda, which will make a pulpy and readily movable hinge." — *Chicago Medical Times*.

A SIMPLE REMEDY. — Dr. Poulain, in "The British Medical Journal," recommends for constipation in young children the use of a tablespoonful of fine bran, night and morning, in a cup of bread and milk. The bran is warmed in the milk, and then poured on the bread. — *Boston Medical and Surgical Journal*.

## SOCIETIES.

*REPORT OF THE ANNUAL MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.*

THE annual meeting of the Massachusetts Homœopathic Medical Society was held at the Parker House, Boston, on Wednesday, April 14, 1886.

The President, C. L. Nichols, M.D., called the meeting to order at 11.15 A.M. The reading of the records was dispensed with, as they were already in print. The records of the Executive Committee were read and approved, after which the following candidates were unanimously elected to membership: Myra F. de Normandie, M.D., Kingston; W. S. Smith, M.D., Boston; Mrs. M. C. Hodgson, M.D., Stoneham; L. Houghton Kimball, M.D., Roxbury; W. H. Stone, M.D., Taunton; B. L. Dwinell, M.D., Taunton; L. F. Potter, M.D., Malden; Lemuel J. Hunt, M.D., Boston.

The reports of the treasurer and auditor were also read and accepted.

C. H. Walker, M.D., necrologist, presented a very interesting sketch of the lives and characters of members deceased during the last two years. The Committee on Publication offered the volume of transactions for 1885 as their report.

For the Committee on Climatology, E. U. Jones, M.D., chairman, read a paper entitled "Ozone Observations." This was a synopsis of the investigations by Dr. Jones, and others under his direction, carried on for a period covering several years.

The meeting, at 12.40, adjourned to lunch, and was again called to order at 1 P.M.

The Committee on Clinical Medicine then assumed control of the meeting; and the Chairman, Dr. D. B. Whittier, presented the following list of papers, some of which were read by title only.

1. "Hysteria," by E. P. Colby, M.D., Wakefield.
2. "Calcarea Phos. and Podophyllum in Infantile Diarrhœa," by F. L. Babcock, M.D., Dedham.
3. "Atmospheric Humidity in Relation to Disease," by A. L. Kennedy, M.D., Boston.
4. "Malaria in Massachusetts," by H. E. Spalding, M.D., Hingham.
5. "Diagnostic Errors, with Consequent Failure in Treatment," by J. F. Hoadley, M.D., Waltham.
6. "Nephralgia with a Proving of Atropia," by B. F. Church, M.D., Winchester.

7. "Vaso-Motor Paresis," by D. G. Woodvine, M.D., Boston.
8. "Uterine Retroflexion," by W. F. Sanford, M.D., Webster.
9. "Schussler's Cellular Therapeutics," by D. B. Whittier, M.D., Fitchburg.

In the discussion which followed, Dr. A. M. Cushing mentioned two remedies which he had found serviceable in hysteria.

One was to light a piece of cotton batting, extinguish the fire, and then blow the smoke into the face of the hysterical patient, when it would be found that he would immediately revive. The other was the use of guaco, where irritability of the spine was the predominant feature of the hysteria.

Dr. D. G. Woodvine related two interesting cases, presenting peculiar nervous symptoms, and both resulting fatally, one at the end of one year, and the other at the end of four years.

Dr. Whittier read his paper by title only, explaining that others who had promised data from which his paper was partially to be prepared, had failed him. Had used these remedies with varying results. He said Dr. Schüssler endeavored to make the use of these remedies attractive, but that they cut across our knowledge and prejudices. If he obtains required data, he will complete his paper and present it for publication.

Dr. Church's paper was interesting, and provoked discussion. In a similar case, Dr. W. B. Chamberlain had relieved by the use of *iod. of potash*, one to three grains in one-half glass of water, a teaspoonful given every half-hour.

Dr. J. Heber Smith related the case of a chronic cyst of the kidney, where the pain was very severe. He had obtained relief by dissolving a grain of *atrop. sulph.* in a drachm of alcohol, and putting five drops of this in one-half tumbler of water, giving a teaspoonful every half-hour. Two doses usually relieved. He had also used *acetate of potash* and *citrate of potash* with much benefit, and thought *iodide of potash* would be very valuable in certain forms of nephralgia.

The report of this committee having been closed, the annual presidential address was next delivered by Dr. C. L. Nichols, and was received with the most favorable attention. Afterwards the motion was made and seconded, that "the President's Address be referred to the Committee on Publication." Carried.

The Chairman of the Committee on Diseases of Children not being present, Dr. J. H. Sherman read for the committee a paper by W. B. Chamberlain on "Convulsions of Children," and then a paper by the same title prepared by himself. These papers proved interesting, and especially so as they presented such widely differing views of the same subject.

At this point the motion was made and seconded, that, after

this, "notices of the meetings be sent as letter postage." Carried.

Dr. H. L. Chase stated that he was very much interested by the address of the President, and made a motion that "the Committee on Publication be requested to cause the immediate publication of the President's Address." Seconded and carried.

Dr. S. E. Sherman read, as the report of the Committee on Obstetrics, a paper entitled "A Case from Practice." This brought out a discussion, during which were related several interesting experiences with cases of ruptured perineum, very favorable results being obtained without the use of stitches. Cleanliness was insisted upon as of the highest importance.

For the Committee on Electro-therapeutics, Dr. W. H. White reported "three cases from practice."

Dr. Chamberlain spoke of favorable results from electricity in muscular contractions and paralysis. He had completely relieved the sequelæ of Colles's fracture by its use.

Dr. Lougee asked if benefit would be derived in the paralysis following apoplexia.

Dr. White thought it beneficial in the remote effects of apoplexia, but would not advise its use at first.

Dr. A. J. French had seen harm from its use in hemiplegia following apoplexia. He does not use it.

Dr. S. Worcester said good results would come from its use in the contractions following apoplexia after weeks or months.

Dr. J. Heber Smith thought he had obtained better results in contractions following paralysis, by flagellation of the affected parts, together with muscular exercises directed to teaching and educating voluntary control of the muscles.

The committee to assort and count the ballots, composed of Drs. A. H. Brown, chairman, E. A. Murdock, and N. R. Perkins, next reported, through their chairman, the result of the election as follows:—

President, Walter Wesselhoeft, M.D., Cambridge. Vice-presidents, D. G. Woodvine, M.D., Boston; James Hedenberg, M.D., Medford. Corresponding secretary, J. Wilkinson Clapp, M.D., Boston. Recording secretary, N. W. Emerson, M.D., Dorchester. Treasurer, H. C. Clapp, M.D., Boston. Librarian, A. J. Baker, M.D., Boston. Censors, C. L. Nichols, M.D., Worcester; A. J. French, M.D., Lawrence; F. B. Percy, M.D., Brookline; I. T. Talbot, M.D., Boston; H. E. Spalding, M.D., Hingham.

The Committee on Amendment, appointed at the last annual meeting to consider the amendment then offered, reported, through the chairman, Dr. H. L. Chase, that at the end of Section XVII., after the words "agreement to abide by the by-

laws," there be inserted the sentence, "In case that ten negative ballots shall be cast, the name of the candidate shall be referred back to the Board of Censors, who shall make a thorough investigation and report to the Executive Committee." It was then moved, seconded, and carried, "that this amendment be adopted."

There being no other business to come before the meeting, a motion to adjourn was made and recorded, and the meeting adjourned at 4.40 P.M. to dinner.

On account of the late hour at which dinner was served, no toasts were indulged in; and the meeting finally broke up after the social enjoyment incident to a good dinner.

N. W. EMERSON, *Recording Secretary.*

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE regular monthly meeting of the Society was held at the Parker House, Thursday evening, April 22, 1886; the president, Alonzo Boothby, in the chair.

Charles Sumner Collins, M.D., of Nashua, N.H., was elected to membership. Dr. I. T. Talbot proposed for membership Lemuel Hunt, M.D., of Boston. Referred to censors.

Dr. E. B. Squire, of Sharon, in a communication to the Society, tendered his resignation as a member, as he had ceased to practise, which it was voted to accept with regrets.

*Scientific Session.*—I. T. Talbot, M.D., presented a paper entitled "Limits in Surgical Operations," after brief discussion of which, Dr. Horace Packard, in an interesting paper entitled "A New Ether Inhaler," presented to the Society a new inhaler, the advantages of which were testified to by Drs. Talbot, Boothby, and Phillips.

Prosper Bender, M.D., then read an interesting and instructive paper on "Pernicious or Uncontrollable Vomiting of Pregnancy."

In the discussion which followed, Drs. Conrad Wesselhoeft, I. T. Talbot, Walter Wesselhoeft, Alonzo Boothby, L. A. Phillips, and others, added greatly to the interest of the meeting by the expression of opinions based upon wide experience.

The meeting adjourned about ten o'clock, after a well-spent evening.

It has been decided to devote the next meeting of the Society to the subject of Pediatrics; and valuable papers are expected from C. H. Walker, M.D., of Chelsea, C. A. Rollins, M.D., of East Boston, and F. D. Leslie, M.D., of Canton.

F. C. RICHARDSON, M.D., *Secretary.*

## REVIEWS AND NOTICES OF BOOKS.

A SYSTEMATIC TREATISE ON THE PRACTICE OF MEDICINE.  
By A. E. Small, A.M., M.D. Chicago: Duncan Brothers,  
1886. 900 pp.

Big, substantial, common-sensible, conservative, — in these respects, this work, the ripened fruit of nearly half a century of professional experience, is worthy its author, — the honored Professor Small of the homœopathic fraternity. Its diction is straightforward and simple, “needless technicalities” being avoided. One of the novel features of the work is that “in the treatment of quite a number of the diseases, a brief statement of allopathic treatment has been given, in order that its objectionable features may be seen in contrast with the homœopathic treatment which immediately follows.” The concluding chapter, comprising nearly one hundred pages of “Clinical Notes and Observations,” contains many suggestions of very great originality and value, culled from the author’s long and wide experience.

The work is substantially bound.

Its typographical errors are regrettably numerous, and sometimes so droll as almost to suggest a wilful Partingtonism.

LEÇONS DE CLINIQUE MÉDICALE. Par le Dr. P. Jousset.  
Paris: J. B. Baillière et Fils, 1886. 678 pp.

A volume of clinical lectures from the pen of so highly esteemed an author, and so “practical” a physician, as Dr. Jousset cannot fail of a cordial welcome from the homœopathic branch of the medical profession; the more, that the good things of the volume are not all new to them, certain of the lectures having already appeared in the *Bulletin de la Société Médicale Homœopathique de France*. These lectures were delivered at the Homœopathic Hospital of Saint-Jacques at Paris. The first lecture is an introductory one, treating of the clinic and its uses, of the importance of pathology and diagnosis to the scientific healer, with the genesis of homœopathy, and the causes which separated it in its infancy from “rational medicine,” and maintain that separation at the present day. Dr. Jousset frankly insists that not the law of similars, but the advocacy and use of small doses, was the real *casus belli*. While expressing himself unsparingly here and elsewhere on the attitude of the dominant school toward Hahnemann and his followers, he does not hesitate to state his belief that homœopathy itself has not been blameless in the controversy; and as

prominent among its errors at the present day, he dwells upon the insistence of certain of its followers upon the doctrine of dynamization, and the putting forward of homœopathy by them, as the *all* of therapeutics, instead of an important, nay vital part of general therapeutics, which yet also includes hydropathy and electricity, massage and palliative treatment. Dr. Jousset's tribute to Hahnemann is emphatic and earnest; and his phrase in this connection — "the legitimate father of modern therapeutics" — is a happy one. The bulk of the work is made up of scientific discussion of various clinical subjects, suggested by cases under consideration, among them rabies, purpura hæmorrhagica, typhoid fever, the treatment of erysipelas; the employment of the sulphate of quinine, phthisis, etc. The book is delightful reading, Dr. Jousset being master of that exquisite clearness and definiteness of phrase characteristic of the language in which he writes. One of his epigrams — "Intolerance should presuppose infallibility" — is worthy to pass into general literature.

We trust the work will soon be welcomed in an adequate English translation.

A SYSTEM OF PRACTICAL MEDICINE. BY American Authors. Edited by William Pepper, M.D., LL.D., assisted by Louis Starr, M.D. Vol. IV. Philadelphia: Lea Brothers & Co., 1886. 877 pp.

The subjects considered in the present volume of this representative work are grouped as follows: Diseases of the Genito-urinary Organs; Diseases of the Muscular System; Diseases of the Skin; Medical Ophthalmology and Medical Otology. The first group, as is natural from its importance, occupies over one-half of the volume. The distribution of subjects among well-known authors, specialists, and teachers, has been admirably made; so that acknowledged authority and the latest views on important themes are to be had within very readable compass. Among the eminent names represented are those of Robert Edes, Francis Delafield, James Tyson, T. Gaillard Thomas, and Mary Putnam Jacobi. While nearly every paper in the volume is of exceptional merit and value, we cannot refrain from particularly commending to our readers as noble in both moral and scientific excellence, the essay on "Abortion," by Dr. George J. Engelmann.

We notice with pleasure the not infrequent references in various papers to the power of drugs to produce diseased conditions. Many examples are given of the pathogenetic power of drugs. For instance, on p. 601, there is mentioned a skin-disease called "dermatitis medicamentosa;" and in separate paragraphs are de-

scribed the particular kinds of this disease caused by arsenic, atropia, or belladonna, the bromides, cannabis Indica, chloral, copaiba, cubebs, digitalis, iodides, mercury, opium and morphia, phosphoric acid, quinine, salicylic acid, santonine, stramonium, strychnia, and turpentine. The value of such corroborations of "provings" assuredly need not be pointed out to homœopaths.

The present volume is from both a literary and a scientific standpoint fully worthy a place in the "goodly fellowship" of its predecessors; which reminds us to add, that in nothing is the entire work more characteristically American than in its literary style, which is as little oratorical and forensic, as direct, clear, and — we had almost said "business-like," — as the nation in which it finds origin.

The publishers' work is of course beyond reproach.

A PRACTICAL TREATISE ON URINARY AND RENAL DISEASES.  
By William Roberts, M.D., F.R.S., assisted by Robert Maguire, M.D. Fourth edition. Philadelphia: Lea Brothers & Co., 1885. 628 pp.

For practical clinical usefulness, Dr. Roberts' work has long stood eminent among the many treatises on its important theme; and the present edition sustains the reputation of its predecessors. The first part of the book is devoted to the consideration of the physical and chemical properties of the urine, and the alterations to which, under various circumstances, it is subject. The results of chemical and physiological research are utilized only in their practical bearings; and, indeed, it is rather the clinical than the pathological aspect of urinary diseases which the author has in mind throughout. All the reliable tests made use of in urinalysis are fully described. An interesting clinical point, based upon certain original experiments of Dr. Roberts, is the "solvent treatment" of gravel and calculi: apropos of which, clinical cases are cited in support of the author's views. The work is deservedly a standard one.

THE YEAR-BOOK OF TREATMENT FOR 1885. Philadelphia: Lea Brothers & Co., 1886. 307 pp.

Too few physicians maintain the excellent habit of keeping an *index rerum*; but the best of such private records, however carefully kept, could hardly hope to equal in value this admirable little volume, whose annual appearance we always hail with satisfaction. This latest issue owns no less than twenty-three contributors, each of whom furnishes a statement of the innovations and advances made, during the last twelvemonth, in some special department of practice. "The medical literature of all

countries has been placed under contribution." Each department is clearly, fully, and concisely treated. Full references are given to every article quoted. By the aid of this little work, the physician can have his medical knowledge brought up to date, at a minimum of time and labor. As usual, it is irreproachably printed and bound.

**THE BABY: HOW TO KEEP IT WELL.** By J. B. Dunham, M.D. Chicago: Gross & Delbridge, 1885. 56 pp.

How to keep the baby well, is a branch of knowledge rather more neglected than how to treat the baby when ill; but it is a most important branch of knowledge, and is here treated of with a common-sense refreshing to encounter. The old nurse of other days would doubtless regard many of its instructions with wide-eyed horror, such as the forbidding of the traditional bath within a half-hour of birth, and the substitution of oil in its stead; the doing away with the abdominal band, and the injunctions against too frequent nursing: but the young mother of to-day is somewhat emancipated from the thralldom of nurses, and not disinclined to profit by the wise teachings here so pleasantly offered. The physician cannot do better than to add this little book to the contents of his obstetric bag, reading of it to be prescribed for the young mother in the pleasant days of convalescence. The prophylactic results of such a proceeding could not fail to be excellent; and the baby thus "kept well" could not fail, in after-years, to express his gratitude.

**THE ADIRONDACKS AS A HEALTH-RESORT.** Edited and compiled by Joseph W. Stickler, M.S., M.D. New York and London: G. P. Putnam's Sons, 1886. 198 pp.

This book does not, like too many of similar title, offer a quasi-advertisement of a popular health-resort. It is, on the contrary, an unpretending and unbiassed statement of the benefits to be derived by certain classes of invalids, from a visit to the region described. Enthusiasm is controlled, and exaggeration avoided, with the result of securing the reader's confidence for the statements so temperately made. Physicians, invalids, and the friends of invalids may study the little work with profit. As a study of local climatology alone, it is of very real value. The publishers have presented it in exceedingly attractive form.

**THE PHYSICIAN'S CHEMISTRY.** By Clifford Mitchell, A.B., M.D. Chicago: Gross & Delbridge, 1886. 301 pp.

The author has treated his subject from a most practical standpoint; and his object, as stated in the preface, "to give much information in as small a space as possible," has unques-

tionably been attained. Part I. of the work deals with the theory of inorganic chemistry; Part II., with organic and inorganic chemistry and urinalysis; Part III., with toxicology. Those portions of the book devoted to urinalysis and toxicology will be found from their condensed form of great practical usefulness to the physician and student. The volume is clearly printed and neatly bound.

HOSPITAL SISTERS AND THEIR DUTIES. By Eva C. E. Lückes. Philadelphia: P. Blakiston, Son, & Co., 1886. 164 pp.

This little book bears ample "internal evidence" of having been written by one thoroughly familiar with the demands—physical, mental, and moral—made upon the hospital nurse by the duties of her position. Although primarily intended for those engaged in or contemplating entrance upon the duties of a hospital nurse, the book may be read with profit by all those interested in hospital work, whether as manager, visitor, or friend. It treats not so much with nursing, as with the nurse herself, and those qualities without which she can never attain the highest usefulness and success, be her technical knowledge what it may. The book is admirably well written, and in these days, when nursing is so rapidly attaining its true position among the useful arts, it should be widely and thoughtfully read. The publishers' work is entirely satisfactory.

DOGS IN HEALTH AND DISEASE: AS TYPIFIED BY THE GREY-HOUND. By John S. Hurndall, M.R.C.V.S. London: E. Gould & Son, 1886, 88 pp.

This little *brochure* is similar in style to the many "domestic guides" which have in the past done such good service to veterinary homœopathy, and helped to insure that when one threw "physic to the dogs," it should be physic of the right sort. The treatment recommended in diseases of dogs is such as would satisfy the most strict homœopathist; except, perhaps, in the author's occasional advice as to "alternation" of remedies. The family physician is not infrequently called to prescribe for a family pet, and the ability to do so good-humoredly and successfully is not unworthy a little effort to attain; besides which, we trust the physicians are few who do not cultivate the friendship of at least a few animals who may have a household right to call for professional service. The little book is a pleasant and useful acquaintance, and as such we recommend it to all who are in the way of regarding animals otherwise than as subjects for vivisection.

THE POPULAR SCIENCE MONTHLY for April, in order that its readers may enter more intelligently into the controversy be-

tween Mr. Gladstone and Professor Huxley, publishes as a supplement the initial paper of the controversy: "Dawn of Creation and of Worship," by Mr. Gladstone. Miss Andrews has a suggestive paper on "Botany as a Recreation for Invalids;" Mr. Schmidt, an interesting one on "The Teeth of the Coming Man." The editor ably treats of "Education in Politics;" and many other good things tempt and reward the reader. New York: D. Appleton & Co.

The April CENTURY opens with a portrait of Longfellow, which strikingly recalls the more youthful pictures of Sumner; concludes Mrs. Foote's powerful story of "John Bodewin's Testimony;" gives, by the pen of Mr. Cable, a batch of "Creole Slave Songs," the attempted rendering of which will prove a delightful problem to music-lovers; and is otherwise rich in interest. New York: The Century Company.

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#### BOOKS AND PAMPHLETS RECEIVED.

THE DISORDERS OF MENSTRUATION. By John N. Upshur, M.D. New York and London: G. P. Putnam's Sons, 1886.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part III. Arnica-Berberis. London: Published for the British Homœopathic Society, by E. Gould and Son. New York: Boericke and Tafel, 1886.

HAWES'S PHYSICIAN'S RECORD. Published by M. E. Hawes, East Weymouth, Mass.

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#### MISCELLANY.

EQUIVOCAL. — A hod-carrier having met with an accident, the town papers report that, "Dr. — was called in, but no disastrous results followed up to the time of our going to press." — *Southern Clinic*.

CRIMINAL IGNORANCE. — On the trial of a physician in Germany, recently, it was proved that he could have saved a patient who had died under his treatment if he had made use of the modern antiseptic dressings, and he was found guilty of malpractice, the court holding that every practitioner should keep himself informed on the progress of science, and have an exact knowledge of modern systems of treatment. — *Boston Transcript*.

PHRENOLOGY AND TRAUMATISM. — "You have large imagination; you ought to write poetry," said a phrenologist to a man whose head he was examining. "I do write poetry," replied the individual, "and the bump of which you are now feeling was caused by a blow from an editor to whom I offered a poem. Please don't bear on so hard." — *New-York Medical Journal*.

A NOVEL MODE OF ENTERTAINING. — Mrs. Mulvaney (*the laundress*): "In-dade, ma'am, an' it's miserable I am. I'm but jist on my feet wid the pain in me back; and Jimmy he's as bad off; he has a cough on um that sounds loike an impty bar'l. — *Cough fer the lady, Jimmy!*" — *Harper's Bazar*.

THE MEANEST ON RECORD. — The proud distinction of having the meanest man on record is claimed for Oakville, Can. His wife was ill, and the doctor prescribed wine. As it was not easily found, the doctor sent some from his private stores. The woman died. When the doctor's bill came in, the broken-hearted widower lodged a complaint against the physician for selling liquor contrary to law. — *Boston Medical and Surgical Journal*.

CHEMICAL NOMENCLATURE.

Professor. — "Mention an oxide."

Student. — "Leather."

Professor. — "Oxide of what?"

Student. — "Oxide of beef." [Exit professor.] — *Popular Science News*.

VEGETABLES AS REMEDIES. — Spinach acts as a diuretic; dandelion as a tonic; asparagus as a blood-cleaner, tomatoes as a cholagogue; beets and turnips as a tonic, onions, garlic, and leeks as a stimulant and narcotic. The red onion acts as a narcotic in insomnia and neuralgia. — *Medical Summary*.

BISMARCK AND HIS PHYSICIAN. — It is certain that Bismarck's physician, though a charlatan, is no fool. It is related that when first presented, the prince was sick, and peevishly declined to answer questions. "As you like," said doctor, "then send for a veterinary surgeon, as such practitioners treat their patients without asking them any questions." The chancellor was captured. — *Medical Record*.

IT was a brave man who declined to be vaccinated on the ground that he was not to be cowed by any living man. — *Boston Transcript*.

IN a Western city lives an undertaker, by name Brown, a great wag, and always ready to play a joke; also a doctor who is a joker, and is always ready to tell on himself; and a "monument-maker" who is of the same kidney.

One day the doctor was driving at full speed down a business-street, when Brown spied him. Brown was in his wagon with the sign of his profession on the side. Whipping up his horse, he came as close to the doctor as possible, and glancing around, he spied the monument-maker. Calling to the monument-maker to hurry up, Brown called out, "Go on, doctor, go on; we're coming."

The doctor looked round, and dismay was pictured on his countenance. He whipped up his horse, but all to no purpose, the undertaker and the monument-maker following closely. At last the ridiculous part of the thing struck him, and leaning back [in his buggy, he gave vent to his laughter, in spite of the thought, "What a sign for a prominent physician this is!" — *Harper's Magazine*.

WHEN LEGAL LIFE BEGINS. — The highest tribunal in Berlin has decided that a foetus becomes a legalized human being as soon as labor begins. — *Weekly Medical Review*.

A SENSIBLE PRECAUTION. — Before undertaking a *post-mortem*, Dr. Chevenger recommends holding the hands over strong liquid ammonia, when the smarting which ensues will reveal all sensitive or abraded places that need a touch of caustic before beginning the examination. — *Weekly Medical Review*.

One of our sextons, in making his report of burials, is explicit to a commendable degree. For instance, such entries as this occur: "Died, John Smith; male; aged three days; unmarried." — *Woman's Journal*.

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## PERSONAL AND NEWS ITEMS.

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MESSRS. T. METCALF & Co. invite attention to a new base for ointments, called lanolin (from wool) or cholesterin fat. "Lanolin," to which Professor Liebreich has recently directed attention, will become of importance from a pharmaceutical point of view. The grease of sheep's wool has long been the subject of attempted appli-

cations of an economic character, either by the production of soap, or by the extraction of potash from the crude material obtained in cleansing wool for textile manufactures. Its true nature was first ascertained in 1868 by F. Hartmann, who showed that it contained a considerable amount of cholesterin. In fact, the grease of sheep's wool, though presenting some of the characters of ordinary fatty substances, is in its chemical nature quite different from them.

Professor Liebreich has examined the question whether cholesterin fats belong to the various tissues as such, or whether they are produced by glandular secretions; and he is of the opinion, that, in the case of birds, the liquid secreted by the glands does not so much serve to oil the feathers as to free them from too great a profusion of fat, or at least to spread the fat evenly over the surface. In birds that have no coccygeal gland, such as the parrot and the fan-tailed pigeon, the feathers have a far less shining appearance; but on trial the feathers of the fan-tailed pigeon were found to contain a small amount of cholesterin fat, and it was inferred that the birds without any coccygeal gland must be able to secrete sufficient fat from the feathers, and that, in fact, it is formed simultaneously with horny tissue.

It is mainly from the pharmacological point of view that the investigation by Professor Liebreich has been carried out, since he was of opinion that the peculiar characters of the cholesterin fats would render them available for the purposes of medical treatment by ointments, etc., in cases where there are well-founded objections to the use of any kind of hydrocarbon fats, such as vaseline and the various kinds of paraffines. One peculiarity of cholesterin fat is the ease with which it can be rubbed into the skin, and this ready absorption may be connected with the circumstance that it originates from horny tissue. Another important point is, that cholesterin fat (of which the lanolin prepared from the grease of sheep's wool is a type) is perfectly neutral; and as it is very difficult to saponify, even with an alcoholic solution of caustic alkali, it may be expected that it will not be so liable to become rancid as glycerine fats.

They invite investigation by physicians of its properties, and will forward a sample without expense to any physician making application.

VALUABLE suggestions in the use of Lactated Food, from the celebrated medical authority, J. Milner Fothergill, M.D., Member of the Royal College of Physicians of London; Senior Assistant Physician to the City of London Hospital; Associate Fellow to the College of Physicians of Philadelphia:—

110 PARK ST., GROSVENOR SQ.  
LONDON, W. ENGLAND, NOV. 13, 1885.

MESSRS. WELLS & RICHARDSON COMPANY.

*Gentlemen,*—Having requested me to give you my opinion, as a food expert, upon your "Lactated Food," I do so herewith.

You state that it contains "the purified gluten of wheat and oats, with barley diastase and malt extract combined with specially prepared milk sugar;" in other words, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct.

The food, then, contains carbo-hydrates, some albuminoid matter, and the various salts in grain, notably phosphate of lime.

Such a food can be added to milk, and treated in the manner you describe in your leaflet. So prepared with milk, it forms an admirable food for infants and dyspeptic persons who require very digestible aliments.

But it has a wider range of utility. The body temperature is kept up by the combustion of gr ape sugar. Grape sugar is supplied from carbo-hydrates, either the insoluble starch, or the soluble sugar. Starch forms a great portion of our food, and is converted into grape sugar within the body. Where the system is unequal to the digestion of starch, as in feeble digestion, or conditions of acute disease, then pre-digested starch must be furnished to the organism. Otherwise the system will perish of exhaustion, just as a fire dies out when its fuel is consumed.

Beef-tea contains nothing which can form grape sugar, and, in fact, is a pleasant stimulating beverage or food adjunct, but without food value practically. (For, what food value it has is so infinitesimal that it is not worth counting.) But when it has added to it a food such as your Lactated Food, it has a distinct measurable food value. Consequently such food should be given with beef-tea, and the compound forms a valuable food.

When lactated food is placed in water hot enough to be sipped, a rapid transformation of the starch remaining in it (by the diastase it contains) goes on; and a nutritive fluid is the result which requires but a minimum of the digestive act

Such fluid can be flavored and drank as a nutritive beverage, specially acceptable in febrile conditions. Flavored with lemon, ginger, cloves, or other flavoring agents, to give variety, — a matter far too much neglected in the treatment of the sick, — it can be largely used. Or wine, either red wine as claret, or sherry or port, can be added to it when a little stimulant is required; and brandy when a stronger stimulant is indicated.

The resort to farinaceous matters, pre-digested, must become greater and greater as our knowledge of digestion and its derangements waxes larger. It is not merely in the case of feeble infants that such predigested starch and milk sugar are indicated and useful: persons of feeble digestion require these soluble carbohydrates which they can assimilate.

But, to my mind, an equally great matter is the feeding of persons acutely sick, and especially where there is pyrexia, who now are allowed to perish of inanition on the mistaken conviction that beef-tea is a sustaining food. It is in the sick-room that soluble carbohydrates have a great future before them.

J. MILNER FOTHERGILL, M.D.

AMERICAN INSTITUTE OF HOMŒOPATHY. BUREAU OF SURGERY, 1886. — The special subject selected for consideration and discussion this year at the Saratoga meeting of the Institute is Inguinal and Femoral Hernia.

It is hoped that by the efforts of the members of the Bureau, together with the assistance of all members of the Institute who have had any experience with these forms of hernia, a valuable monograph on this subject will be prepared.

The report of special cases, methods of operating, improved surgical apparatus, treatment, either surgical or medical, radical or palliative, and especially the action of homœopathic remedies in cases of hernia, will be of great importance.

Although the special subject of the Bureau is limited to Inguinal and Femoral Hernia, yet communications of surgical value and importance are solicited for presentation to the Institute. These may be addressed to the Chairman or any member of the Bureau, at any time previous to June 15, 1886.

I. T. Talbot, M.D., *chairman*, 66 Marlborough Street, Boston, Mass.; W. L. Jackson, M.D., *secretary*, 84 Dudley Street, Roxbury, Mass.; William Tod Helmuth, M.D., 299 Madison Avenue, New York, N.Y.; George A. Hall, M.D., 2400 Prairie Avenue, Chicago, Ill.; J. H. McClelland, M.D., 411 Penn Avenue, Pittsburg, Penn.; J. E. James, M.D., corner Tenth and Green Streets, Philadelphia, Penn.; H. L. Obetz, M.D., Ann Arbor, Mich.; S. B. Parsons, M.D., 1226 Washington Avenue, St. Louis, Mo.; M. O. Terry, M.D., 196 Genesee Street, Utica, N.Y.; C. E. Walton, M.D., Hamilton, O.

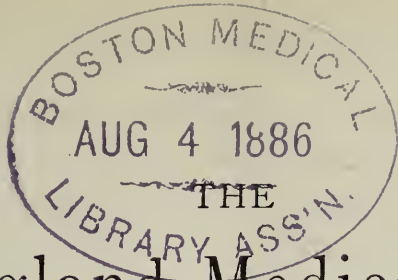
H. K. BENNETT, M.D., will be at 165 Boylston Street, Boston, on Wednesdays and Saturdays, between the hours of eleven A.M. and four P.M., when he will give exclusive attention to the treatment of diseases of the eye, ear, and throat.

PROFESSOR DOWLING'S two sons, John W., jun., and George B., graduated from the New-York Homœopathic College at the recent commencement of that institution. John W., jun., who is a graduate of Columbia College, had already received the degree of doctor of medicine from the regents of the New-York State University, after qualifying before the State board of examiners. At the commencement exercises he was presented with a valuable microscope, — the first faculty prize for the highest standing throughout his entire period of study. He also received Professor Talcot's prize of fifty dollars in cash for the best written report of the professor's lectures.

Both of Professor Dowling's sons will locate in New-York City.

GEORGE M. OCKFORD, M.D., has removed from Revere, Mass., to Lexington, Ky.

DR. L. B. HOLBROOK has removed from Milford to Revere, Mass.



# New-England Medical Gazette.

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Boston, Mass.

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## EDITORIAL.

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### *A COMMENT ON CERTAIN COMMENTS.*

AN "open letter" which appears in the present issue is deserving of a word of comment; not only because it ably and intelligently challenges certain positions lately taken by the GAZETTE, but because it is expressed with that courtesy which makes of controversy a helpful interchange of ideas, rather than the intellectual Donnybrook Fair into which it too often degenerates, and where the appearance of a "head" is looked upon as sufficient excuse for "hitting" it.

The *raison d'être* of Dr. Dobson's letter is apparently the comment, made in the GAZETTE's review of the Transactions of the N. A. Institute of Homœopathy, that Dr. Franklin's proposed method of administering cancerous stroma for the relief of cancer savored of isopathy, and differed widely from the methods of Jenner and Pasteur. In reply to Dr. Dobson's strictures on this comment, we would maintain, in our reviewer's defence, that Dr. Franklin's method "differs widely" from those of Jenner and Pasteur, in the following important particulars.

I. Dr. Franklin's suggestion rests on a purely theoretical basis; while neither of the scientists mentioned advances a claim which has not, to their minds at least, been substantiated by prolonged and exact experiment, the steps of which they willingly rehearse in detail to all investigators.

II. The methods of Jenner and Pasteur have as their object

*prophylaxis* and not *cure* of the diseases studied, and are therefore referable to preventive medicine, and not to isopathy, homœopathy, or allopathy, all of which are terms distinctly belonging to the sphere of therapeutics. These indicate certain definite methods by which effort is made to cure disease; preventive medicine recognizes no such titles as these, but in the administration of drugs simply makes use of certain empirical methods for the prevention of disease. The use of a substance for prophylactic purposes may suggest a therapeutic principle, but it cannot be said to illustrate it. Such suggestions can hardly be regarded from a scientific standpoint as other than coincidences; for if, for example, to use an impossible phrase, one drug be homœopathically prophylactic, why not all drugs? Glonoine is exquisitely homœopathic to the condition of sunstroke; but was it ever suggested that glonoine be taken to ward off sunstroke? Such coincidences as the ability of belladonna to ward off scarlet-fever, while it is also therapeutically homœopathic to the disease, and the same fact holding true with regard to camphor and cuprum in cholera, can hardly suggest a homœopathic principle in prophylaxis, in view of the fact that sulpho-carbolate of sodium is prophylactic against scarlet fever, diphtheria, and measles, and several of the acids are claimed to be equally so against cholera.

Cow-pox virus is hardly sufficiently recognized as a therapeutic resource in the treatment of small-pox to serve as an illustration of coincidence. The therapeutic use of the virus after a patient has contracted small-pox may indeed be quoted with some show of fairness, as an illustration of homœopathy; but this is by no means a method of Jenner's, and its difference from or resemblance to Dr. Franklin's proposed use of the cancerous stroma is therefore not in point at present. We think it will be generally admitted by students of the medical literature of the day that the methods of prophylaxis are at present too numerous, dissimilar, and purely empirical to make the employment in their connection of such terms as "isopathy" or "homœopathy," which presuppose a principle of wide and definite application, at all admissible.

III. And lastly: The methods of Jenner and Pasteur "differ widely" from that proposed by Dr. Franklin, in that the latter

employs a disease-product which *has no other claim to consideration than the fact of being a disease-product*: the former employ a *modified disease-element, with the substantial claim that it is capable of producing the same or a similar disease as that to prevent which it is used*; employing it therefore, apparently, under that law of nature by which an organism once affected by a given disease is unlikely thereafter to contract that disease, or, if contracted, to suffer from other than a much modified form of it. Cancerous stroma has no claim to produce cancer, and thus certainly "differs widely" from the agents employed by Jenner and Pasteur. The recent attempts of Pasteur to *cure* rabies by rabies unquestionably come under the head of isopathy, and seem doomed to the failure which is inscribed on that banner.

The arguments advanced by Dr. Dobson against vaccination have for the most part received reply already in these pages. The statistical argument, as we have pointed out in a recent issue, is, at best, a two-sided one. It occurs to us that the method of employing statistics in favor with anti-vaccinators would show them to be philosophers of the school of Aristotle rather than that of Bacon: starting with a determination to prove their thesis, they refuse to regard facts save in favorable relation to that thesis. We do not venture to add, that, like the sage who was once shown that facts were in opposition to his theory, they reply, unmoved, that it is "so much the worse for the facts."

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#### EDITORIAL NOTES AND COMMENTS.

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THE SANE AND SCIENTIFIC MODERN TENDENCY to regard phthisis as a communicable disease, against whose transmission all possible precautionary measures are to be taken, is well exemplified in the letter of instruction lately sent out by the *Conseil d'Hygiène et de Salubrité de la Seine*. Among its practical suggestions are the following:—

"The most active agent in the transmission of tuberculosis, unquestionably, is found in the sputum.

"Expectoration should, therefore, never be made either on the floor or the linen, as it may there dry, and be thrown off in a dangerous dust.

“Expectoration can most safely be made into porcelain mugs, lined with sawdust.

“These mugs must be emptied, and thoroughly scalded, at least once in twenty-four hours.

“Their contents must, in all cases, be immediately burned.

“A furnished room which has been occupied by a phthisical patient, above all, if the case has terminated fatally, should be thoroughly and exhaustively disinfected, after the methods recommended in contagious diseases, before other occupancy is permitted.

“The clothing of phthisical patients should only be worn by others after complete disinfection.”

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EDITORIAL THANKS ARE DUE for the charming invitation — charming not only in the hospitality and good cheer offered, but in the highly artistic form of the card itself — proffered to the GAZETTE to represent itself at the dinner given in St. Louis, by members of the Medical Press and Library Association, in behalf of the “Weekly Review.” On receiving the invitation, we felt forcibly tempted to follow the example so widely in vogue at present, and “strike” for a little more leisure. But having the misfortune to belong to a profession which our future lords, the socialists, number among “non-productive laborers;” and being expected, in consequence, to work twenty-four hours out of the day, and be regarded as “mercenary wretches,” unworthy our high calling, if we venture to press the matter of pay, we were forced to decline, in common with too many other pleasures, the one under consideration. Nevertheless we cordially, in behalf of the GAZETTE, return thanks for the courtesy extended.

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THE USE OF MURIATE OF COCAINE IN OBSTETRICAL PRACTICE is the subject of an interesting paper from the pen of Dr. T. Griswold Comstock, appearing in a recent issue of our much-esteemed contemporary, “The Homœopathic Journal of Obstetrics.” We note with satisfaction, that in answer to the question, “Can we apply it successfully in obstetrical practice to ease the throes of a painful labor?” Dr. Comstock feels justified in emphatically answering “Yes!” He quotes several cases from his own experience in which the drug was able to accomplish this much-desired end. One of these cases is of especial interest.

A primipara was relieved of agonizing pains, incident to a tedious labor, with rigidity of the vagina and perinæum, by an abundant spraying of the perinæum with a four-per-cent solution of the cocaine, which was also sent as far as possible between the lips of the vagina, in the intervals of the pains. The result was most happy. The patient was immediately conscious of relief and comparative ease; the progress of the labor was not impeded; and the child was speedily and safely delivered. Such facts as the above cannot be too widely known. As we have often taken occasion to point out, the physician who employs safe means to render childbirth less a terror and an agony renders not only an individual, but a national, service; since he helps to bring about an increased willingness to assume the cares of motherhood among those whose too common endeavor it is becoming to escape them by any means, however unjustifiable.

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## COMMUNICATIONS.

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### *OUR METHODS OF DRUG-PROVING.*

AN ESSAY RESPECTFULLY DEDICATED TO CHAIRMEN OF PROVERS' COMMITTEES.

BY C. WESSELHOEFT, M.D.

WARNED by the near approach of another meeting of the American Institute of Homœopathy, when all its great machinery of scientific bureaux are preparing their reports, those interested in the progress of the special principles of our school should also be stirring.

Great questions are to be solved, such as those pertaining to potentiation by succussion, as well as those pertaining to the proving of drugs. Questions which have been burning for a century are at last to be solved at behest of the Institute. It appoints committees, and sends them forth with the mandate: Investigate, and report at the next meeting! The committees obey, and, although painfully aware of the enormity of their task, they go to work with great zeal and energy, and will have reports though they may not be able to complete the tasks given them. In the midst of this display of activity, perceived for the present only by the members of committees, it will be well to let the masters know what their obedient servants are endeavoring to do, to point out some difficulties under which they labor, to suggest ways and means of preventing error in solving problems, and to awaken a general interest in their behalf.

The future of homœopathy as a mode of healing the sick depends on its methods of testing drugs for their effects on the healthy organism, generally known as proving; that is, the future general acceptance, for which we hope, of the principle *Similia similibus curantur*, depends entirely on correct methods of proving drugs.

Our method of practice as a reformatory discipline must be slow or become stationary as long as it rests alone on voluminous clinical data, lacking, however, the support of true statistical evidence, made up of carefully balanced comparisons of both positive and negative elements.

To supply this evidence, which often fails to carry conviction with it, has proved useless in the presence of a denunciatory warfare on the part of our opponents, whose attitude is justifiable in so far as it is incumbent on reformers to furnish general intelligible proofs of the validity of their principle. As statistical evidence is imperfect, convincing proofs can only be furnished by experimental tests, conducted according to exact and inexorable rules, which shall enable us to distinguish true from false conclusions.

Hitherto we have made use of no very exact rules in conducting the most difficult experiments, in solving the most complex problems that could have been devised. The difficulties of drug-proving have been entirely underrated, while the results obtained have been in too many respects overrated as to their value.

But when we compare the methods introduced by Hahnemann, and faithfully followed without the least deviation to this day, with the methods employed at present in other branches of science, we are forced to the conclusion that "proving" of drugs and the testing of drugs by accurate methods of experimental research are no longer one and the same. With the exception that the numerous toxicological experiments conducted in the laboratories of this country and of Europe are conducted with animals chiefly, while we experiment upon the infinitely more difficult subject of the human organism, it must be acknowledged that the former are far superior to ours in regard to methods pursued by the experimenters. If we are guarded in distinguishing principles from methods, we are impressed with the truth and forcible expression of Hahnemann's principles; while these strike us as true, we are inclined to confound them with the methods, and in our eagerness we overlook the faultiness of these methods while contemplating the perfection of the principles.

As the principles and methods which should control the testing of drugs have been fully discussed by the writer, it would be unnecessary repetition to enter into the details of a subject which will be found exhaustively treated in an article entitled

“Control-tests and Drug-provings” (NEW-ENGLAND MEDICAL GAZETTE, February and March, 1884), and also in “A Proving of Carbo Vegetabilis made for the Purpose of demonstrating the Necessity of Counter-tests in Drug-proving” (Trans. Am. Inst. Hom., 1877). The reader is also requested to compare the principles of exclusion, reservation, comparison, and repetition, in the article referred to, with the four methods of experimental inquiry, chapters vii. and viii., in Mill’s “System of Logic,” which will be found to corroborate in a general manner the argument contained in this article in reference to a special method of investigation. In the treatises referred to, it is shown, that, unless experimental tests are guarded by the most ingeniously arranged danger-signals, the results will be useless if not disastrous, and that homœopathy has been and is suffering from the infatuation of confounding the truth of Hahnemann’s principles with faulty methods of experimenting.

True knowledge of medicines is only to be obtained by testing them for their effects upon the healthy organism of man. This fundamental principle stands firm and unshaken; but its self-evident truth is in flagrant contrast with an error into which we have drifted, and which, multiplying itself in the course of years, begins seriously to threaten the validity of our materia medica. The great axiom from the beginning of drug-proving, as stated by Hahnemann, was that “every symptom and deviation from the normal state of health, observed by the prover while under the influence of the drug, is derived from the latter” (“Organon,” § 138). Even during Hahnemann’s time, but especially in later years, no distinction was made between symptoms and mere sensations; and the principle, once guarded by Hahnemann’s words, was lost sight of partly by himself, but mostly by his followers, who fell into the great error of recording all sensations *following* the taking of the drug as produced by it, as if mere succession of events proved that the first was the cause of the last. This same dogma holds that a drug may produce very different effects or symptoms upon different provers; from which assumption the conclusion is drawn, that nothing a prover reports or notes down in writing, as having been perceived by him in the form of abnormal sensations, should ever be lost to posterity, but must be preserved as a sacred truth forever.

It is not a marvel that such an error was possible a hundred years ago, in spite of Baconian philosophy; but that it is still adhered to and perpetuated, is a serious error, and one that challenges our best efforts to eradicate before it becomes insurmountable. It appears so natural and reasonable that a healthy prover should not feel abnormal sensations before testing a drug, and that he should feel such sensations after testing it; also that

all these sensations should be caused by the drug. And yet, if the simple control-test is applied, of allowing a person to test an inert substance, the nature of which he does not know, this person, unless better qualified than most others, will record very numerous sensations which he did not notice until his attention was strongly directed to himself. That such sensations were due only to the drug, is self-evident only according to the most fallacious of all processes of reasoning, — that what precedes must be the cause of what follows. As well might it be said, that, in a row of wagons, one wagon was the cause of the other in front of it.

No physiologist, no chemist, no astronomer nor physicist, will, in our time, accept a problem as solved unless he has very many corroborative proofs unweakened by any negative or doubtful observations. We, as “provers,” deem it beneath our dignity, and quite unnecessary, to make more than one observation to establish a proposition; nay, we go farther than that: we assume that a certain substance is a drug possessing pathogenic qualities; one person consumes a very minute quantity of it, and notes down every sensation he experiences afterwards; the report is printed in a journal, and finally gathered into the *materia medica*; while the simplest counter-test by repetition and comparison would have demonstrated clearly that the conclusion drawn from the experiment was wrong. No more than five or six tests conducted on better principles, by other provers, would have made it plain that the same thing, taken even in very material doses, would produce no effect whatever deserving to be called pathogenic.

Such experiments, properly made, will show that spinach is a harmless pot-herb, while the uncontrolled, single, or even repeated trial might seem to prove an alcoholic tincture of spinach to be a nauseous and unwholesome drug.

Another argument against the aforesaid dogmatical assumption is, that, if one drug can affect different persons each in a different manner, this property would seriously invalidate the general applicability of our rule of similars. According to a very simple process of reasoning, a drug cannot cure a patient in whom it will not create effects similar to those it is intended to cure; nor can we by any possible means determine this in a case of a patient who has not “proved” in health the medicine he is now to take in his sickness.

The rule which, if adopted, can alone lead us out of the path of error, is, that, in seeking for true effects, *certain causes acting under like conditions always produce the same effect; and hence conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause.*

A pistol-ball fired into a yielding body will make a hole in it ; the sting of a mosquito will cause an itching nodule ; this the pistol-ball will not do, neither will the mosquito make a bullet-hole.

Hahnemann is quoted as having said, "*Machts nach, aber machts genau nach*" (Do as I did, but do exactly as I did). This is hurled at every critic of erroneous methods, for which even Hahnemann was not responsible. If we imitate any method of procedure, without varying upon the experiment, the result must be the same ; that is, right or wrong as the procedure we imitated was right or wrong.

A proving properly made—that is, a carefully conducted experimental test, under methods which avoid error by varying the experiment—will invariably exhibit the same result upon repetition ; if with each experiment the result varies, it cannot be attributed to the drug taken, if the experimenter starts from the principle that like causes must have like effects. A drug always administered under the same conditions produces the same effect each time, if it is a drug, and is capable of producing any effect ; if entirely inert, we should obtain no effects from it, provided the experiment is properly conducted.

What methods have we of knowing that a substance tested has no pathogenic effects? The answer naturally would be, that, if the substance being tested is inert, the experimenter would get no effect. True. But, supposing after one trial he notes a great many disagreeable sensations, if not something worse, shall he not attribute these to the drug? Certainly we must accept them as effects, says our ancient dogma ; but cautious reason urges us to try if the same results will follow another experiment like the first. It is tried, but the same result does not follow, but a different one, or slightly different. A third, a fourth, a fifth trial is made, perhaps ten or twelve, nay, more than forty. In all these trials there appears to be a vague kind of agreement, far removed, however, from distinct harmony. By a little trimming or classification all these vaguely harmonious and confused records can be made to appear as if they coincided, but in the main the results are marked by two characteristics: they are not significant enough to deserve the name of symptoms ; they are mere sensations, not morbid signs ; and, secondly, they do not agree in possessing the main and essential features of a symptom ; they do not point to a direct, unequivocal, morbid (pathological) state in all experimenters, who either felt nothing, or differed much in their feelings.

What shall be done with the results of such experiments or provings? The answer is: Throw them out as valueless, uncertain, ambiguous, and misleading. Let us follow the true spirit of the founder of our school, "to distinguish medicines from each

other with scrupulous accuracy, and test them by pure and careful experiments with regard to their powers and true effects upon the healthy body." If he did not succeed with his method, he plainly meant to keep only that which he knew positively, and to exclude and erase every thing he did not know, or which was uncertain. In this he wished to be followed implicitly. What are a few thousands of erroneous statements, notes, and reports in the form of "symptoms." compared with a hundred that are true? One single drug-effect positively corroborated by several experiments is worth more than a thousand which disagree or are vague.

The rule which, within the meaning of Hahnemann, should have governed all previous experimental tests, and which should govern those of the future, may be expressed as follows :

*Cause experimental tests (provings) to be as numerous as possible. The number cannot be arbitrarily determined; but in order to accept the results as valid, insist that the observations and records of experimenters individually and collectively shall manifest distinct congruity in sense and meaning, and, if they do not manifest such congruity, they shall be excluded as useless.*

This is the simple rule under which physiological, chemical, physical, etc., experiments are conducted in our time. No results are admitted unless strictly in conformity with such a principle. This is what Hahnemann meant; his greatness rests on first uttering the principle, but it required a century to develop the methods.

It may be argued with some justice that it is impossible for all provers to agree. Did not Hahnemann point out to us that different persons are affected differently by the same drug? This is quite true within narrow limits, and we might agree upon a certain latitude to be allowed for such a contingency. But, admitting a greater or less degree of divergency in a series of tests, where are its limits? According to the methods hitherto followed, it has none; and, now admitting these limits to have been narrowed down to the utmost degree, even then nothing but uncertainties and vague or even contradictory results would remain to be accounted for. Why account for them at all? What is the value of a little paltry rubbish like that? Away with it, for it consists of vague uncertainties, and a life may hang upon this uncertainty, says Hahnemann.

But, some will say: If of ten provers, each reporting ten symptoms, only one is constant among them all, shall we throw aside the ninety which do not agree? Shall we sacrifice records which it required so much industry to accumulate? By all means omit them; and not only that, but initiate another series of tests to see whether the one constant symptom reported

remains constant. Apply all sorts of variations to experiments by varying the circumstances under which the experiments are made, and in this way furnish the most reliable proofs in the form of counter-tests, by which your conclusion must stand or fall.

If a difference between provers' records is allowable at all, it may be applicable to the form of expression, — the language in which various provers express themselves in their reports. Herein we are undoubtedly able to agree; also, that too great differences of expression should not be reconciled by skilful interpretation. We have provings where differences are made, when this should not be the case, — for instance: "pressure like a stone," "weight like lead," or "grinding pain," or "pain as if crushed between two stones." Some matter-of-fact prescribers, destitute of imagination, regard such terms as very significant in their difference; and a case known to the writer is very much to the point, in which a patient was allowed to groan, and got no colocynt high or low, simply because he did not use the phrase, nor allow it to be extorted from him, that "his bowels felt as if crushed between two stones," which phrase some author had declared to be a key-note. Such differences are easily and justly to be reconciled, and included within the above indicated margin.

The great question is as to what constitutes evidence of the validity of the result of an experimental test, — a term which is preferable, as it means that we are questioning nature, and watching for a reply. By agreeing upon what we can accept and reject as evidence, before augmenting our store of errors, we shall initiate the proper means of solving the troublesome questions which have agitated our otherwise harmonious household.

The testing of drugs requires no other or better principles of testimony and evidence than a profession like that of the lawyer. To him the testimony of one person is not evidence. To make an allegation evident, requires the testimony of many. Although the same principle holds good in the testing of drugs, and deserves here to be most rigidly enforced, it is far from being employed to that degree, and in too many cases far from being applied at all. If the results agree, well and good; but if they all disagree, what then? Are they omitted as they should be? By no means; for is it not taught that provers may differ, and may there not be some grains of good concealed in the vast number of discordant effects recorded? It is never asserted that there is, but the question is supposed to supply the affirmative answer which is taken for granted.

The very serious business of testing drugs should allow nothing to be taken for granted. No judge, no jury, no philosopher, no

practical experimenter, would give a verdict or found a conclusion upon the testimony of one witness or one solitary experiment, or that of a hundred witnesses or experiments all disagreeing in results. The negative evidence of several discordant experiments is more valuable than one solitary observation, and yet we hoard up such one-sided or contradictory testimony as if it were divine inspiration.

Another source of error, and a very reprehensible one, is this: A substance is distributed among perhaps fifty provers. Of these only three or four record results, which do not agree, but are printed, while the negative testimony of the forty three or four who had no results is simply ignored, while it should have been considered conclusive of the uselessness of the preparations distributed. Such examples are not wanting.

Such are some of the errors into which we are drifting in the absence of a firm rule to guide us in our experimental tests or provings; and while such errors are persisted in, no question can be decided, no problem fairly solved. Thus we may not hope for any solution of the questions of potencies, of succussion, nor for a materia medica really useful under our therapeutic law, unless we consent to be governed by principles and rules under which other branches of science progress rapidly, — that is, as rapidly as the tortoise overtook the hare. We are the hare, skipping and frolicking about in the cabbage-field of potencies, succussion, and dynamization. Let us beware lest the tortoise of slowly moving positive knowledge overtake us before we have solved the little problems according to the behest of the Institute.

If in future we will adhere to the necessary sequence of accepting only that which in all experimental trials agrees, and of rejecting every thing which distinctly disagrees, and that which is uncertain, we will advance in solving problems which deserve to be called vexed questions only because our want of method, and here and there a little timid shrinking from the full glare of daylight, keep us vexatiously floating between stagnation and progress, between zealotism and pains-taking desire to know.

When an experimenter consumes a few pellets of the C. M. of somebody's manufacture, and reports numerous symptoms, as such provers are sure to do when they know that they have taken a "high potency," or when too sanguine and too expectant, their records will all appear sooner or later in print, if not in some compendium of materia medica, no matter how much they differ from the records of a score of others who have either taken the same C. M. or the crude drug. The records are all preserved in a sense of loyal devotion to a habit. No distinction is made between the records of the C. M. provers,

and those of provers of other potencies ; they are mixed up by the compiler with the observations following the taking of the crude drug, of the third, the thirtieth, the two-hundredth, and any attenuation that happens to have been tried ; and this is done indiscriminately from an almost supernatural fear, now already transmitted from generation to generation, of committing a sinful act by excluding even a part of this mass of ambiguous and contradictory testimony. See, for instance, *Sepia*.

The methods of solving the problem of the limits of potentiation by its effects upon the body, and of determining properties of drugs, are identical : both require the same method of experimental test or proving. Now, we have been trying to determine the question of potencies in the manner just described, that is, under the belief or assumption that each prover's symptoms result from the dose taken, because they follow after it, and that, consequently, every recovery is due to the medicine last administered. The result is, that, in this vast ocean of unsatisfactory testimony, no evidence can be extracted that may be regarded as a positive result of the experiments ; and this is especially the consequence of the deplorable habit of omitting absolutely negative records of proving, as well as from the habitual absence of negative clinical reports. By this method we will never learn whether a drug has any efficacy or none, and whether it may be used as a medicine.

True knowledge of potentiation, and of dynamization by succussion, true knowledge of drug effects, though within our grasp, cannot be obtained without concert of action ; and this can be found in an agreement to eliminate doubtful, conflicting testimony in order to arrive at evidence. Let any number of provers take a dose of a drug, let us say in palpable dose ; let them record faithfully their experiences after it, and then let them be rigidly compared as to their meaning and value. If all disagree, and if the disagreement consists in vagueness, triviality, and ambiguity of statements, this ought to be accepted as a significant and positive indication that the recorded effects were not due to the substance taken, that it was inert, or that the experiments were faultily conducted. If, however, the testimony of numerous experimenters agrees unequivocally and decidedly, accept it, or accept only that which positively agrees in all reports.

Let the same number of experimenters take a "high potency" of the same drug, compare their results, and then judge of the result according to the rule, previously agreed upon, that the results, to be valid testimony, must harmonize not only among themselves, but also with the results of the previous set of

experiments. If so, let them be accepted; but if not, let them be rejected as mercilessly as any other doubtful or conflicting testimony.

Another subject in regard to which an agreement deserves to be sought, is to determine and define the word "symptom." This literally means a sign, and, in a medical sense, a sign of disease. In the experimental test of drugs, we endeavor to find, not what disease, but what symptom or sign of disease, these drugs will produce. In accordance with the excessive latitude allowed by the laxity of modern ways of proving, all sensations, normal, abnormal, and emotional, recorded as having been experienced by provers, are to be considered as due to the substance taken. From this it follows that every conceivable sensation recorded, or yet to be recorded, is to be considered as a symptom, without the application of any critical rule to distinguish pathological symptoms and normal sensations. And this mistaken course is followed in spite of Hahnemann's axiom, that each drug is capable of producing a distinct and peculiar kind of effect which serves to distinguish it from every other drug.

Next to the rule as stated above, that only congruent symptoms derived from all provers should be accepted, the definition of the value of the word is embodied in the following rule: *Each drug, when tested upon the healthy organism, is capable of producing a distinct and peculiar series of effects, which serve to distinguish each drug from others; but these effects shall not be considered as resulting from and peculiar to the drug, unless they are recognizable as distinct signs of disease (pathological), and unless they indicate some recognizable class of pathological states (diseases).*

When we use this as a working rule, together with that previously stated, — that such symptoms shall not be accepted except when corroborated by numerous tests *without* conflicting testimony, — we shall have something to guide us. Sensations are not necessarily symptoms; they are by no means identical. Numerous varying and even disagreeable sensations are quite compatible with health in most persons. A symptom of disease that is an actually pathological condition, or sign of pathogenic drug-action, is to be distinguished, *first*, by its regular occurrence in all provers, and, *secondly*, by subjective pain or positive discomfort and objective elevation of temperature, as well as other actually functional disturbances noticed by the observer of the prover. This is what Hahnemann desired to have recognized; this is the spirit in which he made, dissected, and purified his own provings; this was inductive experimentation inaugurated though not perfected by Hahnemann in regard to drug proving. It was for this he contended, for this he challenged single-handed

the inveterate dogmas of ages. If this was not the meaning of his reformatory spirit, why, then, it had none.

It was stated above that the difficulties of proving have been underrated. It was thought that any intelligent physician or layman could observe correctly, and perform simple experiments. As well might it be said that any intelligent physician might perform ovariectomy or iridectomy simply on the strength of his diploma. "Proving," as hitherto practised, requires no special skill; but experimental tests under sterner rules, to yield reliable results, are only to be conducted by those of tried experience in devising means in their *ingeniously varied* interrogations of nature, of avoiding errors which, as experience has taught, will be let in more easily than excluded. To learn to be expert in experimental tests of drugs, or "proving," is probably as difficult as it is to become an expert surgeon, painter, or musician. The rigid application of principles formulated into rules does not render the experimental test of drugs easier; but it is to be hoped that it will lead to more reliable results, results which shall hasten the more general acceptance of the main axiom of our school. What is wanted are workers not dependent on their profession for a living, who have, or are supplied with, the means for work, money, laboratories, and material, in order to accomplish what we need, — proofs, rather than provings.

One who endeavors to amend a method by rules like those contended for in the preceding pages should support his arguments by illustrative examples. Besides being contained in the articles named in the first part of this paper, such examples may be found by interested readers in an article entitled, "A Proving of Curare," in THE NEW-ENGLAND MEDICAL GAZETTE of December, 1885, and also in a more extended form in the original proving, in the now ready Publications of 1885, of the Massachusetts Homœopathic Medical Society. The latter also contains an excellent proving of *Xanthoxylum fraxineum*. In the former it was shown how much a proving may be condensed for practical purposes under the simple and safe rule of excluding incongruities and conflicting testimony. The second proving illustrates that proving, when properly made without excessive fear of physical discomfort, will and must produce analogous and identical effects upon all provers.

Our materia medica contains a large number of provings like this, more than enough to supply us with material for all practical purposes. Among over a thousand medicines, several hundreds are more than enough; and these, although proven by the method hitherto in vogue, by some patient culling may be made to stand the test of more rigid rules advocated in these pages. The greatest difficulty lies in the lack of qualification, and per-

haps desire, to distinguish the well-tested drugs with congruent effects, from the valueless, lengthy but incongruous, testimony with which they are alphabetically mixed.

To look into our works, to sit in judgment over our own methods, will be regarded as a slight to our school only by those who do not have its true progress at heart. To discover and to eliminate errors in our methods of building up a materia medica, should be the duty of every honorable homœopathist.

We need new provings much less than we need the investigation of questions such as we are bidden by the Institute to solve. It is a matter of congratulation, that such an investigation has been initiated. The earnest and fearless spirit from which the movement arose, and the support which it received, are a guaranty that the result, be it for or against previous views, will be an enduring one.

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### THE THERAPEUTICS OF SMALL-POX.

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[Continued.]

CARBO VEGETABILIS is rarely, if ever, given from beginning to end of a case of small-pox; but, nevertheless, it is a most precious intercurrent remedy in cases which are by no means rare during a great epidemic such as raged in Montreal in 1885, when over two thousand five hundred died during the months of September and October. Even in less severe epidemics, like that of Montreal which dragged its loathsome length along from 1872 to 1880, one occasionally met with carbo-vegetabilis cases; but, as a rule, they are found during shorter but more virulent epidemics.

Carbo vegetabilis, then, in spite of the unfavorable opinion of Franz Hartmann soon to be quoted, is simply invaluable in cases of marked malignancy when the eruption either recedes altogether or assumes a gangrenous tendency with coldness of the hands and feet, small thready pulse, oppression of the chest with difficult, harassing cough. The eruption assumes a dark brown color, or a still more ominous livid purplish tint, with a most offensive gangrenous smell.

The face assumes the Hippocratic aspect, with livid ecchymoses here and there; the tongue and breath are alike cool; rattling in the throat is present, with great desire for fresh air; all the vital forces run down to the lowest ebb. The thread-like pulse is scarcely perceptible, and *internal burning*, especially in the lungs, is an almost invariable symptom.

Carbo vegetabilis is recommended as a remedy in small-pox

by Marcy, Laurie, Lilienthal, Raue, and Kippax; but old Franz Hartmann objects to its use in a very decided manner. In his work on the "Diseases of Children and their Homœopathic Treatment," he writes as follows:—

"If arsenicum and the other remedies should remain fruitless, bryonia will sometimes be able to effect a change for the better, much sooner, at any rate, than the much-vaunted carbo vegetabilis, of which I am unable to boast in my practice. I am satisfied that it is an erroneous idea of the efficacy of carbo vegetabilis, particularly in this disease, which leads physicians to resort to it; and I strongly suspect that they are swayed in their choice of it by some hidden allopathic predilection, of which they may not perhaps be conscious. Modern physiology recognizes the nervous energy, but not sufficiently, for it has as yet looked in vain for some material substratum as the particular index of the nervous vitality. Hence it is that pathologists dwell more upon post-mortem appearances which they can see and handle than upon the invisible and intangible nervous principle, and the humoral pathology becomes their hobby; whereas modern reformers of medicine reject the indications of this system, and bow exclusively to the vital dynamis, which they have to do, for otherwise their doctrine of potencies would fall to pieces. Each school explains the action of medicines agreeably to its own fundamental philosophy. The humoralists employ charcoal as a powder, with which they sprinkle fetid, gangrenous, ichorous ulcers. The partisans of the new school accept the belief in the antiseptic powers of charcoal, and forthwith they go to work to account for them upon dynamic principles; they prove the charcoal on the healthy body, and they really do discover effects which resemble more or less a state of putrid disorganization. Both schools are right, each in their own way; nevertheless the humoralists are wrong, because they are guided by a mere symptom; and the dynamists are likewise wrong, because they reject all but the nervous vital force, without doing so much as to deign the variola miasm a side glance. The variola miasm does not come within the sphere of charcoal, and this is the reason why I deny the efficacy of this substance in the present disease."

To this somewhat specious reasoning I would oppose that *dictum* of Constantine Hering, much derided by certain English homœopaths, "*Any remedy will cure any disease,*" always provided, of course, that it is capable of producing similar symptoms on the healthy. Now, Hartmann admits that carbo vegetabilis does produce "effects which resemble more or less a state of putrid disorganization," and *therefore* we prescribe carbo vegetabilis in certain phases of small-pox with most gratifying results; and I feel certain that some of our remedies, notably tartar emetic, arsenicum album, carbo vegetabilis, and some others, reach and annihilate the inmost essence of small-pox, and this is the reason why I maintain the efficacy of this substance in the present disease.

Arsenicum album is closest to carbo vegetabilis, but the points of difference are few in number and easily remembered. In arsenicum the pocks incline to be *dry*; in carbo vegetabilis they are most frequently *moist*. Diarrhœa marks the arsenicum

small-pox, but the carbo-vegetabilis form is usually distinguished by constipation. The burning pains of arsenicum are chiefly felt in the digestive canal; those of carbo vegetabilis, in the fauces and lungs.

I have always used this remedy in the thirtieth dilution.

LACHESIS is still another remedy in small-pox when symptoms of decomposition of the blood develop themselves. This of course takes the form of a typhoid state, probably due to the absorption of pus from the pocks; and this view is strengthened by the fact that such a state most frequently appears during the suppurative stage. Jahr recommends it for the "bloody pocks, such as sometimes attack women afflicted with menstrual disturbances."

The patient is drowsy and yet cannot sleep; all the symptoms are aggravated after sleep. Stupor and muttering delirium are common, and convulsions may supervene. In his lucid moments the patient complains of headache in the forehead, with nausea and chilliness. The cracked and bleeding tongue is red, darkish brown, or even black in color. The cervical glands may suppurate, and a low form of erysipelas with gangrenous blisters is common. The chest is oppressed, with irregular heart-beat, and small, unequal pulse.

Lachesis bears a certain resemblance to apis; but in the apis small-pox suppuration is very uncommon, while the lachesis small-pox is marked by huge suppurations under the skin. In fact, in the apis small-pox the integument is more apt to dry up and peel off than to suppurate. In lachesis sleeplessness is the predominant characteristic, but in apis somnolence rules. Both remedies have oppression of the chest; but in lachesis the respiration is *slow*, in apis it is *quick*.

Lachesis acts best in the thirtieth decimal dilution.

PHOSPHORUS is the chief remedy in the pulmonary complications of small-pox, at the same time that it is a leading remedy in the hemorrhagic form of the disease. Drury gives an excellent summary of the phosphorus indications in few words: "Phosphorus is indicated by the hemorrhagic tendency, the cough, sudden and excessive weakness."

When indicated, phosphorus will prove curative in patients of the most diverse temperaments, but it is particularly suited for young people of blonde complexion, slender figure, and general fragility of physique. Unlike some of the remedies we have been considering, phosphorus is usually indicated when the typhoid state is present from the first inception of the disease. The patient rapidly runs down till at length the pustules become bloody, and extensive petechiæ are visible under the skin. The pulse is small, weak, and easily compressed, and the dry, immovable tongue is cracked and covered with sordes. A hebetude

steals over all the senses, save the sense of smell, which, according to Kippax, remains acute. The headache is dull and stupefying, with difficulty of hearing, especially of the human voice. The pains in the back are so severe as to impede all motion in bed, and the prostration is very great.

When hemorrhage from the lungs takes place, phosphorus is the first remedy to be thought of; and if it is given as soon as congestion is observed, most likely hemorrhage will not take place. Hartmann tells us that "if there should be great orthopnoea, and the thorax should expand like a cuirass during an inspiration, *phosphorus* is the appropriate remedy." In bronchitis, phosphorus is indicated by a hard, dry cough, with pain and feeling of rawness in the chest, while both stomach and abdomen are tender to the touch. Professor Ludlam states that phosphorus <sup>3x</sup> is a reliable remedy for the treatment of small-pox in subjects who have suffered from purpura and evidently of a hemorrhagic diathesis.

This remedy is important in some of the sequelæ of this disease. Following Hartmann's suggestion, I have found that "for the frequently recurring furuncles, which sometimes grow to large abscesses, no remedy seemed to be better than *phosphorus* 12th, after arnica, thuja, and arsenicum had been given without effect." It is also the leading remedy for the amaurosis-like failing of vision that so often follows severe attacks of small-pox, when the convalescent sees all things as through gauze, also when he sees objects best near; at a distance every thing is seen as through smoke; even near objects cannot be distinctly seen long; vision is better if the pupil is dilated by shading the eyes with the hands.

Dr. P. Jousset reports the following instructive case in his "Lectures on Clinical Medicine:" —

*Hemorrhagic variola; phosphorus; cure.* Augustine P—, twenty years of age, a washerwoman, was admitted to a private apartment in the woman's ward on the 19th of December, 1876. She had never had an eruptive fever. She had been vaccinated when very young, but could not give the date thereof. She had not been exposed to the small-pox.

"Dec. 16, in the evening, having been in perfect health, she was seized with severe pains in the loins, chills, headache, nausea, bilious vomiting, inability to sleep, loss of appetite, and a violent epistaxis.

"The same symptoms continued for several days. Fourth day, she entered the hospital on the 19th of December. At the morning visit there was upon the front of the neck and upon the upper and anterior part of the thorax a very decided *hemorrhagic rash*. The same eruption was also observed upon the abdomen. This rash appeared upon the neck on the 17th, or the second day of the disease, and upon the abdomen on the 18th, or the third day of the disease. There was some redness of the face, but no visible eruption. The nose-bleed, the vomiting, and the constipation continue, and there is also some sore throat. The axillary temperature reached 104°. In the course of the day the eruption appeared, the pustules being

small and slightly confluent; between them the skin is reddish-looking. They also appear upon the hands, are less numerous on the arms and the breast, and there are very few of them upon the abdomen.

"The morning prescription was *phosphorus*, 6th dil., which appears to have arrested the epistaxis; the evening temperature was 104.9°.

"Fifth day, or the second day of the eruption, she had a bad night, with delirium, vomiting, and constipation. There is no nose-bleed, but the menses have appeared five days too soon. Morning temperature 104.72°. The eruption continues. The same treatment.

"Sixth day. — Another bad night with delirium. This morning she is a little more calm, with less heat and vomiting; no epistaxis; the sore throat is more pronounced, with defervescence; the temperature being 99.68°. At the evening visit the face is slightly swollen, but the hands are not so; the eyes are red and tearful; the temperature is 100.76°. The same remedy.

"Seventh day. — Mild but continual and wandering delirium, with nausea; the temperature is normal. *Tartar emetic*, 6th dil., during the day, and *belladonna*, 6th dil., for the night.

"Eighth day. — The wandering continues, but there is no vomiting; the face is decidedly swollen, but the hands are very little so; the pustules are surrounded by an ecchymotic aureola; the temperature is normal.

"Ninth day. — More delirium, very little nausea; but some of the points are suppurating, while others are drying up without having suppurated.

"Tenth day. — The patient is convalescent.

.....  
 "What has the phosphorus accomplished in this case? We shall not commit the blunder of which we have just spoken; but we may remark that it would not have answered so good a purpose in the rash of scarlatina, where the prognosis is not usually so grave, as it did in this hemorrhagic rash, which was characterized by many little spots of ecchymosis that run into larger patches, some of which are red and others black, with intermediate tints.

"You will not forget that this rash included a large part of the cutaneous surface; that it was accompanied by repeated attacks of nose-bleed, then by premature menstruation or a real uterine epistaxis: and that, finally, the disease was not arrested on the sixth day, but the delirium and other serious symptoms continued until the ninth day, while some of the vesicles suppurated. From this we conclude, that in a similar case we might depend with confidence upon the use of phosphorus."

Peters, in his "Principles and Practice of Medicine," states that:—

"Fleischmann reports a case, with severe premonitory symptoms, in which the numerous pustules were filled with blood instead of pus (*variola sanguinea*), in the maturative stage; a violent cough set in, attended with copious and frequent expectoration of blood, without pneumonia being present; and, for ten nights in succession, a large spit-cup was filled with black, coagulated blood. The patient recovered under the use of phosphorus."

Peters adds, "I have seen cases of profuse hæmoptysis, during the course of confluent small-pox, which recovered perfectly."

Ludlam recommends the third decimal, Hartmann the twelfth centesimal; I have found the sixth decimal the most effective.

PHOSPHORIC ACID. — One would suppose that *phosphoric acid*

would be a close analogue of phosphorus, and yet the differences between them are quite distinctly marked. Like phosphorus, it is a fine remedy in confluent small-pox when complicated with the typhoid state; and the key-note indication is that the pustules do not fill with pus, but degenerate into large blisters, which, bursting, leave an excoriated surface.

The phosphoric-acid patient lies stupid, and does not want anything, not even a drink; he answers questions, but does not want to do any more talking. Bland delirium is common, and the sick man is haunted with a fear of death. Excessive prostration is present, with permanency of the recumbent posture, and subsultus tendinum is occasionally noted. Violent headache is present, aggravated by the least noise or concussion. The mouth and throat are dry and parched, but without thirst; and watery diarrhœa with involuntary stools is so common as almost to be characteristic.

Phosphorus is usually indicated from the beginning of the disease; phosphoric acid, only when the typhoid state supervenes. The phosphorus small-pox patient has more pain than the phosphoric-acid one, and a much greater tendency to pulmonary congestion. On the other hand, the phosphoric-acid patient is more depressed and exhausted than the phosphorus one. Both remedies have hemorrhages; but the phosphorus hemorrhage is of dark blood, while in phosphoric acid the blood is light red. Constantine Hering points out that in phosphorus the pupils are mostly contracted; in phosphoric acid they are mostly dilated.

“Altschul reports a case, in a patient aged eighteen years, in which the pulse was excessively frequent, soft, empty, and compressible; the hot skin was not turgescient, but relaxed and flabby; the urine light colored and spastic, and there were frequent involuntary jerks of the muscles. The eruption appeared scantily, the vesicles were flat, and the heat of the skin continued after the imperfect appearance of the eruption; the tongue was dry, thirst excessive, nights restless and sleepless, and a frightful fear of death overpowered the patient. The vesicles did not fill with pus as usual; but huge watery blebs, like those caused by blisters, and as large as a walnut, appeared on the forehead and cheeks; they broke, and left raw, painful spots. The stools were loose. Phosphoric acid was given every four hours, and, after the third dose, a very unexpected improvement occurred. The night was quiet, sleep refreshing and dreamless, and a more cheerful frame of mind ensued. Several new vesicles appeared, but filled with pus; the diarrhœa ceased, and the sore places healed. The patient was able to leave his bed in a few days.” (John C. Peters.)

Phosphoric acid acts best in the third decimal dilution.

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JUST THE PLACE.—A light-minded lay contemporary suggests as a suitable locality for hay-fever patients, Mount Catarrhdin. — *Boston Medical and Surgical Journal*.

*THE DUTIES AND OPPORTUNITIES OF THE MEDICAL PROFESSION TOWARDS THE INMATES OF PUBLIC INSTITUTIONS, AND IN REGARD TO THE DEPENDENT AND DELINQUENT CLASSES IN GENERAL.*

BY F. B. SANBORN, ESQ., INSPECTOR OF STATE CHARITIES FOR MASSACHUSETTS.

LECTURE IV.

*[Delivered before the Students of Boston University School of Medicine.]*

REPORTED BY MR. A. B. FERGUSON.

LADIES AND GENTLEMEN, — I will first take up the subject of truant children and juvenile offenders, of which I could speak but briefly in my last lecture, and will consider them also in connection with the subject of prisons and their inmates; for our system of reform schools and truant schools is a preliminary stage in our prison system. These schools, in fact, keep truants and young offenders from prisons; and so far as the practice and duties of physicians are concerned, they have more to do with this class than with those who go to the higher prisons. The system in Massachusetts is briefly this: We have in each city an "ungraded" school for those who are not in regular attendance at other schools; then there are "truant schools" established by a statute, which are the first prisons where young offenders go, and where the period of confinement is for a short term. The children in all these schools are not numerous, there being at the present time less than two hundred. This class of schools is supplemented in several cities and in Hampden County by local reform schools, where the sentences are longer. The industrial school at Lawrence, the school at Salem (called by the name of its founder, Miss Putnam), and the county reformatory in the county of Hampden, are institutions where the sentences are longer than in the truant schools, but shorter than in the State reformatories. There are also private reformatories; one maintained by the Catholics is called the House of the Angel Guardian. There is a very large Catholic reformatory in Westchester County, New York, — the largest in the United States.

State reformatories exist in half the States of the Union. They may be for boys and girls together, or for each separately. There are two such schools in Massachusetts; the old reform school at Westborough, now known as the "Lyman School," for boys only, and the State Industrial School at Lancaster, for girls. The school at Westborough was begun forty years ago, and opened in 1848; that at Lancaster ten years later, in 1856. Their inmates were originally of a class now going to truant schools; but they have become, for the most part, offenders of

a more hardened character, and many of them might equally well be the inmates of prisons. Of those sent to the State reformatories, the sentence runs during the minority of the offenders. These institutions have changed their character in twenty years; in one respect, notably. The schools at Westborough and Lancaster, in 1860, had four times as many inmates as at present; and the three State reform schools in 1867 contained more than 700 persons; they now contain about 170.

This change leads one to ask what has taken place in later years, and brings us to a consideration of the family system for reforming young offenders. By this system, accompanied by other circumstances, the inmates of the State reform schools have been permanently reduced in numbers; and it is now practically impossible for the inmates at Westborough and Lancaster to reach their former number. The family system supplants these schools, and takes their place. Whenever young children now commit offences such as larceny, vagrancy, and truancy, and are brought before the courts, their cases are investigated by officers of the State Board and by the court; the officers visit the courts in which these children are tried, find out the condition of the families to which they belong, and if they do not require confinement this leads to another disposition of them. They are either returned to their families, or sent to those of friends or relatives, or, if they come into the custody of the State Board of Charity, are placed out in other families either near by or at a distance. About a thousand are now thus disposed of during minority; only as a last resort are they sent to institutions. The growing tendency is to place them in families where they may grow up under the influences of the surrounding community. This system was introduced in 1866, was supplemented by legislation in 1867 and 1869, and is now an established and permanent method of dealing with young offenders, of whom we have two thousand a year. The medical practitioner therefore must frequently come in contact with this class, and may be called upon to deal with from one to fifty during a year, in all the capacities of a physician or a citizen. He may be called as a witness in the courts where offences are tried; or the local physician may be a member of the school committee, or he may practise in the family, and thus acquire a knowledge of this class of persons. As I said before, they are mostly free from disease. From the ages of three to sixteen, disease is unimportant, comparatively speaking.

Such persons as by this system of training and penalty are not reformed, or deterred from continuing in their course, go on in crime; many do so in spite of the treatment which I have described, and the young are constant subjects of complaint in

the criminal courts. Our prisons are filled with persons under thirty-five; three-fifths of them at least are under thirty-five or even under thirty. From eighteen to twenty-eight is the age at which the great majority of offenders begin to commit serious offences. They may continue for a long time in criminal courses, and may frequent the prison for many years; but a majority of prisoners, with the exception of those in the State prisons, are at all times within the ages above mentioned.

As a class the present number of prisoners in Massachusetts is greater than at any time since the existence of the State. On Jan. 1, 1886, there were 5,740 inmates; all of these were not under sentence, but 5,000 at least were actually sentenced and serving out a term for some offence. This is an increase of nearly 1,000 since Jan. 1, 1880, when the number was about 4,000 under sentence. Three-fourths of these prisoners are men. This proportion does not vary much; there is never an equality of crime in the two sexes. Men are more liable to become offenders punishable by imprisonment. These 5,700 persons are all contained in about thirty prisons.

The criminal classes are specially interesting to the professions that study the effect of physical and mental disease on the morals; but particularly to the medical profession, which deals with the diseased mind, and investigates the conditions causing it. The tendency to vicious and criminal acts bears an intimate relation to, and is frequently the direct result of, a defective mental or physical condition. There has been found, of this whole class of criminals, a very considerable number, not less than one-fourth and perhaps even one-half, who have inherited or acquired infirmities of the body or mind which are connected with crime. Certain forms of disease lead to or result from crime. In the case of diseases which affect the mind, the tendency to crime is particularly observed. There are certain forms of mental disease which lead directly to some of the most atrocious or the most common crimes. Epilepsy frequently produces a tendency to homicide, especially when the seizures are frequent and severe. Homicide may take place immediately after a seizure as a result of this epileptic fury, and the same disease may lead to other crimes. Another form of mental disease shows a tendency to theft. This is a recognized form of insanity, "kleptomania;" but this tendency to steal may exist to a great extent without being kleptomania. The loss of control by the will, to which all habits of intemperance lead, is a great cause of crime. Intemperance is probably the most active and immediate occasion of crime in any community; it may become a physical or mental disease, and is always a moral disease. Certain physical conditions, not usually con-

nected with insanity (as consumption), are sometimes accompanied by insane tendencies, and may be preceded by criminal tendencies. In epilepsy this is most noticeable, but it also occurs in certain fevers, etc. There are several forms of insanity among men of business, which lead to frauds. Many persons guilty of petty frauds or those on a larger scale have been found within a few months suffering from active insanity.

There is no field of medical inquiry more interesting than the study of the relations of crime to mental and physical disease, — a subject which is imperfectly understood, and has been little investigated by the medical profession. It has been more the study of specialists. Many remarkable works have been written on this subject; one of the most interesting is by a Frenchman, Prosper Despine, which was reviewed in "The Atlantic Monthly" some years ago by Dr. Holmes. Here is a good field for research for any of you, to ascertain the relations between crime and disease. All crime is not disease, however: there is a clear distinction between the morbid and the immoral; for the will may become depraved while the mind and body are sound.

Your immediate connection with criminals comes chiefly through their families. The criminal has usually more or less family ties, and many times a large family or several families are connected with him in his crimes. This will come under your notice, especially in the case of crimes against property. In larceny whole families may be involved; but more often the families are entirely innocent of the crime for which one of them has been convicted, and the chief effect of the conviction is the dependence of the family on the public for support. In this way the connection between crime and the pauper class becomes important. The families of the convicted go to the almshouse, or, if not, the complete dependence of the families on the neighboring community results. Not unfrequently the young physician is called on to become an accomplice to some extent, and there is scarcely any phase of human nature in its depravity which is not manifested to you in practice. This leads me to speak of a special subject, — the occasion for investigating through medical experts the results of crime. There is a small class of medical experts who now testify in court concerning the circumstances attending alleged crime; and a larger number of "medical examiners" (State officers) who now have existed for eight years, and whose business it is to make autopsies in case of death by violence or from unknown causes. They may be called to testify, after the examination thus made, what has been the cause of death, and are witnesses in case of murder or manslaughter, which are of frequent occurrence. There are about seventy-five of these medical examiners, — at least one in every

county, three or four in Suffolk County, and ten or twelve in some of the larger rural counties. Few, if any, graduates of your school have yet been appointed to this office; but any of you may hold it hereafter, and some of you may become experts, and be called upon to testify in such cases as I have in mind.

When the case has proceeded so far as to bring the accused persons into court, it often happens that their guilt or innocence must be decided on the testimony of a medical expert. The opinion of the expert thus becomes very important; for the arrest and arraignment of a person for murder, when life and liberty are at stake, gives to enlightened, unprejudiced, and honest testimony great value. As an example, let us suppose a dead body found to-night in this street. The medical examiner is summoned, and in most cases an autopsy is required. Great skill is now demanded; for very few are able to decide, especially in questions of death by violence, whether violence was inflicted, or was sufficient to produce death. Many fail entirely to decide justly under these circumstances; but, apart from this, the expert must deal also with the testimony of those more or less involved in the affair, and long experience with the criminal class alone can enable him to distinguish between truth and falsehood, guilt and innocence. The evidence of any ordinary person might be trustworthy, while that of habitual criminals would be rejected at once, in many cases. A study of this class is therefore worthy of your consideration, since every thing in relation to life and liberty is so important.

*Discharged Prisoners.*—When the 5,700 prisoners now in our thirty prisons go out, as the greater number will in the next two years (and probably 2,000 will be discharged in six months), they either go forth as criminals or as reformed persons. They are either determined not to commit crime, or they will continue in it. There is an increased difficulty of the discharged prisoner to support himself, since he bears a stigma which often excludes him from employment; hence something must be done for the benefit of such prisoners, placing them under such conditions that their past life will not work against them. The State has officers who see that such do not suffer harm, and that they may resume family relations and find employment near home or far away. This is going on constantly, but with less effect than the opposite condition, by which the prisons are rapidly filling up. The physician, like the clergyman, is often called upon to receive the confidences of these persons. Discharged prisoners under a good system are required to report to some one in their districts to prove that they are living an honest life; and physicians who are also philanthropists may do something in this way.

I have dealt very briefly with the subjects gone over; indeed, a course of from twenty to forty lectures would not be too long to develop this subject; but it has been my wish to bring to your notice these classes and their distinctions, and what may be your acquaintance with them in professional life. However you may be situated, you cannot escape a considerable knowledge of these classes; and with most of you they will come under your notice constantly, to a greater or less extent, both as professional men and women and as citizens in the community. The great feature of their whole condition is that they are members of the same human family, and have the same right to be considered that the most prosperous and virtuous have. The relations of this subject to your future life are of many kinds, and you can profit greatly by experience or the teachings of others. If I have led any one of you to take an interest in these subjects, in any degree commensurate with their importance, I shall feel that these lectures have not been fruitless.

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*A NEW ETHER-INHALER.*

BY HORACE PACKARD, M.D.

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

ON p. 412, vol. i., "International Encyclopædia of Surgery," are these words: "Innumerable forms, of more or less complicated apparatus, have been contrived for the administration of graduated quantities of anæsthetic vapor; but the majority of these inhalers are dirty, cumbrous, disappointing, and unsafe."

Of these, probably the one most in favor is that devised by Clover of London: but even this possesses two of the qualities above quoted, viz., "dirty and cumbrous;" and we may add a third which detracts from its value to the profession, its high cost. Not one of us would relish having an inhaler which had, a few moments before, received the bacilli-laden exhalations from the lungs of a tuberculous patient, placed over our own mouth and nose. In fact, our repugnance to taking into our lungs the exhalations from other lungs is as great as the thought of drinking water which some one else has drunk the day before. A peculiar phase, not infrequently met, is repeated and forcible expectoration into the cone, while the patient is being etherized. If the odor of the breath of some individuals is any criterion of the expectoration, I should certainly object to "coming next."

It is necessary only to recall to your minds the stench which comes from a common towel cone after it has received the exhalations of a patient for an hour or more, to enforce this argument against all inhalers provided with a permanent mouthpiece,

which does not permit of quick and easy cleansing in all its parts, or the substitution of a clean, sweet one for each patient.

An ether-inhaler should be compact, with as few parts as possible, and simple in its construction. Reservoirs, valves, tubing, etc., are harbors for filth, require an expert to manage, are constantly getting out of order, and an apparatus of such description is too expensive for the general practitioner to indulge in.

The well-tried towel, wrapped in the form of a cone, with a piece of paper enclosed in its folds to give it form, has held its own in the face of all competitors of a more elaborate pattern. Let us look at this device a moment, to determine, if possible, what its qualities are, which have enabled it to compete successfully with the many inhalers which have been presented to the profession.

It is cheap, the materials for its construction are always at hand, and there is no excuse for not having a perfectly clean cone for each patient. But with these redeeming qualities there are serious objections, and it is these objections which have stimulated inventive genius to the devising of something better. The towel-made cone must be frequently removed from the patient's face, to allow replenishing of ether. This seriously interrupts the progress of anæsthesia, by the patient gaining a few whiffs of fresh air. The interior of the cone is saturated with a considerable quantity of ether; and on being placed quickly over the face of the subject, the contrast is so great between the few whiffs of fresh air which the patient has just taken, and the almost undiluted ether-vapor which now enters the lungs, that there is a spasmodic closure of the glottis, and breathing comes to a stand-still. To a novice this is a trying moment, and in three cases out of five the alarm of the etherizer will prompt him to remove the ether until respiration is re-established. This, again, interrupts the course of anæsthesia; and the moments speed away until twenty minutes or half an hour have been consumed, when complete anæsthesia should have been produced in from five to eight minutes.

Another unsatisfactory feature of the cone fashioned from a towel, with paper folded in to give it form, is that there is no provision for the admixture of fresh air with the ether vapor, and no chance for the escape of the carbonic oxide exhaled, except about the base of the cone. This renders the production of cyanosis a common complication. Last, but not least, the towel-made cone, as ordinarily used, consumes a great amount of ether; the experience of many surgeons being, that in an operation of considerable length a pound is insufficient. With these preliminary remarks, it will not be difficult to construct, in the imagination, a perfect ether-inhaler.

It must be simple and compact in its construction ; of an inexpensive material, requiring no more effort to keep it clean and sweet than submitting it to the laundry ; it must be so arranged that ether can be replenished without removing the apparatus from the face after the process of anæsthesia has been once begun ; and it must provide adequate means for the escape of the carbonic oxide, and the admission of a portion of fresh air to mix with the ether vapor.

I take pleasure, Mr. President, in presenting to the Society to-night a new ether-inhaler, which is not dirty, not cumbrous, not disappointing, and not unsafe. It consists of three separate parts, — a simple bag made from Turkish towelling, five and a half by nine inches, a sheet of perforated cardboard of the same dimensions, and an ether receiver and distributor. The sack of Turkish towelling is very inexpensive ; and with half a dozen on hand, no physician need be without a clean fresh one for each ether patient. The sheet of perforated cardboard fits inside the towel, and when adjusted has one thickness covering one side, and two the other. The combination is then folded in the shape of a cone, so that the double thickness of towelling shall be inside. We now have a cone similar in shape to the one in common use, but having sides through which the external air passes with considerable freedom at each inspiration. The remaining part is of metal, simple in its construction ; its interior is never exposed to the exhalations of the patient, and it is made at a cost which places it within the reach of every one. It is combined with the other parts by placing it upon that part of the towel which is to be the apex of the cone, and drawing the sides closely about it, and fastening with a pin. Ether can now be added to the interior of the cone at will, and is spread through the double thickness of Turkish towelling, and in just the location where the in-coming current of air mixes with it.



You will ask if practical use of the inhaler has demonstrated the truth of the above claims. In answer I will say that for the past three months I have used it in my private practice, in the Massachusetts Homœopathic Hospital, and in the Murdock Free Hospital for Women. It has also been used by our President, and by Drs. Talbot and Bell. It is from the satisfaction which I have personally derived from its use, coupled with the words

of commendation from the above-named colleagues, that I make bold to present it here to-night.

It has been used upwards of twenty times, — a sufficient test to show beyond dispute that there is a saving of thirty-seven and a half per cent in ether, and that the period from the first application of the anæsthetic to complete unconsciousness need not exceed in the worst cases eight minutes, and in many instances is reduced to five. There is seldom any struggling or resistance on the part of the patient, as the inhaler can be placed in position over the face before the ether is applied; and with a few assuring words, and the application of a few drops of the anæsthetic first, with frequent and increasing additions thereafter, anæsthesia usually goes on to complete unconsciousness without a struggle, and without interruptions in breathing. After complete anæsthesia is produced, the occasional addition of a drachm or so of ether is sufficient to keep the patient narcotized.

The quantity of ether usually consumed, from the commencement to complete unconsciousness, is from  $2\frac{1}{2}$  to  $3\frac{1}{2}$  oz. The total quantity, of course, varies with the length of the operation. In a recent case at the Massachusetts Homœopathic Hospital, lasting two hours five minutes,  $13\frac{1}{2}$  oz. only were consumed.

The following method of using the inhaler has given best results:—

Place the perforated cardboard in the towel, and fold the lapel down.

Lay the towel down on the table, lapel side up, and edge of latter away from you.

Place the metallic inhaler on the farther edge of the towel, letting the constructed part rest on a line with the side of the towel, with lever and cap to left.

Take hold of the two corners of the towel farthest from you, and bring them up and overlap them until the towel is brought snugly about the inhaler. Fasten with good-sized pins.

Place the cone thus constructed over the patient's face, so that the triangular gap will saddle the nose.

Raise the cap with the forefinger of the left hand, and pour a few drops of ether into the inhaler. Add a little more every ten seconds. As soon as the patient begins to show unconsciousness, pour in the ether in larger quantity, — in other words, "push" the anæsthesia with all vigor. In five minutes, if the above directions have been followed, the patient will be unconscious.

The cone should be kept closely over the patient's face all this time, so as to admit no air about the base, as the perforated sides of the cone provide for all the fresh air necessary, and if

more be allowed to enter, it retards the progress of anæsthesia. When signs of vomiting appear, do not remove the cone, but quickly pour in more ether.

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*AN OPEN LETTER ON THE VALUE OF VACCINATION.*

EDITOR OF THE NEW ENGLAND MEDICAL GAZETTE.

As your interesting review of Dr. Winterburn's able pamphlet invites criticism, I take the liberty of referring to one or two points. The arguments based upon the alleged larger mortality amongst those registered unvaccinated, than amongst the vaccinated, are, permit me to say, fallacious, for the following reasons: 1. Because the great mortality in children under three months old, in many localities, is not peculiar to small-pox, but applies to other zymotic diseases; and the heavy death-rate, which is really due to early weakness, is improperly ascribed to want of vaccination. 2. The excess of small-pox mortality in overcrowded dwellings and unhealthy districts ought not to be compared with the smaller mortality in the salubrious and spacious houses of the upper classes, in an inquiry as to the comparative immunity of vaccinated and unvaccinated, or of vaccinators and anti-vaccinators. The recent report of the Metropolitan Asylums Board shifts the responsibility for small-pox epidemics in London upon the wretched dwellings, and the unsanitary conditions of the slums. "The British Medical Journal," for Oct. 23, 1881, says: "It is probable that a larger proportion of unvaccinated persons is to be found among the ignorant, dirty, and wretched inhabitants of the slums of London, and very few among the educated and better-fed members of society.<sup>1</sup> The small-pox is much increased by overcrowding." In short, the unvaccinated in the metropolis are a class more amenable to disease generally, and are the first to succumb in all zymotics, not from want of vaccination, but from want of sanitation. Further, the investigations of Mr. John Pickering of Leeds, Mr. Hume-Rothery of Cheltenham, and Mr. James Lewis of Ipswich, and the agents of the London Society, have shown that many pa-

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<sup>1</sup> If vaccination be the terrible scourge it is represented by anti-vaccinists, it would seem that those who are most universally and thoroughly vaccinated, i.e., the wealthier and more intelligent classes, having had their constitutions undermined and debilitated by the demoralizing process, should yield in the greatest numbers to small-pox and all other zymotic diseases. The fact that it is the contrary which obtains is scarcely fully explicable by the more hygienic general surroundings of the rich; since the poor, during their illness at least, enjoy the rigid sanitation, suitable food, and experienced nursing, of hospital care. And, moreover, no account is here taken of such statistics as those of the recent epidemic in Montreal, where the French Catholics and Irish Catholics lived in the same quarters, and under precisely similar sanitary conditions, the French Catholics having, if any thing, the advantage in the matter of cleanly dwellings. The French were for the most part unvaccinated, the Irish vaccinated; and the per cent of mortality among the French as compared with that among the Irish was amazingly greater. — ED. GAZETTE.

tients returned as unvaccinated were found recorded in the parish register as "successfully vaccinated." What anti-vaccinators justly complain of, also, is the indifference of the profession to the large accumulation of facts at their disposal showing the injurious and fatal consequences of vaccination.<sup>1</sup> The medical journals (in England, at all events) have, up to this date, failed to record or notice the startling revelations disclosed in Parliamentary return "Vaccination Mortality," No. 433, issued as long ago as 1877. The government cannot plead ignorance in excuse for their neglect to remedy this evil; for Mr. Hibbert, M.P., Parliamentary Secretary to the local Government Board, said, in 1880, "This return shows an increase of deaths from syphilis, of infants under one, from 255 in 1874, to 1,554 in 1875;<sup>2</sup> in my opinion one of the most unsatisfactory features in connection with vaccination, and one which leads me to support the proposed modification of the vaccination law, now before the House of Commons." The chief sufferers through the present system are the poor; those who are vaccinated at the public stations, with whatever lymph happens to be at the practitioner's disposal. Public opinion is undergoing a great change in reference to this momentous subject, which has been accelerated by the popular uprising at Leicester,<sup>3</sup> on the 23d of March, 1885, when five thousand prosecuted medical non-conformists received an ovation from fifty thousand sympathizing spectators, and the vaccination acts were burned in the presence of the mayor and chief constable, amidst delegates from all parts of England, and the contempt of the entire population. The governments of both England and the United States should seriously and immediately consider the importance of putting an end to the anomaly of enforcing upon intelligent objectors a medical prescription which eighty-seven years of experience has shown to be one of continued failure. Yours faithfully,

WILLIAM TEBB.

NATIONAL LIBERAL CLUB, CHARING CROSS, LONDON,  
April 6, 1886.

<sup>1</sup> All hygienists will agree that the mischief done by improper or arm-to-arm vaccination may be great, and stringently to be condemned. Vaccinists would suggest, however, that the abolition of these evils lies not in the abolition of vaccination, but in the enactment and enforcement of laws requiring that only non-humanized or bovine lymph be employed in the operation, and this lymph be taken only from selected cattle; the whole matter to be managed by suitable officials appointed by government. Such an arrangement would minimize into insignificance any risks from vaccination. — ED. GAZETTE.

<sup>2</sup> The selection of the statistics of two such exceptional years is obviously unjust, since no mention is made of any of the many other causes which may have led to the enormous increase in syphilis, the return of a portion of the army from foreign service, or many like causes which have operated toward the same end in former years. Were the increase of syphilis due to the increase of vaccination alone, it might reasonably be expected to keep proportional pace with it, in which case the statistics would show a death-rate among infants, in the present year of grace, amounting to some billions, — a farcical absurdity! — ED. GAZETTE.

<sup>3</sup> The fact of a popular uprising in favor of a movement is hardly, to the rational mind, an argument in its favor. The No Popery riots in England, the anti-draft riots in our own country, are hardly brought forward by thoughtful historians in support of the justice of the respective principles supposed to be at stake. — ED. GAZETTE.

## AN OPEN LETTER ON ISOPATHY.

EDITOR OF THE NEW-ENGLAND MEDICAL GAZETTE.

The late Professor Franklin, following in the wake of those who are responsible for the "provings," and introduction into the homœopathic materia medica, of animal secretions and disease-products, and also following the theories advanced by many "old-school" contemporaries, recently presented some considerations to the American Institute of Homœopathy, in reference to his experiments with "triturations of the stroma of a cancerous tumor," which your reviewer alludes to on p. 41 of the January GAZETTE as follows: "This is neither the time nor place for comparison of such a method as that suggested by Dr. Franklin, with the widely different methods of Jenner and Pasteur; but we cannot refrain from expressing our regret that any thing so closely related to isopathy, that subtle foe of homœopathy, should have found its way into the American Institute, or having spoken there should have met apparently with no challenge of opposition."

It is to be hoped that all *bona fide* scientific thinkers will feel the same regret as that of your reviewer, not because of their fears of "that subtle foe of homœopathy," isopathy, but because such experiments are almost invariably conducted under conditions that do not admit of rigid scientific observation and demonstration, and for this reason they should at all times be met with a very bold "challenge of opposition," either in the American Institute or out of it. Your reviewer takes exception to Franklin's method as being "so closely related to isopathy," while he would have us infer that Pasteur's and Jenner's methods are "widely different," i.e., non-isopathic, and legitimate. I imagine that few will see wherein the "methods" differ so "widely," when it is borne in mind that in each case a pathological *product* is used to combat either a present, or to ward off an expected, pathological *condition*. It cannot be that he considers the mode of administration as affecting the issue as of such vital importance. It is not the matter used, therefore, that he can object to, because we find the same principle underlying each case; and, although your reviewer has strangely overlooked it, that principle is isopathy, to which he seems to have such an aversion.

If there be any difference at all, it is in favor of Franklin's method, which has at least the negative merit of subjecting the matter used to the gastric and intestinal secretions before assimilation, thus lessening the risks of contaminating the blood with matters other than that intended, while in Jenner's and Pasteur's methods the pathological product is conveyed to the blood and tissues direct, thereby increasing the risks of inoculating it with

other diseases. Whether we give the pathological product by the mouth, or by hypodermic injection, or by scarifying the skin, the principle is, I repeat, the same. It is an attempt to prevent or cure smallpox by smallpox, hydrophobia by rabies, cancer by cancer, anthrax by anthrax, cholera by cholera, etc., casting out Satan by Satan. Yet, notwithstanding the fact of inoculation, or so-called vaccination, being essentially isopathic in principle and action, we find that homœopathic apologists and *doctrinaires* have from the beginning ostentatiously claimed it as “a striking illustration” and “triumphant verification” of the homœopathic law. A moment’s reflection, however, will dispel this ridiculous assumption.

I quite agree with your reviewer when he speaks of isopathy as “that subtle foe of homœopathy;” subtle because with many minds it is impossible to recognize the difference, and hence their readiness to accept the isopathic practices of the Pasteurs, the Jenners, the Ferrans, etc., every one of which have failed to substantiate their claims to be considered scientific facts. I am aware of the incredulity with which this statement will be received by many, nevertheless I adhere to it; nay, I go further, and unhesitatingly assert that wherever such methods of inoculation are resorted to, the diseases for which inoculation is practised are more widely disseminated by reason of the wholesale scattering of disease germs on ground favorable to their rapid reproduction and development. This has been strikingly verified in the case of small-pox, anthrax, chicken cholera, etc. I have before me quite a number of carefully expressed statements made by competent scientific observers in various parts of the world, men whose names are household words in the profession; I have also the reports of “Royal Commissions,” and “blue books” printed by national authority, together with the official utterances of medical and veterinary experts, to say nothing of the vast mass of private opinion formed from close observation and extensive experience, — all of which supports my assertion. I have also my own personal experience with the effects of Jennerian theories, and with what has been termed the severest small-pox epidemic of the century. This experience demonstrated to my mind, although prejudiced by early education and association in favor of inoculation, the utter worthlessness of Jennerism as a preventive of small-pox; while its potency as a factor in disseminating diseases, in addition to that which it was sought to prevent, cannot be over-estimated. I am fully aware of the herculean efforts that have been in ceaseless operation since Jenner got his £30,000 from the British Government, to establish the correctness of his hypothesis. I know the vast sums of money annually paid out by national and state govern-

ments in the way of salaries and bonuses. And, to the recipients of this money, vaccination is a great truth which they vigorously defend; and having the public purse and subsidized organs to call to their aid, as well as compulsory laws to enforce their behests, no wonder that Jennerism receives powerful support, especially when all dissent or question expressed is rigorously suppressed or energetically combatted by the well-paid advocates of Jennerism and its disciples. What is true of Jennerism is also true of Pasteurism. Pasteur is not only receiving vast sums of money from the French government, but he is also realizing an enormous revenue from the sale of his "cultured virus," which he and his agents so liberally advertise all over Europe. It is scarcely to be wondered at, that the public should be allured into purchasing these boasted preventives, just as they are allured by the showy advertisements boasting of the wonderful virtues of some patent nostrum; but to see the extreme readiness of the profession to accept with unquestioning faith the gushing accounts of hired inoculators, is any thing but re-assuring.

It is easy to prove the wonderful efficacy of Jennerian inoculations in preventing small-pox when small-pox is not present; but the moment an epidemic of small-pox swoops down on a community, and displays its disrespect of the Jennerian fiction, some other excuse is immediately put forth to explain the cause of the failure of vaccination to protect its subjects. They have either been "improperly vaccinated," or the "virus used was inert," or "they ought to have been re-vaccinated," or "they ought not to be exposed," or some other equally absurd and miserable twaddle is retailed out by the devotees of Jenner. In regard to the last excuse, it is pertinent to ask, Of what use is vaccination if one cannot expose one's self without having small-pox? Vaccinated people are claimed to be "protected;" and yet I notice they are the most scared of, and most readily contract, small-pox. Hygienic and sanitary conditions, with the absence of fear, will do more to stave off epidemics of small-pox than any other means; but, alas! we find those who of all others ought to labor to re-assure the public, the first, as well as the most active, in creating a small-pox scare, and begetting a panic,—the most certain predisposing influence in inducing the disease.

Epidemics of small-pox will continue to come, more especially in vaccinated communities; and it is only by rigid adherence to sanitary laws that their force can be checked, and their fatality lessened, when, after a discontinuance of our present unscientific procedure, we may hope for time to lessen their virulence, and ultimately to destroy it altogether.

Neglect sanitary and hygienic measures, continue to lower the

vitality of the organism by vaccination, create panic, and you create the very best conditions for the active development of small-pox, and you increase its epidemic virulence in other localities both contiguous and remote.

It is the same with respect to Pasteur's inoculations. I need hardly say that if the principle of isopathy had any foundation in science, it would be applicable in most diseases. It is humiliating to read all the glowing accounts of the wondrous victory of Pasteur over hydrophobia, when, if his theories were tenable or had any scientific value, we would have ten thousand times more advantages to humanity in combatting with the same principle the ravages of scarlatina, diphtheria, pneumonia, syphilis, etc. But to go into ecstasies over a few inoculations for hydrophobia on those who were bitten by dogs that were not mad, while we fold our hands in the presence of the scourges I have indicated, is the reverse of good sense, to say nothing of our lack of scientific knowledge.

We at present combat those scourges with the most effective weapons known to us, with a measure of success that discounts the fallacies of both Jenner and Pasteur; and we may reasonably hope that with increasing knowledge of the nature of those diseases and the remedies we employ, together with what may yet be added to our armamentarium, aided by improved sanitary conditions, our success will be greatly increased, and valuable lives rescued from danger; but even with our imperfect knowledge, our fallible judgment in applying the remedies we possess, and last, but by no means least, the unfavorable conditions under which we live and work, we still have the means to effect greater good, save more life, and lessen more suffering than can ever be claimed by the unscientific systems of all the Jenners or Pasteurs that may ever vaunt their nostrums under the spotless cloak of science. The value of homœopathy we all more or less appreciate; its power over disease we recognize; we believe in and can demonstrate its utility; but what we know of isopathy does not commend itself to us, and the more we see of it the less will we trust it, whether advocated by Jenner, Pasteur, Franklin, Ferran, Carmony, or other champions of "State quackery."

J. DOBSON, M.D., F.A.S., *Bristol, Conn.*

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#### LITHIUM AND THE URIC ACID DIATHESIS.

*Dear Editor,*—About twenty-five years ago Dr. Hering called the attention of the profession to the salts of lithia in a prophetic way.

Very little was known of its true sphere of action; and he

relied upon the meagre provings at hand as a basis of experiment. After years of careful observation, he became convinced that it was destined to take a prominent place in our therapeutics. The peculiar effect upon the nervous system, the back-ache, and repeated tests of the urine, demonstrated to his keen perception a uric-acid diathesis as the one most likely to be benefited by this agent.

Time has enabled us to confirm all his predictions; and lithium holds its place at the head of the list of remedies for excess of uric acid in the blood.

To-day the various salts of lithia form an important part of the quack nostrums, rheumatic and kidney cures. Our allopathic brothers have also found it a true solvent of uric-acid gravel, or vesical calculus.

It becomes, then, an established fact: Lithia possesses great affinity for uric acid, increasing its solubility four hundred fold.

Hale says that uric-acid calculi have been corroded by a solution of carbonate of lithium (one to a hundred) to such an extent as to lose five grains in five hours.

Granted that we are moderately correct in the premises, we are led to the consideration of the application.

The venerable Dr. Thayer (all honor to him) used to walk the lecture-platform, shouting, "*Tolle causam*, gentlemen!" and it has rung in my ears ever since. As the doctor used to say, "It is the key that unlocks the pearly gates."

In the uric-acid diathesis, the *causes* may not always be so easy to get at. There are often reflex symptoms which misguide us in making up our "totality," and fail to point us to the real seat of the disorder. This fact suggests a broad field of inquiry, which can form no part of this letter. We must proceed to the "*tolle causam*" according to the light we each possess.

This fact is clear, that conditions which disturb the digestion and nerve-forces furnish an excess of acid or alkaline phosphates; but that alone would not result in gravel. We should then have to treat a long train of diseases, which we should classify as gout, rheumatism, and various nervous phenomena. Given, then, an excess of urates, or uric acid, and it is safe to say that there will be no formation of calculi, unless some inflamed mucous membrane furnishes a proper colloid. Here "*tolle causam*" would call for the appropriate remedy for healing the inflamed membrane furnishing the colloid.

The average amount of uric acid in all urine is ten grains daily, feebly held in combination with alkaline bases. Any excess of another kind of acid combines with these bases, and frees the uric acid. To remove the cause we should supply an

abundance of the salts of lithia, because we know it prevents acid fermentation.

Again, we are not consulted till crystallization has taken place, either in the bladder or the tubules of the kidney, or there has been a gouty deposit on some of the small bones. Bearing in mind our "*tolle*," we may give our patient a ray of hope for the usual fee.

Our knowledge of drugs and the art of surgery must be at our command. The amount of alcoholic, saccharine, and fatty elements of food must be reduced; exercise, and the free use of what our allopathic brothers like to call "diluent," also come in for a large share of consideration.

Of the diluent idea I am a great admirer; because I have at my very door a water which, while being strictly pure sanitarily, contains what no water within the means of my patients contains in appreciable doses. It is a genuine lithia spring. The proof of this was forced upon me; and I was gratified to have what had always been a luxury brought within the reach of the great army of people who are to-day using and praising it. My colleagues of the opposite household of faith, Dr. McQuesten, Dr. Wilbur, Dr. Currier, are all enthusiastic; and at their suggestion, and that of the people in this vicinity, the water has been put upon the market. I am sure the company (the Londonderry Lithia Company, with office at Nashua) would be happy to furnish any physician with a trial-jug.

Will try and arrange briefs of a few cases in which I have been very much aided by this water.

I believe that physicians will be much gratified to learn that we have a genuine lithia spring so accessible, and that its quality is equal, and the cost much less, than any in the market; and I take pleasure in bringing this fact to their attention.

C. S. COLLINS, M.D.

NASHUA, N.H.

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## SOCIETIES.

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### *INTERNATIONAL HOMŒOPATHIC CONVENTION, 1886.*

TO THE EDITOR OF THE NEW-ENGLAND MEDICAL GAZETTE.

*My Dear Colleague*, — At the convention held in London in 1881, it was determined to hold the next meeting at Brussels, with the view of providing a central and neutral place at which the Continental homœopathists (hitherto so sparsely represented at our gatherings) might meet one another and their British and American colleagues. I was desired to act as permanent secretary of the conventions; and, in that capacity, I communi-

cated the choice made to Dr. Martiny, editor of the "Revue Homœopathique Belge," requesting him to make it known to the homœopathists of Belgium. In due time, I learned from him that the Association Centrale des Homœopathes Belges had accepted the task of organizing the meeting, and had appointed a committee for the purpose. To this body, accordingly, I made over my responsibilities, putting myself at their disposal for any counsel or assistance they might require.

I now learn, to my great regret, that our Belgian colleagues find themselves unable to complete the task they have undertaken. Disappointed at the paucity of men and material with which they are threatened, they declare the congress impracticable, and wish to adjourn it to 1889, making Paris its seat, on the occasion of an universal exhibition there to be held. It seems to me that this proposal cannot be accepted. Our international conventions must be regularly quinquennial, if they are to be kept up at all; and the reasons for preferring Brussels to Paris on this occasion continue to hold good. Many of us have made our arrangements to attend: our own British congress has been omitted this year to enable us to do so; and it is most undesirable at this late hour to change the plans determined on.

I, therefore, feel it my duty to maintain the resolution intrusted to me to be carried out; and, in default of the homœopathists of Belgium, must myself take the initiative in its execution. I accordingly give notice that the International Homœopathic Convention of 1886 will be held at Brussels on Tuesday the 3d, Wednesday the 4th, Thursday the 5th of August next; the first day to be devoted to general considerations bearing on homœopathy, the second to materia medica, and the third to clinical medicine. The exact place and hours of meeting shall be announced in your next issue.

Being called upon thus late to organize the convention, I earnestly appeal to my colleagues throughout the world for their co-operation and assistance. Let those who are able at once send me papers on the subjects mentioned as those to be considered; and as funds will be required, the contributions of all who desire to see the convention adequately carried out are hereby solicited. Dr. Dudgeon of 53 Montague Square, London, W., has kindly consented to act as treasurer; and will receive and thankfully acknowledge all moneys sent for the purpose. If a united effort is thus made, the convention of 1886 may not be unworthy of its predecessors in 1876 and 1881.

Begging you to insert this letter in your journal, I remain yours very faithfully,

RICHARD HUGHES,

*Permanent Secretary International Homœopathic Convention.*

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE regular monthly meeting of the society was held at the Parker House, Thursday evening, May 20, 1886; the President, Dr. Boothby, presiding. Lemuel Hunt, M.D., was elected to membership; and the following were proposed for membership:—

E. P. Colby, M.D., of Wakefield; W. S. Hincks, M.D., of Hyde Park; J. Herbert Moore, M.D., of Brookline; W. H. Stone, M.D., of Providence; E. F. Spaulding, M.D., of East Boston; J. B. Robinson, M.D., of East Boston. Referred to censors.

The following resolutions on the death of the late Dr. F. N. Palmer were adopted, having been presented by Dr. Farnsworth, and seconded by Dr. Talbot:—

*Resolved*, That in the sudden death of our friend and associate, *Frederick Niles Palmer*, M.D., this society has lost one of its esteemed members, whose friendly presence will long be missed, whose kindness and gentleness will be well remembered; and whose conscientiousness, uprightness, and integrity made him a bright example, worthy of our respect and imitation.

*Resolved*, That we tender to the family of Dr. Palmer our warmest sympathies in this hour of deep affliction.

The principal topic for discussion was the attitude to be taken by the society in regard to the admission of the students of the Boston University School of Medicine to the City Hospital on the same footing as the students of the Harvard Medical School. The following memorial was read; and it was voted to present it to the Board of Trustees of the City Hospital, at the meeting next Monday afternoon:—

*To the Board of Trustees of the Boston City Hospital:—*

The Boston Homœopathic Medical Society would respectfully represent to your board the existence of what they deem to be an injustice, causing serious injury to a large number of persons by the exclusion of the students of the Boston University School of Medicine from the wards of the City Hospital, while many other medical students are freely allowed to visit them for purposes of clinical observation and study.

It has always been considered one of the functions of a hospital, to furnish to medical students and physicians opportunities for medical and surgical observations and instruction, so far as this can be done without injury to the patients. In large hospitals a student may in a short time see and learn more about difficult and unusual diseases which naturally come to such institutions than he can possibly in years of practice. In this way, the community, whose lives are to be placed in the keeping of these physicians, receive, indirectly, a valuable return for the large sums they devote to the support of these hospitals. The importance of this instruction is apparent from the fact that every year numbers of physicians leave valuable practices to visit the hospitals of New York, Philadelphia, and other cities, for this purpose; while the immense hospitals of Europe become an attraction to physicians from every country; and the world at large is greatly benefited by the knowledge thereby gained.

The Boston University School of Medicine, established by the Legislature of Massachusetts for the education of students in medicine, and upon whose graduates all legal duties, responsibilities, and liabilities are imposed, has been in existence thirteen years. Nearly four hundred physicians have been educated here to graduation, and are now engaged in active practice. During all this time these students have been almost wholly debarred from the benefits of the City Hospital. For several years they were not allowed entrance to the hospital, and latterly only the bare opportunity of going once a week into the operating-room has been accorded to them; and this is not because they are medical students, but simply as citizens interested in medical science. The mere mechanical performance of operations is indeed important, but this sinks into comparative insignificance when the student is prevented from seeing the subsequent progress of the case and its termination, when he is not allowed to observe the great variety of diseases which this hospital annually contains, to watch their varying changes, and to know the different methods of treatment pursued and the results. The value of such observations being conceded, it follows that by exclusion therefrom for no other reason than a difference in medical opinion, the members of this society, containing nearly one hundred and fifty physicians, and the one hundred students of Boston University School of Medicine, are unjustly and unwarrantably deprived of important rights, privileges, and advantages, and the portion of the community placed under their medical care must necessarily suffer from this deprivation.

This society would therefore respectfully ask your board to carefully examine this subject, and to consider the following points:—

1. Is it right to exclude any member of the medical profession from the benefits of the hospital, simply on account of his medical opinion?
2. Is not the admission of students from Harvard University, and the exclusion of those from Boston University, a favoritism to one institution and an unjust discrimination against the other?
3. Is it not an injustice to a large portion of the community to thus deprive them of the benefits of medical information?

As the control of the Boston City Hospital has been largely committed to your board, this society considers it proper to call your attention to this grievance, trusting it will be removed, and the same advantages and courtesies granted to us in this hospital as are extended to us in foreign and distant hospitals in which we have no such claim.

ALONZO BOOTHBY, *President*.

F. C. RICHARDSON, *Secretary*.

A motion was made by Dr. J. H. Sherman of South Boston, to solicit signatures to petitions in support of the memorial, to be presented at the same time; and after remarks in its favor by the President, and by Drs. Klien, Packard, and Farnsworth, was unanimously adopted.

The following committee was appointed: Dr. J. H. Sherman, Dr. Horace Packard, Dr. L. A. Phillips, Dr. F. C. Richardson.

SCIENTIFIC SESSION. — 1. The Summer Diseases of Children, C. H. Walker, M.D.; 2. Convulsions, C. A. Rollins, M.D.; 3. European Hospitals for Children, F. D. Leslie, M.D.; 4. Discussion.

The meeting, which was in every respect most satisfactory, adjourned about ten o'clock.

F. C. RICHARDSON, M.D., *Secretary*.

## REVIEWS AND NOTICES OF BOOKS.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. London: E. Gould & Son. New York: Boericke & Tafel, 1886. Part III., Arnica-Berberis.

The third part of this fine work is now before us. In it we find the conclusion of the pathogenesis of arnica, and a full and fascinating presentation, covering over seventy-five pages, of the pathogenesis of arsenicum. The more important drugs considered, in addition to those already mentioned, are aurum, baptisia, barium, belladonna, and atropinum; the less important are artemisia, arum, asafoetida, asarum, asclepias, asparagus, asterias, bellis, and berberis. Of the latter drug only a part of the pathogenesis is given. The less important drugs are given in smaller type, and present but few — though these are for the most part characteristic — symptoms. Whether a single proving of a drug — or even several provings, the obtained symptoms of which differ from one another — should find place in a scientific *materia medica*, is a question on which doctors would doubtless disagree. Our own error would be on the side of conservatism, we confess.

With the appearance of every fresh part of the cyclopædia must inevitably grow the conviction of its immense usefulness, and the wide-spread and permanent service it is destined to render to homœopathy. It is to be hoped that the students and practitioners are few who are not already availing themselves of its invaluable suggestiveness.

The errors discoverable in the present part are few. On p. 391, we read "April," where "August" was evidently intended. On p. 524, "bag of the pharynx," should undoubtedly read "back of the pharynx;" and "ten" is printed for "two" on p. 535. Such errors are insignificant; but we resent any errors, even typographical ones, in so thorough a work.

PURPURA. By George William Winterburn, Ph.D., M.D. New York: A. L. Chatterton & Co., 1886. 240 pp.

This interesting monograph offers the results of exhaustive literary research, and an extensive correspondence on the subject treated, as well as a résumé of the author's personal experience. The subject-matter is systematically classified, and treated with excellent judgment. Over a hundred and fifty pages are devoted to treatment; thus, as is eminently wise, the most important part of the work undertaken, namely, the means of cure of the disease, receiving the largest share of attention.

Illustrative cases add much to the interest of the book, and a carefully prepared repertory simplifies its study. Dr. Winterburn has rendered a valuable service to the profession in the preparation of this monograph; and we trust that appreciation of this fact will not be wanting.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twenty-first annual session, 1885. Philadelphia: Sherman & Co., printers. 282 pp.

The appearance of this volume is always a pleasure; though with us, in the present instance, it is a pleasure too tardily acknowledged. The present issue offers, in addition to a report of the business transacted at the sessions of the society, the reports of nine bureaus, comprising no less than thirty-nine papers. These papers are on "every-day subjects," brief, practical, and to the point, and can be read with interest and profit. The publication, on the whole, is most creditable to all concerned, and may well inspire other State societies to "go and do likewise."

HANDBOOK OF THE DISEASES OF THE NERVOUS SYSTEM. By James Ross, M.D., LL.D., F.R.C.P., and senior assistant physician to the Manchester Royal Infirmary. Philadelphia: Lea Brothers & Co.

This is one of the finest and clearest of the recent contributions to the science of pathology, that science which, with its indispensable complement, the therapeutics of Hahnemann, constitutes the glory of modern medicine. It was all very well for Hahnemann and the older homœopaths to sneer at the pathology of their day, for that was simply a realization of the strong aphorism of Jamblicus, "Medicine is the daughter of dreams;" but the pathology of our day is the natural history of disease, and the physician who neglects that study does it at his peril. The only work on the nervous system at all worthy of being compared with this is the well-known work of Dr. Hammond, which is certainly one of the very finest products of American medicine; but while Hammond is more purely original, Ross gathers up all the scattered rays of light, and concentrates them into one powerful illumination which, so far as pathology can do it, must light up the path of the practitioner, and make it very plain indeed. Then, with the two precious books of Charles Porter Hart, the practitioner of our school would be thoroughly equipped, and the one thing still needed would be the close and careful thought without which all the books on earth are as nothing.

Space forbids any very minute analysis of this book. It opens with an anatomical introduction, ample and satisfactory, followed

by an equally lucid physiological introduction; next, five chapters on the general pathology and symptomatology of the nervous system; after which we come to the main body of the work, — twenty-one chapters, minute, yet terse, on the special pathology, including every thing known from the transcendental therapeutics of Charcot to the very latest discoveries of Gowers.

The volume has one hundred and eighty-four fine illustrations, and the price is about one-third of that of the English edition. By all means get this book.

A SYSTEM OF MEDICINE BASED UPON THE LAW OF HOMŒOPATHY. Edited by H. R. Arndt, M.D. Vol. III. Philadelphia: F. E. Boericke, 1886. 1048 pp.

It is with feelings of pride that we regard Arndt's System of Medicine, now that, completed in this its third volume, it lies before us. As is fitting, the end crowns the work; and the third volume transcends its predecessors in interest and merit, as, upon examination, we cannot but pronounce it to do. The table of contents embraces Diseases of the Skin; an Epitome of the Common Diseases of the Eye; an Epitome of the Common Diseases of the Ear; and Constitutional Diseases. The contributors are twenty-four in number, names widely and honorably known. Among them, H. R. Arndt, H. C. Clapp, J. P. Dake, Louis C. Falligant, Thomas Nichol, F. H. Orme, G. W. Winterburn, and Samuel Worcester. While we wish to suggest no comparisons, we cannot refrain from recommending, as worthy an especially careful perusal, the essays on Tuberculosis, by H. C. Clapp; on Typhus and Typhoid Fevers, by Thomas Nichol; on Yellow Fever, by Louis A. Falligant; on Malaria, by E. U. Jones; and on Asiatic Cholera, by J. P. Dake. The historical sketch of the Plague, by Dr. Winterburn, reads like a bit of romance. The important subjects treated of in the volume — the continued, intermittent, exanthematic fevers, etc. — are handled in a manner worthy their importance, and so exhaustively, that, by this aid alone, the practitioner may gather all essential knowledge as to the ætiology, pathology, and, what is more important, the therapeutics, of these disorders.

To the general editor, Dr. Arndt, is due not a passing word of praise, but the lasting gratitude of the homœopathic profession for the eminently conscientious, able, and satisfactory manner in which he has accomplished his arduous task. His hope that the "System of Medicine" may prove "of permanent value, and a trusty counsellor," can hardly fail of realization. The work is far from perfect or beyond criticism; but it is, on the whole, admirable for all that, and worthy to represent the experience of homœopathy. The profession will not forget its obli-

gation to the publisher for the enterprise which has secured to our literature a work so important and practically serviceable.

THE PRINCIPLES AND PRACTICE OF SURGERY. By Frank Hastings Hamilton, A.M., M.D., LL.D. Third edition. New York: William Wood & Co., 1886. 989 pp.

Dr. Hamilton's national reputation as an author, his experience of over forty years as a teacher, and his exceptional success as a surgeon, command for any work of his the serious consideration of the profession. It is several years since the last edition of this work appeared; and to bring it thoroughly up to date required no little labor. The author's strong and conservative personality is impressed upon the book throughout; and this is nowhere more evident than in the concluding chapter, on "The Art of Primary Union," in which he logically and convincingly discusses Listerism and antiseptics in surgery. The author's arguments against the immediate repair of a lacerated perinæum are refuted not only by authors no less eminent, but by the practical experience of many obstetricians. The work, though not encyclopædic, is exceedingly valuable and practical, and as such is to be commended to student and surgeon. The publishers' work is admirably satisfactory.

MONTHLY NURSING. By A. Worcester, A.M., M.D. Boston: D. W. Mason, 1886. 250 pp.

This thoroughly admirable little work should be a familiar companion, learned "by head" and learned "by heart," not only by the would-be obstetric nurse, to whom it is especially addressed, but to the medical student; and it is capable, indeed, of furnishing the practised accoucheur with more than one novel and useful suggestion. Its aim is to instruct the nurse definitely and thoroughly as to her duties in the lying-in chamber; and to give her, in addition, an intelligent idea of certain fundamental principles of obstetrics. Its plan is eminently practical, its execution quite above reproach. The author, though evidently young in his profession, is as evidently at home in it, both in inclination and in fitness. The book is an ideal in its way, and should be recommended heartily by every professor of obstetrics to every student under his instruction; while a more satisfactory text-book for a nurses' training-school could hardly be imagined.

COMPARATIVE ANATOMY AND PHYSIOLOGY. By F. Jeffrey Bell, M.A. Philadelphia: Lea Brothers & Co., 1885. 555 pp.

The point which the author of this very excellent little manual seems chiefly desirous of impressing upon his readers is, that "there has been an evolution of organs, as well as of ani-

mals." To this end, he writes of organs, rather than of groups of animals. We find chapters on The Organs of Digestion, The Blood and the Blood-vascular Supply, The Organs of Special Secretion, The Nervous System, The Organs of Sense, etc. The book is exhaustively indexed, and well and interestingly fitted to serve as a zoölogical text-book.

THE POPULAR SCIENCE MONTHLY for May has a valuable paper on "Food Accessories and Digestion," by Dr. J. Burnet Yeo. Joseph Dawson tells us "How Alcoholic Liquors are Made;" Herbert Spencer instructs us concerning "The Factors of Organic Evolution;" the editor brings much sturdy common sense to bear upon the subject of "Charity and Sentimentality;" and the above list by no means exhausts the *ménu* of the mental feast offered by the Monthly in its present issue. New York: D. Appleton & Co.

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*BOOKS AND PAMPHLETS RECEIVED.*

- SURGICAL DISEASES OF THE KIDNEY. By Henry Morris, M.A., M.B., F.R.C.S. Philadelphia: Lea Brothers & Co.
- A MANUAL OF SURGERY. Edited by Frederick Treves, F.R.C.S. Three volumes. Philadelphia: Lea Brothers & Co.
- A COMPEND OF PHARMACY. By F. E. Stewart, M.D., Ph. G. Philadelphia: P. Blakiston, Son, & Co.
- TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS. By Henry B. Millard, M.D., A.M. Second edition. New York: William Wood & Co.
- DISEASES OF THE SPINAL CORD. By Byrom Bramwell, M.D., F.R.C.P. Second edition. New York: William Wood & Co.
- INSANITY AND ITS TREATMENT. By G. Fielding Blanford, M.D. Third edition. Together with TYPES OF INSANITY. By Allan McL. Hamilton, M.D. New York: William Wood & Co.
- HAND-BOOK OF PRACTICAL MEDICINE. By Dr. Hermann Eichhorst. Vol. I. New York: William Wood & Co.
- THE GENUINE WORKS OF HIPPOCRATES. Translated from the Greek by Francis Adams, LL.D., Surgeon. Vol. I. New York: William Wood & Co.
- THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. Edited by John Ashhurst, jun., M.D. Vol. VI. New York: William Wood & Co.
- LECTURES ON DIETETICS AND DYSPEPSIA. By Sir William Roberts, M.D., F.R.S. Second edition. New York and London: G. P. Putnam's Sons.
- HOUSEHOLD REMEDIES. By Felix L. Oswald, M.D. New York: Fowler & Wells Co.
- PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, 1885.
- THE TEST AT THE BED-SIDE. By Pemberton Dudley, M.D.
- ÆSTHETICS OF MEDICINE. By H. A. Cottell, M.D.
- CLINICAL LECTURES ON ORTHOPÆDIC SURGERY. By A. Sydney Roberts, M.D. Nos. 1 and 2. Philadelphia: P. Blakiston, Son, & Co.
- FOREORDAINED. A STORY OF HEREDITY. New York: Fowler & Wells Co.

## MISCELLANY.

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MEDICAL ADVERTISING. — Doctors who want to break loose from ethics, and advertise, should remember that unless they carry it to extremes, there will always be some who will make larger displays and thus get ahead of their less pushing competitors, and the modest advertisers will be just as badly off as they are now. "Dr." J. I. Lighthall is now in Peoria, with a brass band, singers, gymnasts, etc., and is said to be taking in over five hundred dollars daily. He has about twenty tents of various sizes, and a large audience-tent capable of holding several thousand. He pulls teeth free, and since his stay here must have pulled a peck a day. He is certainly a very speedy extractor. He calls himself the "diamond king," wearing \$30,000 worth of jewels on his person. His watch-chain of solid gold is as large as a trace chain; his watch is incrustated with jewels and is worth \$2,500. We mention these things to show what advertising means by a medical man, and to what an extent others must carry it before they can hope to compete with "diamond kings." We do not know by what right he practises, except that he pays a license of one hundred dollars a month. — *Peoria Medical Monthly*.

SUB-MUCOUS INJECTIONS OF CHLOROFORM. — M. Gaspard Guillot, writing to the "Progrès Medical," gives his personal experiences in cases of obstinate dental neuralgia and alveolar abscess, and says he finds this plan useful. Two or three drops are usually injected at a time. Dr. Doss, who had given a large number of the injections, has met with marked success. The pain was quickly subdued without bad results. — *Weekly Medical Review*.

THE ORANGE AS A GALACTAGOGUE — A correspondent of the "North Carolina Medical Journal" of April, 1885, reports an interesting case in which the secretion of milk was greatly stimulated by eating oranges. To test the effect, the fruit was omitted for a few days, when the secretion ceased. It was soon brought on, however, by a return to this fruit diet. If at any time the flow be not free, one or two oranges will increase it very abundantly in an hour or two. Previous to using the oranges the patient gave no milk, and the child was fed artificially. — *Journal American Medical Association*.

AMONG all the medicinal preparations of *phosphorus*, Dr. McArthur's *compound sirup of hypophosphites* takes a high rank. The low state of oxidation of the *phosphorus* in these salts causes it to be easily and quickly assimilated. The remedial value of this class of salts has long been recognized by medical men; and Dr. McArthur's preparation is a pure and reliable article, highly recommended by prominent physicians. — *Popular Science News*.

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## PERSONAL AND NEWS ITEMS.

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AN ERROR CORRECTED. — We regret that, by an oversight, a serious error crept into the pages of the May GAZETTE; and we hereby call our readers' attention to a correction of the same. In the last line of the prescription contained in Dr. Richardson's article, and printed on p. 209, ONE OUNCE should of course read ONE DRACHM.

DR. ADALINE B. CHURCH sailed for Europe May 13, where she intends to devote the summer to study. She will return about Oct. 1. Dr. Benjamin T. Church will take charge of her patients during her absence.

DR. H. V. REYNOLDS has located at South Framingham, Mass.

DR. F. D. LESLIE has returned from Europe, and settled in Canton, Mass.

DR. J. M. THOMPSON, B. U. S. of M., class '78, has removed to 326 Clinton Street, Brooklyn, N. Y.

DRS. L. HOUGHTON KIMBALL and FREDERICK W. PAYNE of Boston will sail for Europe, June 3, where they will remain until the first week in September. Their time abroad will be devoted to the investigation of improved methods of operation upon the eye and ear, in the London and Paris hospitals.

E. C. KNIGHT, M.D., has returned to Waterbury, Conn., where he formerly practised. He is succeeded at Coldstream, N.Y., by Dr. J. M. Winslow, formerly of Lowell, Mass.

DR. T. BROCKWAY has removed from New Hartford to New Britain, Conn.

DR. W. P. BUNNELL has located at New Britain, Conn.

DR. ISADORA L. MURRAY has changed her Meriden office to West Main Street.

DR. G. S. WRIGHT has located at New Hartford, Conn.

REBECCA L. DORSEY, M.D. (B.U., 1883), after spending two years in the hospitals and medical schools of Europe, has settled at Los Angeles, Cal., where, we learn, she is meeting with a cordial reception, and a successful practice. Though we regret her departure from the East, yet we are sure she will be appreciated in the West.

THE annual meeting of the Hahnemann Society was held at the Boston University School of Medicine on Monday, May 31, at 2 30 P.M. The order of exercises included music by the Hahnemann Quartette, and addresses by the President and by J. E. Luscomb, M.D.

THE Annual Meeting and dinner of the Alumni Association of Boston University School of Medicine will be held at Young's Hotel on Tuesday, June 1.

DR. T. C. DUNCAN, for twenty years editor of the "United-States Medical Investigator," resigns, to accept the position of medical director of the Homœopathic Aid Association, organized to insure the homœopathic public on the mutual assessment plan.

FORTY-THIRD SESSION AMERICAN INSTITUTE OF HOMŒOPATHY, SARATOGA, N.Y. — The American Institute of Homœopathy will hold its Forty-third Annual Session at the Grand Union Hotel, Saratoga, beginning on Monday evening, June 28, and continuing till Friday, P.M., July 2, 1886

Ample hotel arrangements have been made for the accommodation of members and their friends at reduced rates; and excursion-tickets will be issued by the railroads.

The delightful location, the ease of access, and the favorable time of year to visit Saratoga, before the hotels are crowded and the heat excessive, together with the fact that this will probably be one of the largest as well as most important meetings of the Institute, should cause every member to make a special effort to be present.

Arrangements have been made for taking delegates and their friends to the session of the Institute, both direct and by excursion routes, at largely reduced rates, as follows (*via* the Fitchburg Railroad):—

Boston to Saratoga and return, *via* Hoosac Tunnel, \$7; Worcester to Saratoga and return, \$6; Fitchburg to Saratoga and return, \$6; Boston to Saratoga, Albany, day boat to New York, Fall River line to Boston, \$11.20; Boston to Saratoga, Niagara Falls, St. Lawrence River, Montreal, to Boston, \$30.

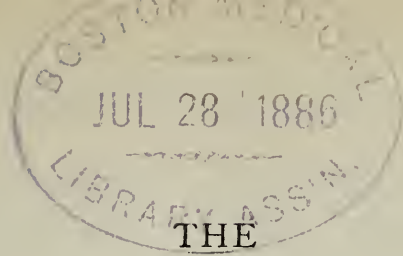
Tickets will be good from June 25 to July 15, 1886, and procured upon presentation of certificate signed by Dr. I. T. Talbot.

Express trains, with parlor-cars attached, will leave Boston at 8.30 A.M., and at 10.30 P.M. with sleeping-car attached, arriving in Saratoga 3.35 P.M. and 9.50 A.M. daily (Sundays excepted).

Commencing July 6, express trains will leave Boston at 8.30 A.M., 3 P.M., and 10.30 P.M.; and the Fast Limited Saratoga Express will leave Boston at 10.45 A.M., allowing ample time at Athol for dinner, arriving at Saratoga at 5.15 P.M.

All persons wishing to avail themselves of the reduction in rates of fare are requested to communicate *at once* with Dr. I. T. Talbot, 66 Marlborough Street, Boston.

For parlor-car accommodations, time-tables, etc., apply at the Company's office, 250 Washington Street, Boston, Mass.



# New-England Medical Gazette.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Boston, Mass.

## EDITORIAL.

### *THE LATE HARMONIOUS MEETING OF THE AMERICAN MEDICAL ASSOCIATION.*

THE "harmonious" meeting of the American Medical Association, as exultingly referred to in the official organ of that body, seems to have created some little amazement in the minds of the profession at large; not so much on account of its complete harmony and unanimity of sentiment (though these, in view of the important matters to be discussed, on which a wide difference of opinion was known to exist, are surprising enough) as on account of the means used to establish that "harmony." Two incidents are recalled forcibly to the unregenerate mind, by the late proceedings at St. Louis: one, that of the barbarian king, who prided himself on being an infallible prognostician, and who, when a sick member of his tribe, whose disease he had pronounced incurable, showed signs of recovery, promptly knocked him on the head, and so confirmed his prognosis. The other is that of the contumacious rabbit, in the trial scene in "Alice in Wonderland," who persisted in putting malapropos questions. The jury petitioned that he might be "suppressed," and the judge gave orders accordingly. "Ah, now, I'm so glad!" said Alice to herself. "I've often heard of troublesome people being suppressed, and now I shall see what it means." A large sack was produced, the rabbit thrust head-foremost into it, and the entire court sat down upon him.

"The moral of these here observations," as Jack Bunsby says, "lies in the application of 'em." The American Medical Asso-

ciation, through its official organ, prognosed the disease of independent thought among certain of its members, as fatal to any influence they might wield in the councils of the Association; and, as this influence seemed unaccountably alive and stirring at the opening of those councils, with great presence of mind the Association knocked it on the head, and so confirmed its prognosis. The rabbits were not one, but many, who promised to ask presumptuous questions at the trial of a physician's right to free thought; and the sack was promptly forthcoming, the votes of the Association thrust the offending rabbits promptly into it, and sat down upon the same with the whole weight of its body corporate. The admiring world of medical outcasts may now joyfully exclaim, with Alice, "Oh, I'm so glad I know what it means, now, to 'suppress discord' in the regular profession!"

But jesting apart — Yet how is it possible to put jesting apart in dealing with the matter? What is it but a most excellently bitter jest, that the delegates from the Philadelphia County Medical Society and the New-York Academy of Medicine, gentlemen representing not only the liberal thought, but the most brilliant talent, most marked originality, most famous ability of rational medicine to-day, should utterly be refused admission to the councils of the Association, their protests ignored, their challenge for an explanation stricken by vote from the minutes of the meeting — and for what? Their claim to the privilege of settling ethical questions for themselves, as they have long, by their splendid ability, settled scientific questions for their puny persecutors! What but a bitter jest is it, that the members of the Association, in their wild struggles to accomplish certain political ends, should forget to testify, by so much as a word, to their sorrow and their honor for him, so late supreme among them and spending himself in their service, on whose grave the burial flowers are hardly yet withered, — Austin Flint, the "medical giant" of their past boasts? What but a bitter jest, that the Association should appoint a committee to memorialize Congress for pecuniary aid to carry on the "International Congress," claiming this as a "representative body," — a "representative body" which not only does not represent the homœopathic or eclectic divisions of the medical profession, but has

voluntarily ceased to represent the best thought, ethical and scientific, of its "rational" division! What but the bitterest jest of all, that such an association should still command an instant's respect, as "honorable" and "dignified," or that membership with it should still be sought as bringing its possessor into good repute!

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#### EDITORIAL NOTES AND COMMENTS.

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THE QUESTION, NOW MATTER OF ACTIVE CONTROVERSY, as to whether female medical students shall be admitted to the surgical clinics of certain of our large hospitals, goes to prove the falsity, in medical matters at least, of the axiom that the greater includes the less. It would naturally have been supposed that when once, by eminently successful experiment, the fitness of woman to master the theory and pursue the practice of medicine had been sufficiently demonstrated, all minor obstacles to her mastering that theory and pursuing that practice would, in the interests of common-sense, be set aside. Such, however, proves not to be the case; as is evidenced by the difficulty now under consideration of women obtaining admittance to surgical clinics at certain hospitals. Since, as was lately remarked by an allopathic contemporary, the right of women to "sound surgical instruction, if they receive any at all," is self-evident, it is not for women to show why they should have admission to clinics, but for their adversaries to show why they should not. The only opponents who have any right to be heard on the subject belong, as it will doubtless be conceded, either to the class of operating surgeons, students already attendant upon the clinics, or patients operated upon. Doubtless outcry will be heard also from those defendants of the "sphere of woman" who feel that her delicacy is hopelessly compromised by her healing the sick, preaching the gospel, or defending the legally oppressed, though not by her appearing in a public mixed assemblage in a dress befitting the *Fardin Mabilie*, selling herself to the highest bidder in the matrimonial market, or filling, in marriage with a brute, the rôle of a bought mistress, without the latter's power

of voluntary separation. But such outcry should be received with the consideration merited by its morals and its logic.

I. As to the operating surgeons. Their objections are, even in the admission of their defenders, so largely founded upon prejudice as hardly to be worthy taking seriously into account. They will hardly claim a modesty superior to that of their European colleagues, whom the presence of women seems to have as yet failed to abash: or an experience differing from that of the able anatomist who lately testified that in the dissecting-room where male students were present he had sometimes heard indecorous language; where female students were also present, never. And to such remarks as were lately made in "The Boston Medical and Surgical Journal," that even the prejudices of operating surgeons were worthy of consideration, since "surgical instruction is by no means obligatory upon the attending surgeons of our hospitals," it is to be answered, that that depends upon whether a surgeon's "obligations" are legal or ethical; whether he is governed by what the law can compel him to do, or by that higher law of usefulness known as "*noblesse oblige*."

II. The male students now attendant upon the clinics are so by courtesy only, and are therefore bound to show only courtesy toward others seeking to share their privileges to the same worthy end; they having no rights, aside from merely conventional ones, which female students may not equally claim. And the student who avows himself unable to witness an operation on the sexual organs, male or female, in the presence of women students, without being discomforted by prurient sexual consciousness, avows in that same utterance his gross and shameful unfitness ever in the practice of his profession, to stand by a woman's sick-bed.

III. The patients operated upon, if they be women, will hardly make objection to having a woman near them in their unconsciousness and exposure. They are far more likely, with the women patients in Charles Reade's novel, to "thank God for them openly." If they "object to being operated upon in a mixed assembly," their wishes would doubtless eliminate not the female, but the male, students from the assemblage. As to the objections of the male candidates for operation, their more

stalwart modesty may safely be trusted to carry them, while under anæsthesia, through an operation in the presence of women, when women have borne the converse ordeal so many years. One reason lately offered by "The Boston Medical and Surgical Journal" in defence of male objectors deserves mention: that the ordeal of exposure was to them more serious because "women have practically no *external* genital organs"! In view of the fact that not a few of the patients operated upon for disorders of the male sexual organs, occupy that place through such gross sexual irregularities as hardly foster an over-nice modesty; in view of the relative modesty required by society at large, theoretically and practically, of men and women, — such a remark as that quoted belongs to the realm not of comedy, but of wild extravaganza: it is the utterance not of the humorist, but of the *farceur*.

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THE INJURIOUS EFFECTS OF THE INHALATION OF TOBACCO-SMOKE BY YOUNG CHILDREN, and the consequent necessity of the prohibition, as far as possible, of smoking in their near vicinity, are subjects receiving editorial attention, and illustrated by the report of a very striking case, in a recent issue of our heartily esteemed and thoroughly wide-awake little contemporary, called "Babyhood." The case referred to is that of a child not two years old, who was notably bright and healthy up to the end of her first year, and after that date began to ail somewhat mysteriously, gradually losing all appetite, and complaining constantly of sickness at the stomach. Physicians failed to discover any adequate cause for the symptoms, or to relieve them. A country journey with her mother was followed by complete restoration to health; but on her return home the troublesome symptoms re-appeared within a week, and the child seemed gradually wasting. By chance her father was called away for an absence of several months; and almost immediately on his departure the child began to regain appetite and color, complained no more of nausea, and progressed rapidly toward health. It was discovered, in short, that the whole difficulty had lain in the inhalation of tobacco-smoke by the child while at play with her father in the hours after breakfast and after lunch, which he

set aside for that purpose, and during which he was invariably smoking.

The report of such a case as the foregoing is of immensely valuable suggestiveness to teachers of preventive medicine, and it may not improbably be to physicians puzzled over an insidious illness in a little child. Provings of tobacco thus obtained cost more than their pathogenetic worth, and should, at all hazards, be avoided, to the rebuking of the ignorance and selfishness which brings them about.

We cannot refrain, in conclusion, from a word of recognition of the wide-spread and wholly admirable missionary work already accomplished by "Babyhood" in its brief career. No physician can afford to be ignorant, or to allow his patients to be ignorant, of its existence. He can save himself, with a good conscience, the trouble of replying to, or the humiliation of confessing his ignorance on, the thousand and one questions put to him by young mothers, in the single reply, "If you want to know all about these matters, read 'Babyhood.'"

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THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION has apparently received into its bosom certain of the more polysyllabic and unintelligibly intense members of the Concord School of Philosophy, since that body has shed its more philosophical garments in favor of those of literature. We are moved to this supposition by a remarkable paper published towards the end of its recent volume of "Proceedings," and entitled "The Unseen, the Real. Material Vital Absorption. The Potency of the Sun Beam." We desire to offer a few quotations from this gem, for the utter confusing and confounding of certain non-members of the I. H. A. who sometimes look askance at the sessions of that body as not wholly scientific. Who but a scientist would, with our author, pronounce man to be a "representative microcosm of the grand macrocosm of nature," and that it is "the profundities of archetypal life, and its co-efficient material vital dynamical absorption, which marks out the true line of legitimate scientific investigation for the progressive scientist"! Friends and fellow materialists, can we as representa-

tive microcosms lay our hands upon our hearts, and say we have ever found and followed this "true line"? Have we, in the thrilling phrase to be found on p. 259 of the Proceedings, ever followed out "mental emotions into immaterial archetypal regions"? And if we have not, can we ever expect to enter into the "equilibrated harmony" consequent on the immaterial, dynamical, vital, archetypal, non-microscopical, universal absorption of the two hundred millionth, Fincke?

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COMMUNICATIONS.

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*THE THERAPEUTICS OF SMALL-POX.*

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[*Continued.*]

THUJA OCCIDENTALIS. — In the year 1849, Dr. C. Bönninghausen, guided by one of Hahnemann's indications, announced that *thuja occidentalis* was a specific for small-pox. This symptom reads as follows: "Pustules on the knee, like true variola in appearance; they suppurate, do not itch, and disappear entirely in eighteen hours;" and on this somewhat insecure foundation, Bönninghausen built up a stately scheme for the suppression of variola and vaccination alike.

In one of the first cases that Bönninghausen reports, he tells us that the pustules dried up on the fourth day, the crusts fell off on the eighth without leaving any scars; but he entirely omits to tell us whether or not the patient had been vaccinated. Almost certainly he had been, for the Prussian Government is the very strictest in the world in insisting on vaccination and re-vaccination. In the following years Bönninghausen used *thuja* as a remedy in small-pox, and also as a prophylactic. And finally, in 1885, the Rhenish and Westphalian Homœopathic Society issued a document entitled, "Concerning Questions relating to Vaccination," which concludes as follows:—

"One of our own colleagues has had the happiness to discover in *thuja occidentalis* the true specific for small-pox; and since this happy discovery, which was immediately published in the homœopathic journals, several physicians have had the opportunity to put it to the proof and to confirm its truth. A remedy of sufficient power to cure this disease without inconvenience and without the least danger, in less than eight days, without leaving the least disfigurement or mark upon the skin, and without introducing into the human body the seeds of another disease, often worse than the small-pox itself, seems to us to be preferable to any kind of vaccination, even to that where the virus has been taken immediately from the cow."

Franz Hartmann tells us that Bönninghausen's attention was drawn to thuja by the fact that, during epidemic small-pox, horses were frequently attacked with the malanders, for which thuja is the specific remedy; and after comparing the pathogenesis of thuja with the symptoms of small-pox, he determined to try this medicine in the small-pox epidemic which prevailed in 1849 in some parts of Germany. Hartmann thinks that thuja may perhaps be a very useful remedy for epidemic small-pox, and therefore deserves the attention of homœopathic practitioners.

Dr. Henry Minton says that "Another remedy, which is gaining great repute, is *thuja occidentalis*: it is said to 'throttle' the disease, in whatever stage it is administered;" and Raue states that it has been "recommended by Bönninghausen as a preventive as well as a curative agent:" but neither of these physicians seems to have had personal experience in the use of the remedy.

Dr. Coté of Pittsburg gave thuja <sup>200</sup> in one epidemic, and out of fifty cases lost but one. Dr. Gutteridge of Leicester, England, treated eighty cases in the year 1864, with a mortality of four only. His treatment was, aconite  $\phi$  in alternation with tartar-emetic <sup>2x</sup>, followed by thuja  $\phi$  in quarter-drop doses every three hours.

The remarks of Dr. P. P. Wells of Brooklyn, on the treatment of small-pox, contained in his report on "Eruptive Fevers" presented to the World's Homœopathic Convention held in Philadelphia in 1876, are worthy of the closest attention. The doctor remarks:—

"When, notwithstanding all endeavors for protection, the disease is developed and becomes a subject of treatment, it is found exhibiting very various phenomena in the different periods of its progress, as, for example, in that of its invasion, eruption, suppuration, and desiccation; and there are two methods of dealing with the problem of cure, as presented by them,—one, to find a single remedy which, in its pathogenesis, has produced symptoms like those of each of these periods, and which thus answers the requirements of the law of cure for the whole case, and for all cases: the other seeks a remedy for the peculiar phenomena of each period, as the case progresses. No doubt, if the remedy could be found which, more than all others, has a pathogenesis like the different elements of the succeeding periods of the disease, the difficulty of the treatment is reduced to a minimum, the cure will be speedy and safe. But it is quite another question, whether such a remedy has been found. The claim of thuja to this high distinction, set up by Wolf of Berlin (Bönninghausen of Münster, rather), has hardly been sustained by clinical success. Many cases have certainly been cured by it, with singular promptness and completeness; but in other cases it has seemed to fail. This want of success, it is true, may have been the consequence of the unskilful use of the remedy, as may happen in any other disease, and with any other remedy. Or it may have resulted from an imperfect knowledge of what should have been reasonably expected; and the change of remedy, and the conclusion of failure, may both have been hasty and unwarranted. But it would seem to be quite as reasonable, in view of the ever-varying phenomena of successive cases, and the light of experience in dealing with other

forms of disease, that the absolute specific for variola, in all cases, has not yet been found, and is not likely to be. Thuja may be of great value. That it is a specific for all cases, in all circumstances, and in all combinations of circumstances, may be held as something more than doubtful."

Here I would remark, that in a goodly proportion of cases of small-pox, it is possible "to find a single remedy which, in its pathogenesis, has produced symptoms like those of each of these periods (of small-pox), and which thus answers the requirements of the law of cure for the whole case," but most certainly not "for all cases." Tartar-emetica is such a remedy, and it by no means stands alone in our materia medica. The cases which cannot be met with one single remedy — and such cases form the majority — must be met, as Dr. Wells points out, by "a remedy for the peculiar phenomena of each period, as the case progresses;" but the management of cases on this plan is never so thoroughly satisfactory as treatment by one single remedy.

Pursuing the subject, the learned writer remarks: —

"In the common experience of average cases of this disease, the period of eruption is of importance, so far as their treatment is concerned, chiefly for this. It is the time when efforts are best made to secure patients from future evils, only too likely to follow, in the varied cachexias which the variolous process may itself produce or call up, by exciting to activity those which were latent in the patient when attacked. To guard against variolous cachexia, thuja, given at this period, may be all that is required. There should be care not to *over-dose* with this remedy, at this time, or the patient may fail of the benefit he might receive from it, and the doctor lose confidence in a most valuable medicine from a fault wholly his own. To protect against latent cachexias, so likely to be brought into action by this disease, there should be the utmost care in selecting the appropriate anti-psoric remedy. The clue to this will not unfrequently be found in a history of previous diseases in the person of the patient or his family, or, it may be, even in his ancestors. There is no more important duty in the treatment of small-pox than this, of securing the patient against these destructive sequelæ so often left to follow the loathsome sufferings of this dreaded plague. When the remedy is found, there should be the same care to avoid over-dosing as with thuja."

Dr. Wells does not tell us what, in his opinion, would constitute an *over-dose* of thuja; but I would protest against being bound down to the extremely highly diluted preparations, and to them only, so much favored by that excellent writer. And I feel certain that the greater part of our physicians on this continent are, in this matter of the dose, close followers of that master who died in Paris in the year 1843, leaving behind him a pocket-case largely filled with remedies in the sixth, ninth, and twelfth dilutions, — none higher than the thirtieth, — and that master's name was Christian Frederick Samuel Hahnemann.

Dr. Richard Hughes writes: —

"Bönninghausen and others have thought that thuja has some specific action in small-pox, even so as to prove prophylactic against it, as belladonna

against scarlatina. More evidence seems required here; though I should mention that Dr. Drury in this country esteems it highly."

Elsewhere Dr. Hughes expresses the same opinion:—

"Here again corroboration is required."

And yet Dr. Drury's opinions, as gathered from his excellent work on "Eruptive Fevers,"—a book that is in far too few hands,—do not indicate any very high esteem. He writes:—

"Thuja having been recommended by Bönninghausen, who used it in an epidemic in his neighborhood, in 1849, was at once raised into a position of importance as a remedy for small-pox; indeed, so strong is the faith of some in this remedy, that it has been advised to substitute it for vaccination; a very simple way of bringing a valuable medicine into disrepute. If there are any sound reasons for not vaccinating, this medicine may be used; and it is possible, that, like *belladonna* as a prophylactic in scarlet-fever, it may be a means of preventing the spread of the disease, or making its attack milder; but to put it in place of vaccination is, I think, an act of unwarrantable rashness. If it should be found on further trial that it exercises any specific action on the disease, it will of course take its place as our best remedy; but just now it is on its trial, and we can only give it its place as homœopathically indicated. It meets the first fever, the chill, backache, and headache, the vomiting, pain in epigastrium, and sweat, a little less markedly than *bryonia*, but still sufficient for our purpose, if we think it meets the case better in any other respect, or if 'its use in disease' should induce us to begin with it; and for the hoarseness that comes on about the sixth day, as well as for its action on the genital organs, it is well indicated. Therefore, if we begin with *bryonia*, and see reason for changing it, we might about the sixth day substitute *thuja* for it; or give four doses of one, then four of the other, watching the action of each; or give thuja in this way with such a medicine as *mercurius*."

Pulte writes:—

"If, however, this stage (of eruption) progresses finely, without severe symptoms, give nothing but *tartar emetic* and *thuja*, in alternation, every three hours a dose (four globules) until six doses of each are taken. These remedies have the specific power to mitigate the eruption, from the similar eruption they produce on the healthy."

Richard Epps gives a very similar recommendation:—

"*Thuja* and *ant. tart.* can be taken, in alternation, all through the second, third, and fourth stages, in cases of the distinct form of this disease, uncomplicated with marked brain symptoms."

In vol. xx. of Hirschel's *Zeitschrift für homöopathische Klinik*, Dr. Herzberger gives his experience of the treatment of variola in an epidemic in the South of Bohemia, in 1873. The epidemic lasted from February to the end of June. The character of the disease was, as a rule, distinctly inflammatory; the gastric and typhoid states were rare, but a tendency to putridity was often noted. The complications were chiefly pleurisy and pneumonia; sometimes malignant sore-throat, with a tendency

to affect the larynx. He obtained the best results from *thuja*, and thinks, that, without being an absolute specific, it was very efficacious in lessening the severity of the disease, and conducting it to a favorable issue. Herzberger states that under its use the disease was rendered very mild, its whole course shortened, the various stages abbreviated, the suppurative stage altogether suppressed, and the whole disease diminished as to danger. Sometimes *thuja* alone sufficed for the cure; but occasionally the fever ran so high that *aconite* in alternation was required during the first stage, giving *thuja* in the second or third dilution, *aconite* in the third. The occurrence of gastric symptoms was no contra-indication for the use of *thuja*; but in the typhoid and putrid forms of the disease, *acid sulph.*<sup>3</sup> alternated with *thuja* was found serviceable. In the complication of pleuro-pneumonia, *phos.* and *ars. alb.* were given in alternation; occasionally *acon.* and *thuja*. The dreaded sore-throat was amenable to *merc.* and *bell.* in alternation; and, after the subsidence of the complication, *thuja* was again resorted to. Under this treatment convalescence was short, and sequelæ were altogether absent. The average duration of the disease was from ten to fourteen days; few exceeded this, and many fell short of it. Of seventy-five cases so treated, five died: there were three men, one woman, and one infant of two months; the woman and one of the men came under treatment too late, and one of the men committed a grave dietetic excess. The doctor found *thuja* decidedly useful as a prophylactic; but he does not regard it as a substitute for vaccination, but as a most useful temporary protective during epidemics of small-pox. Of three hundred who took *thuja* in doses of one drop of the first and third dilution twice a day, only fourteen caught the disease, and that in a very mild form. In the houses of the poor, from four to seven persons were often together in one room, some even sharing the bed of the patient down with small-pox. He mentions, among other cases, those of two infants at the breast, who were thought too young to be vaccinated, but who got *thuja* as a prophylactic. Their mothers caught the small-pox; and their infants took it from them, but in a very mild form.

In the year 1868, the Cook-county (Illinois) Homœopathic Society had a discussion on small-pox, in the course of which Dr. G. W. Woodward asked Dr. D. S. Smith the indications for *thuja* in that disease. Dr. Smith replied, "I know of none. I use it upon the strength of the recommendation of some German physicians, that it would prevent pitting." And now, after the lapse of eighteen years, we are no further advanced in a real knowledge of the remedy. We are told to use it especially during the stage of suppuration, when it would prevent pitting, but it is almost certain that these observations were made on patients

who had been vaccinated, and such patients rarely pit. Lilienthal gives us more exact indications: "pustules milky and flat, painful to the touch; and the areola round the pustules is marked and dark red." The other indications are so vague as to be of but little value. We have boring, stitching pains in the forehead, temples, and over the eyes; œdematous swelling of the face; conjunctiva inflamed and red like blood; burning from the small of the back to between the shoulders; pains in the upper arms, fingers, and hands, with fulness and soreness of the throat; drawing pain in the sacrum, coccyx, and thighs while sitting.

On the whole, the indications for thuja are so vague and uncertain, and the clinical observations are so greatly vitiated by alternation of remedies, that I have never used it in small-pox.

At an adjourned meeting of the Homœopathic Medical Society of Kings County, N. Y., held in Brooklyn on Dec. 6, 1864, the following interesting cases of variola and varioloid were presented:—

"Dr. Moffat related a case of a girl twelve years old. Fever, pain in the head and back, delirium, vomited twice. Rasping sound in the throat, cough, sore chest, eruption of varioloid; twenty pustules on one arm, with all the peculiarities, the buckshot feel, variolous odor. Gave thuja occid.<sup>200</sup> ℞ about twelve granules, in water, one teaspoonful once in an hour and a half. Next morning her cough was gone. She had rested well in the night. The smaller pustules were flattened, the larger ones were more prominent and advanced. Thuja occid.<sup>200</sup> four days after. She continued to improve, pustules entirely flattened and gone. The largest ones were now horny prominences. The sixth or seventh day, only the marks could be seen, and she was well. Thought no scales came off.

"Dr. Guy said, that, feeling somewhat interested in Dr. Wolf's discovery, he wanted to give it a fair trial. In case of varioloid with much inflammation at the time, the pustules with a pit, and of large number, he gave one single dose of thuja occid.<sup>200</sup>. The case was very clear, and admitted of no doubt as to the nature of the disease. The next day the inflammatory appearance had abated little. He gave nothing. Next day again some improvement, and again he concluded to wait. In fact, the case went right along improving; the vesicles died away without administering any more medicine.

"Another case early last fall, in an individual forty years old. Small-pox had developed. The second or third day (though vaccinated when a child), thuja occid.<sup>200</sup> was given and repeated. It modified a little; but the disease went its regular course, the patient never being very sick with it.

"To another patient, a gentleman, he gave thuja four days ago. The eruption commenced after a day or two, characteristic of varioloid, very distinct vesicles in face, pitting. Thuja occid.<sup>200</sup> in watery solution, one teaspoonful every four hours. Yesterday the eyes were nearly closed, face swollen. The eruption was extending. Gave nothing for three days: the inflammatory action then was gone. The eruption remains where it was yesterday, and stands still. He is better. Throat was dry, husky, sore.

"Dr. MORRILL. Capt. — was taken sick, and Dr. C — was called on Saturday, but did not come. By Sunday noon confluent small-pox had developed, and Dr. Morrill was called. He commenced treatment with thuja occid.<sup>200</sup> about fifteen pellets in water, one teaspoonful every three hours. Monday morning the patient had improved. The former doctor being

called again, Dr. Morrill withdrew. The man died five or six days afterwards, and a post-mortem examination was held by six doctors.

“Dr. Morrill asked the gentlemen whether they would rely upon thuja in the worst cases of confluent small-pox.

“Dr. Richardson answered this question by another: whether he knew a better remedy to rely on than thuja.

“Dr. Duffin remarked, that with those new provings we should be cautious: only severe cases test their value.

“Dr. Bond used thuja <sup>200</sup> with good results.

“Dr. Richardson related a case of small-pox in a young man thirty years old. He gave thuja occid.<sup>200</sup> in water every four hours. In forty-eight hours the eruption was flattened, the progress ceased. There was no supuration.

“Dr. Moffat, at the request of Dr. Minton, related a bad case of small-pox which began like typhoid-fever, with bad tongue, delirium, fever, aching pains all over, vomiting till the third day, when the eruption appeared. The fever subsided. In two days more the eruptions spread all over. The second day, from the wrist down the hand, every thing was densely covered. The pustules seemed countless. He succeeded, however, in counting one hundred and fifty on the palm of the hand, and the patient counted two hundred and sixty-three on the back of the hand, scattering; and they were spare. He put him on thuja. Gave also Mercurius and vaccinin. The fever went on, no swelling in the face. The odor was slight. The case went on evenly and steadily, and got well.

“Dr. Guy inquired whether, in going into the room of small-pox patients, they could taste something. He invariably tasted small-pox on his tongue: it is a coppery, styptic taste. He perceives this taste, even where he cannot smell the small-pox aroma.

“Drs. Moffat, Richardson, and Guy were of the opinion that small-pox is cut short by thuja.

“Dr. Minton inquired if it was prevented also. It was supposed to be.”

All possible dilutions of the remedy have been used in small-pox, from the mother-tincture to the ten-thousandth of Jenichen, the starting-point of which, it is well known, was a vial of the Hahnemannian thirtieth, from which the medicine had been evaporated.

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### UNCONTROLLABLE OR PERNICIOUS VOMITING OF PREGNANCY.

BY PROSPER BENDER, M.D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society, April 22, 1886.*]

THAT there is an intimate connection between the organs of generation, the cerebro-spinal and ganglionic system of nerves, under normal conditions in the human frame, there can be no doubt; and it is equally true that during pregnancy the whole nervous system is in a condition of hyperæsthesia, as evidenced by a multitude of reflex phenomena well known to you all. Almost all the functions of the body are more or less disturbed at this time, although, perhaps, the stomach is the organ most

frequently deranged. This neurosis of the pneumogastric nerve which manifests itself by nausea, pyrosis, and vomiting, varies in amount and degree, and may appear at different stages of pregnancy, sometimes at the very commencement of conception; again, not before the beginning of the fourth month, to last two or three revolutions of the moon, or perhaps till the end of labor, whether it set in artificially, spontaneously, or terminate at the ordinary term. In pernicious cases the sickness seldom appears before the beginning or middle of the fourth month, and continues until the cause be removed, or the womb emptied; while in the ordinary or physiological kind the vomiting ceases about mid-pregnancy.

I do not purpose, this evening, to consider the milder or natural type of nausea and vomiting, preferring to call your attention to that more aggravated form where it is often a question of life or death to the patient. That not a few deaths have occurred from this cause, the records of hospital and private practice show conclusively. Perhaps in many of those cases timely interference, as is now practised, would have saved precious lives, such as the simple replacement of an incarcerated or distorted uterus in its natural position, after the fourth month of pregnancy, the producing of abortion, or hastening of labor before the vital powers had become exhausted.

The theories touching the etiology of rebellious vomiting of pregnancy are numerous, and there is much difference of opinion prevailing among gynecologists on the subject. Doubtless various pathological conditions may occasion this neurosis, to wit: degeneration of some of the viscera; granular, fatty, or inflammatory states of kidney and liver; but oftenest, flexions or versions of the womb, induration of the os internum, and ulceration of the cervix. In the case of axial deviation, the uterine tissues are distorted and swollen; and the growing or expanding womb, in consequence of the progress of gestation, presses more and more upon the bent or congested muscular fibres and nerves, causing the reflex or sympathetic symptom of vomiting. If, under these circumstances, the uterus is unable to straighten itself spontaneously, and ascend above the bony pelvis, or is held down by perimetric adhesions, tumors, etc., vomiting persists until the gynecologist interferes, or the womb is freed from its contents. When the os internum is indurated, we have an irritation of the peripheral termination of nerves through the same causes, and with an identical train of symptoms. Professor Talma of Utrecht (*Revue Medico-chirurgicale des Maladies des Femmes*), advances an entirely new theory, and ascribes the cause to cerebral anæmia simply.

As any clinical data must prove of interest on such an impor-

tant subject, I will relate a case which lately fell under my care. Besides, this will enable me to illustrate my subject better, at least from a certain point of view. My patient was a multipara, who stated she was in the sixth month of pregnancy, and for about six weeks had suffered from almost incessant vomiting, which all the skill of her physician could not check. When I succeeded him, I found the unfortunate woman could retain nothing on her stomach, — neither solids nor liquids. When that viscus was empty, the expelled matters were of a dark green color, resembling verdigris, and very bitter. The distress and faintness were great, the features pinched, eyes sunken, tongue red and glistening, thirst intense and for small quantities, epigastrium very sensitive to pressure, much restlessness, and a degree of emaciation painful to contemplate. The temperature was a half degree below normal; pulse 110, weak and irregular. An enema of oatmeal-gruel with milk and pancreatic emulsion was ordered, with directions to precede it with a tepidclyster—to be repeated every third or fourth hour, occasionally adding an egg. To allay the great thirst, cracked ice was frequently given, and arsenic<sup>3</sup> administered every second hour. This medicine was continued for three days, in varying dilutions, without any perceptible amelioration; cupr. ars., iris, and veratrum album were also given, and in that order, thoroughly testing each, with only failure. The epigastrium and dorsal region opposite were then sprayed with ether, but to no purpose. After some days the rectum proved irritable, and only small quantities of the nutritious enemata were retained, although the œsophageal tube was used to reach the colon. Laudanum was added to obviate this drawback; with no better result, however. Desiccated ox-blood was next essayed, without more success. In spite of all endeavors to keep up the strength of the patient, she was visibly and surely sinking.

Hitherto I had been unable to obtain her consent to a vaginal examination, which she strenuously opposed on the ground that it was not necessary. I now threatened to discontinue my professional services, when she reluctantly consented. Having previously ascertained by the most careful examination that the kidneys and liver were not diseased, I felt sure the uterus would reveal the *fons et origo mali*. There was some retroversion of the uterus, with slight erosion of the cervix.<sup>1</sup> I had some diffi-

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<sup>1</sup> I was surprised to find the womb in the pelvis, for it generally rises into the abdomen towards the end of the fourth or the beginning of the fifth month of pregnancy. I expected the trouble to be at the os internum. I now more closely questioned my patient as to the time of pregnancy. According to her own calculations, revised by myself, I ascertained that she was in reality about five and a half months pregnant; and this period of time, too, was reached by computing from the day after the disappearance of her menses. It is generally admitted that conception may take place at any period between the menses; and in this case it may have happened shortly before the expected recurrence of the catamenia, which would consequently still further reduce the age of the fœtus. The patient, besides, had a roomy pelvis, which may help somewhat to explain this abnormal condition; and, furthermore, we may suppose the fœtus could not have been in a very flourishing condition, owing to the mother's great debility.

culty in replacing the uterus, which seemed held down in the pelvis, although I could not find any adhesions. I first tried laying the patient in Sims' position, pressing down the anterior portion of the cervix with the index-finger, while I pushed the fundus with the middle in the direction of the pelvis axis. That method has worked well several times in ordinary retroversion, and the leverage power obtained in that way is considerable; but I did not succeed. I next caused her to assume the knee-elbow position, and with the two first fingers of the right hand in the vagina drew the cervix away from the pubis towards the sacrum with one, and with the other pressed the body of the womb towards the symphysis pubis, meanwhile pressing the perineum backwards with the thumb. The admission of air to the vagina was plainly audible, and the reposition of the uterus soon followed. Relief was almost immediate, and the patient rapidly thereafter gained strength. She vomited no more after that. A Hodge's closed pessary was inserted for safety. The patient was ordered to lie on the stomach as much as possible, and to assume occasionally the genu-pectoral position. Food was carefully and gradually administered, and the woman was soon able to rise and go about. Two and a half months later she gave birth prematurely<sup>1</sup> to a small but fat, rosy-hued baby; and the mother herself is now a strong, well woman.

As it may interest some of my professional brethren present, I will now give some of the most recent views on this subject, of our *confrères* in England who have acquired eminence in this field. I could hardly do so more satisfactorily than by citing details of a paper read by Dr. Graily Hewitt before the London Obstetrical Society. The doctor described two series of cases of severe vomiting during pregnancy. The first, 32 in number, comprises cases wherein the state of the body of the uterus was observed and noted; the second, numbering 13, wherein the appearance of the os and cervix was under close inspection. In 28 cases of the first class, vomiting was so alarming that artificial abortion had to be considered. In 23 of these, anteversion or anteflexion existed to a marked extent; and in 12 out of the latter, impaction of the anteverted or anteflexed uterus within the pelvis was the condition. In 4 of the 28 cases, retroversion was present; in 3 out of the 32 the uterus was indurated and hypertrophied, in 6 unduly hypertrophied. Of the 32 cases, 11 died, 20 recovered, and in one the result could not be ascertained. Of the 20 cases of recovery, 6 were due to artificial

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<sup>1</sup> A strain occasioned the premature birth. The child appeared to be about eight months old, and it must have been at the time of the reposition about five and a half months. While I admit that it is unusual to find the uterus at that stage of pregnancy within the pelvis, the fact is there and indubitable.

abortion, one to spontaneous miscarriage, 7 to the distorted organ being successfully replaced, and 6 had positional and medicinal treatment. In the second series of cases, the cervix was found very hard in 4 cases; there was parenchymatous inflammation in 4 or 5, and great sensitiveness of uterus in the others; and all but one were successfully subjected to Copeman's new treatment. Dr. Hewitt adds, "The remarkable feature in the series of 32 cases is, that in all the cases where attempts were made to raise the uterus from its displaced position, and when that attempt was successful, the vomiting ceased; whereas, when the attempt failed, the vomiting continued, and the patient died, the exceptions being those in which artificial abortion was induced, and one in which abortion occurred naturally." In concluding, he says, "That the cases in which the disease is due to some other organ are so few in number (only one in the series of 32), that they may be almost excluded from consideration; . . . that the evidence points to interference with the normal expansion and growth of the gravid uterus, . . . such as might be expected to be occasioned by a previously flexed state of the uterus, or to a congested, indurated state of the cervix, or to the two conditions combined, . . . with detention of the bulk of the uterus in the bony pelvis." The other members present held various opinions on the subject; some espousing Dr. Hewitt's views, and others believing that the deviation of the uterus was not an influential factor. Dr. Gervis is of the opinion that patients previously afflicted with uterine flexion, especially ante-flexion, are liable to rebellious sickness, vomiting, etc., which he ascribes to the hyperæmic condition of the womb, and not "to flexion as flexion;" and further states: "In incarceration of a gravid uterus, whatever be the cause, this pathological hyperæmia would be still more increased, and the reflex results proportionally heightened." The advocates of the other theories, at the meeting above referred to, asked why it was that nausea and vomiting during gestation are witnessed in subjects perfectly free from womb diseases or displacements of that organ; and why, in well-established cases of flexion, no nausea or vomiting occurs. The answer to the former question is easy, since those symptoms may be produced by other affections, such as liver and kidney troubles, and constipation; but the reply to the latter is more difficult, being, perhaps, among those mysterious conditions to which life is subject, and which the genius of some medical *savant* may yet reveal.

We have also in the non-pregnant woman severe reflex symptoms, occasioned by parenchymatous metritis, tumors, erosions of the os or cervix, flexions or versions of the uterus, which often have been attributed to primary nervous disorder. The absence

of symptoms pointing directly to the womb has led to these errors in diagnosis. In all serious cases of neurosis in the female, it may be best to make an uterine examination; for even cancer has been overlooked, and the symptoms ascribed to "change of life." The uterus resembles the heart in this respect, that it has many nervous and vascular connections, which bring it in direct and intimate relation with the whole system, and, when diseased, may cause a train of varied nervous symptoms, masking the original source of trouble. Nor will the nervous condition always immediately disappear upon the correction of the womb difficulty. Of course the uterus may be secondarily affected, and it remains with the physician to ascertain which is the cause and which the effect. Functional trouble, also structural changes, may be occasioned by a primary neurasthenia, and many such cases doubtless have been treated as womb affections from the first. It is only by the closest questioning of the patient's earliest symptoms and family history, that the gynecologist will be enabled to form a correct diagnosis. Here, as in the case of the pregnant womb, displacement, erosions, etc., may exist without any apparent particular inconvenience or suffering to the woman; but it is oftener the cause of grave illnesses.

I can recall many serious cases, even of mania, traceable to uterine dislocations or diseases; but I will only mention one which I met during my earlier years of practice, in Canada. The subject was a hysterical young girl, who presented a condition of emaciation sad to behold, and to all appearance was fast dying of inanition. For months she had suffered from paroxysmal spasms of the stomach, and for weeks almost incessantly vomited mucus of an intense green, at other times ejecting dark grumous substances; and epigastrium very sensitive to pressure. The menses had been absent for two months. Her physician had diagnosed ulcers of the stomach, and pronounced her case hopeless. I was at first inclined to give an equally serious diagnosis and prognosis, when the mother incidentally mentioned that her daughter had not been well since she strained herself by jumping from a carriage. There was no tenderness over the hypogastric region, or uterine pains; but the navel was distinctly retracted. A vaginal examination revealed a decided anteflexion, which being corrected led to her rapid recovery. The menses returned the very next day. I mention this case simply to emphasize the fact that flexion and version may and do produce severe sympathetic vomiting. Of course there are many women whose wombs are dislocated, and yet suffer no inconvenience; but such deviations are frequently the cause of serious illnesses, and it is well to remember the fact.

As regards medical aid in "uncontrollable" vomiting, I believe

that, no matter how carefully one may select his medicines, in cases where displacement or distortion exists, the physician will be baffled. In ordinary nausea and vomiting during gestation, our medicines act with a promptness and satisfaction which command my gratitude to the propounder of the law of similia; but in well-established pernicious cases, homœopathic medication will fail. If it succeeded, I would be inclined to doubt the diagnosis. I would, however, always begin the treatment by the administration of our remedies as indicated by the totality of the symptoms; but I would not postpone long the mechanical treatment, the moment I had positively located the seat of trouble.

During my professional career, which extends for some twenty-two years, I have met with but three cases in which I have had to replace the distorted or incarcerated uterus, and with prompt relief to the patients on each occasion. I am happy to say I have not been obliged to perform Copeman's operation, which, in the hands of some practitioners, has yielded brilliant results. The explanation of the relief following Copeman's procedure is that the nerves surrounding the os internum, which are the seat of special reflex action, become thereby ruptured, interrupting communication with the central nervous system. Although it has not fallen to my lot to meet with a case where artificial abortion had to be practised, yet I would not refuse that resource did I think it necessary; but, in that event, I would call in a consulting physician to share the responsibility. Life and strength may long be maintained by supplementary alimentation. Not only is nutrition in abeyance then, but there is rapid waste of the tissues as well. We must supply the elements needed for this repair, or the organism will become rapidly exhausted; and, besides, there is the danger of establishing a vicious circle, through the circulation of deteriorated blood, which will still further jeopardize the chances of the patient's recovery. Meat finely minced, cream, milk, oatmeal-gruel, eggs, with pancreatic extracts, are excellent for this purpose. The defibrinated, desiccated ox-blood (*sanguis bovinus exsiccatus*) is perhaps still more valuable. I know whereof I speak, as I have tested its great utility in several cases of pernicious anæmia, phthisis pulmonalis, and ulcers of the stomach. This is a somewhat troublesome preparation to handle; for, if the water used in dissolving it be too hot, a solid, fibrinous mass forms. I hail with satisfaction the introduction into the market of a new zyminized or peptonized suppository, each containing one hundred grains of fresh, carefully selected lean beef, with pure pepsine, which will do away with syringes, etc., a very important consideration. No stimulants must be added to enemata containing albumen, as they will coagulate the albumen, and prevent osmosis; but they may be added,

when called for, to the milk or gruel. When the rectum is irritable, it is well to inject little at a time, — three or four ounces, — and throw it high up into the colon ; and sometimes laudanum has to be added to abate irritability of the mucous membrane.

After the uterus is replaced, it is best to apply an appropriate pessary to keep the organ *in situ* until it has developed sufficiently to prevent its falling back into the pelvis. If it be ascertained that anteflexion is the difficulty, the patient should lie on the back ; and, if retroversion, on the face or side, and occasionally assume the knee-elbow position. The postural treatment alone has cured many cases. Should the womb be held in the pelvis by adhesions, gentle means should be employed to break them. The etherization of the pit of the stomach (Lublesky's method) has, strange enough, done good in one instance of my trial ; as has also the tincture belladonna, a teaspoonful at a time, over the hypogastric regions. Some authorities highly praise galvanism, — positive pole at lower cervical region, and negative at pit of stomach, several times a day. Before I became a convert to homœopathy, two bad cases yielded to hypodermic injections of morphine ; and I know of medical men who to-day say they resort to them with success. Ringer recommends atropia, and our own Galley-Blackley, apomorphia. When the fourth and fifth dorsal vertebræ are sensitive to the touch, as they frequently are in reflex vomiting, a mustard-poultice or blistering lotion will act with a marvellous rapidity. I will not undertake to explain the *modus operandi* of this or of the belladonna locally. Dr. Chapman's ice-bags over the spine are said to act beneficially. The treatment by Dr. Bennett and, later, of Dr. Sims, of cauterizing the os with solid nitrate of silver, which gained so many adherents at first, has gradually fallen into disuse. I know of two instances in the practice of friends, and I have heard of others, where Baily's plan of raw beef, a teaspoonful, chopped fine, every third hour, spiced with cayenne-pepper and salt, proved curative. I opine that the cayenne had the largest share in the cure. Professor Talma cures his patients with one milligramme of nitroglycerine in three doses daily. Pepsin or lactopeptine in five-grain doses is often beneficial. Smoking is known to have cured cases. "Gavage" has proved very useful, preceded by a "lavage." But I iterate the statement : If any but the mechanical or surgical means succeed, I am sceptical as to the trouble being displacement, distortion, or ulceration of the womb.

Now, as it is generally conceded that death takes place through the failure of the heart's action, we should insist, in cases of great debility, upon the patient occupying the supine recumbent position. Sudden death has occurred to a patient of my own, during convalescence from typhoid-fever, where symptoms of

asthenia existed, owing to neglect of my order to keep the sufferer in bed.

I cannot conclude without saying that when the liver and kidneys are known to be unaffected, and the physician refuses to resort to replacement, Copeman's method, or artificial abortion, after a reasonable trial of the homœopathic remedies, I believe him unpardonably guilty of the grossest neglect of professional duty.

I may on some future occasion devote some time to the general subject of pregnancy, for it is one of vital consequence to our community and nation, in fact to humanity at large; but I must not further tax your patience for the present. I feel deeply the honor of addressing a body of professional gentlemen so learned and influential, so ready to make all exertions for the benefit of medical science and the great community with whose well-being it is so intimately connected. It is most gratifying to reflect, as I myself and all in this hall, no doubt, do, that the chief object we have in view is not the mere acquisition of wealth or fame, but the promotion of those truths and discoveries in the noble healing art most favorable to the health and longevity of our race. And while we shall ever welcome truth, on whatever subject and from whatever source, for its own sake, we must hail it cordially when it promises still further aid and relief to the woes of suffering humanity.

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*ON MEDICAL RESTRICTION IN MASSACHUSETTS.*

ANNUAL ADDRESS BEFORE THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, APRIL 15, 1886, BY CHARLES L. NICHOLS, M.D., PRESIDENT.

LADIES AND GENTLEMEN OF THE SOCIETY.

Tell me your convictions, but keep your doubts to yourself: so said a great German philosopher more than a century ago, and the injunction is more needed to-day than it was even at that time.

We are living in an age of doubt and uncertainty; a time when the border lines of human knowledge seem to be approaching nearer and nearer, and when at almost every turn our onward progress is checked by the impenetrable barrier between the known and the unknown which says, "Thus far and no farther." Investigation, on every side, meets with the block in its way, due to the imperfection of our own senses or of the instruments which the ingenuity of man has devised with which to penetrate the mysteries of nature. And everywhere mankind is trying to come to definite conclusions regarding the results of study and experiment, which are daily becoming more numerous and more complex.

Every branch of human knowledge must pass through three stages of growth before it may attain to the dignity of a science: the age of fable, or blind devotion to the utterances of him who may have the assurance or the power to command attention; the age of investigation, or the time when all are studying and thinking, each for himself, seeking some definite foundation on which to generalize; and, finally, the true scientific stage of positive prediction, when an inductive law harmonizing these investigations and deductions enables one to predict with absolute certainty the results of its action and interaction, whether on the simpler facts and conditions of nature, or that highest and most complex of systems, — the human organism.

Follow now for a moment the history of medicine.

Hippocrates, Galen, Paracelsus, and a few choice leaders loom up from the mists of the age of fable, their utterances being considered oracular, and their methods pursued with the greatest care for years. Then with the advance of human understanding, and the progress of human invention, came new theories, and fresh attempts to find the short road to a therapeutic law. Hence the mystic school of alchemy, the anatomical school of Vesalius, the chemical sect of Priestley; and even the germ-theory of to-day, which seems to be true of *decay* at least, for so rapid has been its progress, that it appears to be choking itself through its very redundancy of growth.

Are we not, then, in consequence of the numerous directions of our study, in danger of losing the good results of a proper digestion of the knowledge thus far gained? Is there not a law which can harmonize these results, and apply this knowledge for all time?

Gentlemen, *we* know that there is. *We* know that the law of similars will do this; that it is capable of indefinite growth and extension without alteration; that it will only be made more general and more certain with every fresh discovery in natural science, and more satisfying with every decade of its life.

Here we stand to-day, numbering more than six thousand homœopathic physicians in this country alone; indeed, with the impossibility of reckoning our adherents, so generally has our law been accepted, in secret at least, if not openly and in full; our strength acknowledged everywhere, our position assured, our legal standing granted in many States by legislative action; and the list of our charities, public and private, long and honorable. But in addition to our position as followers of Hahnemann, of which we may justly be proud, we also belong to a grand and noble profession; and it is to the relation of this profession to the public, that we would call your attention, and in particular to the restriction of its practice here in Massachusetts.

Among the various vocations of man, the learned professions stand, as they have stood for years, pre-eminent, because of the high character of the men engaged in them, and the long course of training deemed essential for those entering them, but especially in consequence of the importance and gravity of the affairs submitted to their judgment and control.

Theology, law, and medicine, — these three, drawing closer and closer together as civilization crystallizes more and more the reign of order out of the chaos of barbarism, have more influence in developing the nobler traits of mankind than all the other vocations combined. Soul, intellect, and body, the triple nature of man, — these are the tribunals appealed to by the three learned professions ; the welfare of these, their object and end. Hence the necessity for the long course of preparation ; hence the high place accorded these professions ; and from the habit of dealing with the largest interests and deepest problems of life, comes hence, also, the breadth of view and depth of character of the true professional man.

But, because of the gravity of the matters involved, there should be safeguards surrounding these professions, sufficient to exclude all unworthy and impostors, and at the same time to protect the public mind, whose inexperience and credulity could easily be played upon for harm.

In theology, elementary and theoretical training is obtained in the various seminaries and schools where a regular course is prescribed, and graduation required ; but in addition to this there is a course of preparation to be passed through, or a careful examination before a competent board varying in the different denominations. In the Episcopal Church, for example, after graduation at the theological school, the student is ordained deacon ; in which office he remains for one year, preparatory to his ordination as a minister proper, if he passes a rigid examination. In the orthodox churches, the minister having graduated from the seminary must pass a strict examination before a select board, and then be installed with appropriate ceremonies. And this course, more or less strict and elaborate, is the rule in the different denominations ; nor is there any minister with the right to his title who can enter upon his duties with a less critical investigation. The only exceptions, to my knowledge, are those self-styled evangelists, whose work is ordinarily directed by the regular minister, or confined to one branch of theological work.

In the law, we see a similar provision. The course in the law-schools, combined with practical study in offices, or in exceptional cases only office study for those unable to afford time and expense, is also followed by a strict examination for all, by representative men, for admission to the bar in the State or district where the

lawyer intends to practise. Nor can he practise in any other district, except by a similar examination or personal acceptance. Certain branches of legal work are, of course, done by those without the full title of lawyer, and perhaps as well as by those fully trained; indeed, in isolated cases the law gives to every man the right to plead a cause when so requested. But this is exceptional, not the rule; and the profession is very strictly supervised, all the rest of the district being on the look-out against unprofessional conduct, or violation of the oath they are required to take. Causes which would seem to us very trivial are sufficient sometimes to deprive a lawyer of his right and privilege to practise in a given district; as was seen not long ago in the case of Mr. Manning of Boston, debarred from practice in Washington in consequence of contempt of court.

Turning now to medicine, we see similar opportunities of study in the medical schools, or in the offices of physicians, as well as in the hospitals, dispensaries, and the like; but there is no tribunal of appeal, no restrictive board of examiners who shall test the qualifications and determine the fitness of those who are to deal in the great problems of life and death.

Think of it. Into this profession, with the highest interests of humanity at stake, any man can enter, and practise as a physician, if persons can be found to accept him; and mankind is proverbially credulous, and prone to believe the wildest and most extravagant of promises. No man can say him nay, nor refuse to pay his charges. Yes, there is appeal to the law in cases of malpractice: but the true working of this law in the majority of cases is, that the unprincipled, uneducated man can so cajole those interested, that no action is taken; while the more unfortunate, because more conscientious, practitioner too often becomes the victim of spite or perjury.

In the early history of medicine, this was not the case; and while the danger was not so great, because of the restriction of education among the few, still the greatest precautions were taken even then to exclude all but the most earnest and devoted students of the noble art of healing.

The grand sentiments expressed in Hippocrates' oath, which have been echoing through the centuries of the past, could well be repeated by us in this present age; but the onward march of civilization and the extension of education, while breaking down the barriers between the classes, have exposed us to dangers not dreamed of in the earlier times. As a result, the dignity of the profession suffers, and the standard of medical knowledge is lowered, by opening to its ranks all classes of men, ignorant and unprincipled, and thus putting at a disadvantage others who have spent their time and money in obtaining a more honest and more thorough knowledge of the art of healing.

It, at the same time, exposes to danger and irreparable damage the public, who believe every man reliable who may rank himself in the profession, and are without the power of distinguishing between the true physician and the pretender.

What, then, is the remedy?

In the first place and in the last place, in all ways and at all times, we must educate the people, — teach them to know the common principles of medicine and of surgery, of hygiene and of diet; for education, after all, is the great enlightener, and from it comes the important power to discriminate.

This is already being attempted in the emergency lectures so popular just now in the larger cities; in the magazines and periodicals devoted to health, science, and preventive medicine; and the result will be seen in years to come by producing a jealous watching and self-interest on the part of the public, which will render the best-educated physician more careful of his promises, and more judicious in his counsel, and tend eventually to weed out the unprincipled and uneducated practitioner entirely.

But this is the result of years, and cannot be of value at present: now we must have recourse to the restrictive power of legislation. In England no man has the legal right to practise medicine or surgery, or both, except after examination by members of the royal colleges of physicians and of surgeons, existing in London. So important is this board of examiners, that a magnificent hall is in process of erection, — the cornerstone having been laid by the Queen on the 23d of March of this year, — for their sole use. On the Continent, similar restrictive laws are in operation, varying in minor provisions, but equal in strict guardianship of the profession from the entrance of uneducated and unworthy men. In the United States, the subject has been agitated for many years in the different State legislatures, but until within the past six years little has been accomplished. To-day there are over thirty States and Territories with laws of registration or restriction, though in few of these States have they proved efficient. According to the statement of Dr. Marcy, the laws of West Virginia and Illinois, the banner States in this movement, are the most practical and just; but even here dissatisfaction is felt, so many are the means of avoiding the true meaning of language by the technicalities of the law.

The typical law aims to restrict the practice of medicine to those men who can present to a State board of examiners, limited in number, though representative in character, a diploma from some accredited college, or pass such an examination as shall be considered by that board evidence of fair medical knowledge.

It is not within my scope to-day to suggest a definite bill, my aim being simply to invite your attention most earnestly to this subject in general. To so adapt the specific limitations and provisions of such a law as to suit the different States, and the varying forms of medical belief, is the problem of the future, — well solved in the case of Massachusetts, according to my individual judgment, in the bill presented to the Legislature of 1885.

It might seem at first sight as if such a law would commend itself to all. But this is not the case; for the objections made have been many, the opposition bitter and strenuous.

In the first place it has been said, This is a free country, with equal rights and privileges. Liberty and equality have been fought for twice during our national existence, and the people will not endure further infringement of their rights. To limit the choice of one's physician is to curtail his free will, and hence must be opposed. It may seem strange that this is considered an argument: yet it has been advanced as such, and as such is believed by many unthinking people. There is, however, a wide difference between liberty and license; and, in each State, every precaution is taken by laws of regulation and punishment to prevent the unlicensed use of dangerous weapons or noxious drugs, in fact, of every thing which tends to endanger human life. In Massachusetts no clerk has a right to dispense medicines or put up prescriptions, except such as have diplomas from the examining board of pharmacy. Why is this so, unless our legislators consider it important that those dealing in drugs and medicines, affecting the health of the community, ought to be reliable, responsible men? And yet any man, however uneducated or irresponsible he may be, can write a prescription, providing he calls himself doctor.

A more serious objection is, that there is no standard of reference, no gauge by which medical differences can be measured. We well know that the condition of scientific therapeutics is uncertain; we are well aware that many of the best physicians in this century have written faint-hearted and discouraging opinions as to the power or rather powerlessness of drugs, and the uncertainty of drug-action on the human system: and we, with our fixed law and its brilliant prospects, can well afford to pity such men, while we feel that for ourselves no such objection can exist. Medical science, however, is progressive; and the most advanced investigations, with their conclusions, are rarely found in books, though the medical journals of the day are too accurate and reliable to make that an objection.

In the law, what is the standard of reference? the latest opinions of the bench. Here too, however, we see constant change

and improvement, though the standard is still considered safe and reliable.

How is it with theology? The opinions of the theological schools are constantly changing character; and the standard of reference is established only by frequent convocations and the discussions of the most noted and best minds among the clergy.

So too, then, in medicine, there is a standard just as reliable as those mentioned; just as certain as is possible with the imperfect knowledge we still have of the laws of the human organism. In the best text-books, and in the opinions of our most reliable and famous practitioners, there is a standard of reference equal to any in the other professions.

Again, objectors say that any restrictive law would be unfair to those natural physicians, — those phenomenal men, whose powers develop without training, whose convictions and ideas cannot be confined within fixed rules and regulations; or to those who, unfortunate in their circumstances or position, could develop by educating their powers of observation, rather than by book-learning, at least a moderate degree of medical skill, and thus be of some service to humanity in our noble profession. On the other hand, a restrictive law is of greater benefit to these classes than to any other: for, in the first place, no medical or collegiate education is demanded, no antecedents are required; and an examination in the most general and essential elements of medical knowledge only is expected; while the operation of such a law would restrict the numbers of the uneducated and reckless class, whose opposition affects these poorer and less favored physicians much more than the rest.

But by far the most serious objection to such a law remains to be considered. To so restrict the powers of the examining board that they will not be unfair to those applicants who differ in medical beliefs, is a most important question, and one which concerns us as homœopathic physicians in particular.

In California, each chartered State medical society has a separate board of examiners, and harmony prevails in consequence; though it would seem to be an unnecessary burden and expense to the State.

In other States, Illinois for example, the representation of the various societies is so regulated as to give a fair proportion to each. And there is no reason why a board of honorable, fair-minded men — and such a board could be appointed — should be unable to work together with harmony and mutual profit. There can never be a time when all physicians will think alike; indeed, it would be injurious to progress, were such a thing possible; and open-handed, honorable, and persistent opposition, in consequence of firm convictions, will give to the world more

successful treatment and more glorious discoveries in medical science than any harmony or smooth sailing could produce.

Let us not forget, then, that we are homœopathic physicians, that we have a grand principle to fight for, and a high place in the public esteem to maintain.

The injustice and opposition which have met us at every turn in the past cannot endure much longer; and our rightful position is everywhere being granted, our influence and power daily more and more surely felt. The most enlightened men in the community, the most cultivated and progressive minds, — these are the classes which are attracted by the practice of our school. But beside the extension of our private practice and our hospital charities, and in consequence of their important character, our strength in legislation is becoming greater and more marked each year. There could be no measure proposed in the least degree subversive to our rights, or threatening to our interests, which would stand for a single day; and we might call to witness a number of bills thrown out, for that reason alone, from time to time in the past.

But by far the best test of our strength, and of the favor of legislators towards us, may be seen in a direct question like the petition for an asylum for the insane.

In response to this petition signed by sixty of our practitioners, together with about seven thousand influential names throughout the State, and after the usual routine course of committee investigation, opposition hearings, and discussions in the General Court, there was passed on June 3, 1884, as you all know, an Act giving to us the buildings then occupied by the Westborough Reform School, as an asylum for the insane; or, as the Act reads, as "a State hospital for the care and treatment of the insane upon the principles of medicine known as homœopathic," etc.

Not only this, but then followed a very generous appropriation of \$150,000 for the remodelling, and proper preparation for their new purpose, of the old reform buildings. Of course the needs of this hospital are still many, and the future help of the State will doubtless be forthcoming for furnishing, running expenses, and the like, as well as for improvements such as workshops, etc., for the more successful management of the insane; but these matters we can leave without a question in the hands of our efficient board of commissioners, and to the generous action of our legislators, of whose jealous guardianship of our rights, and furtherance of our cause, this very Act is the best evidence. It may be remarked here, as a proof of our confidence in this board of commissioners, and the good-will of the legislature towards us, that only yesterday a large and generous appropriation was made for this hospital.

Here, then, gentlemen, is a measure of importance entered into actively by only sixty out of the five hundred homœopathic practitioners of the State ; kept before the public and inviting opposition for three years, and with the above well-known result. How much can we accomplish,— or rather, what could we not accomplish,— with more extended and more concerted action in the same field on similar questions ?

Our opposition, then, comes not from the people, whose friends we are ; not from the legislators, who have shown themselves so open to conviction, and so generous in answer to our appeals : it comes from that class of men whose professional training and methods have been powerfully and involuntarily influenced by the results we are daily accomplishing, but whose opposition, dating from the time Hahnemann was first driven from his work in Dresden, when he invited investigation and co-operation, has gone on increasing year by year, and gaining in bitterness as each new concession is granted us, or wrung from themselves. These are the men who would exclude us from all public office and aid ; who do to-day propose to exclude us from the State Board of Health ; who do to-day shut us out from the hospitals and dispensaries supported in part by ourselves, and who prevent our students from watching in these places the course of disease, and studying the efficacy of its treatment ; at the same time using as a reproach against us, that we are not well educated. Knowing then, the source of our danger, and remembering our growing power and influence, this last and greatest objection has little weight, except to put us on our guard for the proper conservation of our rights and interests. . . .

These are the most important objections made against the restrictive Act ; and they seem, to my mind, trivial and easy to overcome. But the whole subject is worthy of the most careful consideration by each and every one of us who belong to the same noble profession, whatever may be our individual views in therapeutics, or the less important branches of medicine.

The time will never come when we can work together with greater harmony, or when homœopathy will be so blended with the other schools that we shall be one united family of professional brethren. The law of similars can never be altered, never modified, or so adapted to the varying opinions of men as to harmonize these, and form a basis of union. It is unchangeable, and either wholly true or wholly untrue. And its hundred years of trial is nearly completed without a shadow of weakness or decay to cloud the horizon of its brilliant future. That changes in medical science have taken place, cannot be denied ; that the careful study of disease has revealed much, must be acknowledged ; that the realm of therapeutics has been limited and bet-

ter defined, must be yielded: but that these signs of progress are evidences of the downfall of our school, cannot be granted. On the contrary, they are the secondary results of our law, as must be admitted by our opponents when they recall the fact that all this has been accomplished since the success of homœopathy showed how futile were their own attempts at medication and cure.

There is one point, however, which cannot be too strongly insisted upon, or too often placed before the minds of our friends of the other school, — that we are physicians, educated men, with like privileges and responsibilities as themselves; that, in all cases demanding other treatment than therapeutic, it is not only our right, but our duty, to make use of all means at our command; and that in cases which may not be covered by our law of therapeutics, either from want of present development, or the natural imperfection of human knowledge, — in such cases we are in duty bound to use that light which may be clearest and best, until such time as certainty is attained.

Unity in every point cannot, then, be expected. Indeed, it is hardly to be desired, if only the opposition is honorable and open-handed, the emulation fair and generous.

But in all general matters pertaining to our noble profession, and in all branches of medicine save only that of therapeutics, we can unite and work together, seeking to fulfil towards each other, in all ways and at all times, that noble sentiment used as the motto of our oldest medical journal: *In certis unitas, in dubiis libertas, in omnibus charitas.*

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*ON LEUKÆMIA IN ITS SEVERAL ASPECTS AS A SYMPTOM, AND ESPECIALLY AS RELATED TO CHOLERA ALGIDA.*

BY WILLARD H. MORSE, M.D., WESTFIELD, N. J.

FOR centuries India has suffered from a paralysis of her social system, forced upon her by a superstitious and gainsaying system of religion. Science, in its higher manifestations, has had no room for growth, and very markedly does this refer to sanitary science. There has been no fertility to bear sanitation, and not strangely there has come to be long endemic in India the most dreaded of zymotic diseases. We have had two summers in which to dread the coming of cholera, which in a third summer may touch our shores. We have approached it with theoretical thought, and have lavished much attention on the item of possibility. We are in some measure better prepared for it because of our studies, and for this reason I may be par-

done for introducing certain investigations which I have made. Making a careful study of cholera literature with a revelation of pathological fact, I set myself to answer the suggested question, What of leukæmia as a factor in the symptomatology of cholera? Without attempting a final systematic answer, I wish to present some interesting facts that may enter into it when later given.

From the time of its first detection forty years ago, leukæmia (or leucocythæmia as it was called by its discoverers, Virchow and Bennett respectively) has been a subject that has called for much speculation, and excited much interest. It is rarely that pathology can write the history of a symptom, and it is rarer still that such a history is without any rational value. It should not have been so, and it is astonishing that it is so, in the face of the attention bestowed upon it by the most learned and scientific physicians of the world. Not often is it that so auspicious a beginning is fated to such a worthless outcome. By Virchow, and by those who made practical his theory, and by Bennett, and the school of physiology that accepted his tenets and doctrines, the "disease" was thought to hold the key to much that was obscure in relation to other and well-known physical disorders. In Germany first, and then in England and the United States, physiology disposed itself patronizingly toward pathology. It was said that great problems approached solution. The origin, development, and economy of the red and white corpuscles of the blood were thought to be on the point of being written. A few steps in the way of research were taken, but before the nature and the etiology of the malady were understood, the field proved sterile; and the science of 1885 gives us no better knowledge of the early symptoms or of perfected treatment than was betrayed to the discoverers.

Why have we such a history? The answer is not far to seek, nor difficult to read. The symptom belongs to a group of symptoms which are as important and as interesting as they are obscure. The obscurity and the importance are due primarily to a single prominent feature, which consists in a constant, growing, and generally fatal anæmia, that has well earned the name of pernicious. It needs not that we consult the perseverance of this idiopathic sign. It came forth in the early pages of the story of Addison's disease, and it stands out prominently in that other unfamiliar malady that is known by the name of Hodgkin's disease. This anæmia as identified partakes of a meaning that has no qualification. Attention is always called particularly to the marked increase in the number of white corpuscles, and the coincident marked diminution in the number of red corpuscles; though in certain cases no change in the blood is observable while the general leukæmic characteristics are presented, and

the anæmia is never absent but always prominent. This brings out the certainty of the degree of analogy in the group referred to; and though at each turn our pathological knowledge is strikingly incomplete, we can recognize the identical and essential particulars of difference. Anæmia does not possess, as a rule, any very great gravity, and is common enough to be altogether lacking in importance. But anæmia, intersociated with the alterations referable to the corpuscular elements of the blood, is not to be lightly named or lightly understood. Much means that transposition in the proportion of blood corpuscles, when, instead of the red corpuscles being in vast excess of numbers over the white, the proportion of red and white is reduced to one in eight or ten, or even, as in some of the extremely marked cases, to one in twenty.

It is this enumeration that puzzles. We study leukæmia for its more intimate relations. We ask to know the extent of the ill proportion between the two elements, that we may know the disease; and not finding it, we do not make for a close knowledge of the history of the disorder. The reason of the obscurity which hangs about the origin of leukæmia is to be found in the fact that it is difficult to enumerate the globules. Given an easy and a practicable method of enumeration, and the present complexity will no longer attend the symptom. It is essential that we should be able to count the corpuscles if we would treat the malady understandingly. But to count them as they lie in rouleaux in a drop of blood, is troublesome and full of uncertainty, for obvious physiological reasons; and it is therefore that thorough research has not been facilitated. It is true that there have been several methods of microscopical investigation in this line, but none of them have proven of the expected value.

In the first place, there is the method of Henri Bonne, which his monograph fully describes. It consists in spreading out the fresh blood in a thin film between slide and cover, and then in counting the leucocytes in a series of given areas, say quarter-millimetre squares. This plan is, however, objectionable, as it is almost impossible to secure equal areas of film with equal bulks of blood, and something like one-half of the leucocytes are hidden from view by the rouleaux of red discs.

A second mode for determining the globular richness of the circulating fluid is that adopted by Hirt, Virodt, Moleschott, Welker, and others. It consists in diluting the blood with amniotic liquid, artificial serum, or filtered liquor sanguinis, and then counting the whole number of red discs and white corpuscles in certain measured quantities of the mixed fluid. This mode, however, gives very incomplete results, and cannot be exact; because, as Malassez says, "elle devient alors d'une exé-

cution bien difficile en raison du temps énorme qu'elle exige et de la fatigue extrême qu'elle cause ; il suffit d'essayer une seule fois cette méthode pour s'en convaincre ; et je puis dire qu'il n'y a guère lieu d'espérer acquérir par la pratique plus de rapidité dans la numération."

A third method is Malassez' own, and is practised by the aid of an apparatus which mingles a small quantity, say one-tenth of a minim, of blood with ten drops of artificial serum, and then introducing a minute portion of this mixture into a capillary tube of known length and capacity ; the corpuscles, red and white, being counted under the microscope. Hayem and Nacet's modification of the method of Malassez consists in the substitution of a glass cell of the depth of one-fifth of a millimetre, for the capillary tube. But this mode of enumeration is also fallacious, as it is inconvenient and expensive, and is prone to give incorrect deductions.

A fourth method, and by far the best, is that of Richardson, which consists in spreading the drop of blood on a glass slide, and rendering it as thin a film as possible and one equably distributed. In a few seconds the preparation dries, when it can be labelled, dated, and laid away protected from moisture and dust for convenience in examination. As soon as possible the specimen is inspected under a power of two hundred diameters, when, instead of undertaking the almost interminable task of counting the colorless corpuscles, a one half millimetre stage micrometer is laid face downward over an area of half a millimetre in width by five millimetres in length, and an eye-piece micrometer with very coarse divisions is placed in an "A" eye-piece. Ten individual fields are counted successively, when the sum of the white corpuscles observed in them is divided into ten times the number of red discs counted in one such field ; and the result shows the ratio of the white to the red corpuscles. To this method there are also objections, as it is often impossible to obtain satisfactory fields. But such fields being obtained, and the true ratio of the white globules to the red discs being ascertained, it becomes an easy matter to calculate the number of leucocytes in each cubic millimetre of blood, after having determined by the aid of Malassez (or Hayem and Nacet) the number of red discs in that quantity of the blood. I think it advisable to mingle the fraction of a drop of blood with one hundred instead of ten times its bulk of serum, and then counting the corpuscles in  $\frac{1}{500}$  cubic millimetre.

It is necessary, to arrive at a definite conclusion as to the actual increase in the number of leucocytes, that a determination of the total number of the red discs be required ; because if, for example, the red discs are diminished to one-sixth of their usual

amount, whilst the white corpuscles are unchanged in quantity, we should, without this precaution, be apt to conclude that six times the normal number of leucocytes were present. To illustrate this, I have in mind a case where the previous attendant had diagnosed leukæmia, with the ratio of white to red corpuscles as 1 to 56; but upon counting the red discs it was found that the blood was so impoverished as to contain only 810,000 corpuscles to the cubic millimetre instead of 5,000,000, which is about the average in health. This is equivalent to a reduction to about one-sixth of the normal number; and it was plain, that, to return to the patient's blood the lost 4,200,000 discs, the usual proportion between the white and red corpuscles, viz. 1 to 336, would be restored, and therefore that the actual number of leucocytes would remain entirely unchanged in amount.

In determining the ratio of the two kinds of corpuscles, it is not, however, made an absolute necessity that the enumeration should partake of the refinement of accuracy. It must be remembered, that, in different parts of a specimen of healthy blood, areas vary more or less remarkably. Moreover, as Richardson says, "unless the observer makes an absolutely honest and impartial examination, rigidly refusing to allow himself to count rich fields if he has a theory of plethora, and poor fields if he has an anæmic theory to support, I do not consider that his results are conclusive within 500,000 corpuscles per cubic millimetre either way, — that is, in the direction of deficiency or of excess."

In a manner subsidiary to methodic enumeration, it is equally as valuable in the way of investigation to note the quantitative changes undergone by the two kinds of corpuscles during the administration of remedial measures. It is ours to know how to best count the corpuscles, and to count them in that way in treating every aspect of the disease in which the symptom occurs.

There are several facts concerning leukæmia that have occurred to me during my studies, and which may not be without interest as tending to elucidate some points in the etiology that is still complex. One of these is the leucocytial diapedesis. Both clinical observation and pathological anatomy confirm the revelation of experimental physiology, that there is a more or less frequent migration of leucocytes. It is a fine experiment to inject carmine in powder into the vascular system of an animal, and to observe the leucocytes seize upon the small red granules, envelop them with their protoplasm, and carry them along the blood-vessels. They can readily be followed through the circulation; and it is easy to demonstrate their passage through the vascular walls, and their extravasation into the surrounding cell-

ular tissue. In the poisoning of malaria, and in malarial melanæmia, pigmentary deposits are met with in different tissues, and particularly in those which are in intimate contact with the blood, such as the vascular walls. These deposits are derived originally from the red corpuscles which had been destroyed in the spleen. The white corpuscles, as has been abundantly proved by microscopic research, take up the débris of the red corpuscles, and, escaping from the blood-current, form with it the pigmented collections in the different tissues, and especially in the vascular walls. This migration of globules filled with pigmentary corpuscles is remarkably active. In malarious localities, the yellowish, earthy tint which is consequent upon the general pigmentation of the tissues, and which is consecutive to a diapedesis of white globules filled with pigmented granules, sometimes appears after one or two febrile attacks.

There is some connection between leukæmia and paludal disorders, but question as to its typical character is permissible. In that class of cases, where, notwithstanding the abundance of white corpuscles, there is scarcely any pallor of the face or mucous membrane, the history will tell of malarial poisoning, and there is occurrent splenic enlargement, and swelling or supuration of the femoral and cervical glands. It would seem highly probable that the paludal cachexia predisposes to the production of leukæmia as a sequel.

In a careful and thorough series of daily analyses of the blood corpuscles in eighty-eight cases of diphtheria, I reached the conclusion that there is always an acute leukæmia in diphtheria, which invariably increases as the disease makes progress, and is diminished with the course of convalescence. In these cases, studied day by day from inception of the disease to recovery, the average number of white globules was about 13,412. The necessity of daily examinations is not to be gainsaid, as the number of white globules may to-day be perfectly normal, and to-morrow be greatly increased. Indeed, I think that this fluctuation is the rule rather than the exception, and from these examinations the most valuable prognostic data may be gathered. If a rule may be formulated in the premises, a marked increase in the number of white globules goes to evidence septicæmia and a fatal termination; while a persistence of the normal relations between the red and white globules gives an emphatic indication of a mild form of the disease that will ultimate in almost certain recovery.

Another fact that is notable is that one frequent accompaniment of leukæmia is a more or less persistent priapism. This symptom is utterly rebellious to treatment, and may last for a few hours or a few weeks, and may also be followed by a com-

plete loss of the sexual function. I have found in recent medical literature nine cases of leukæmia where this occurred. Kremme accounts for it by ascribing it to extravasation of blood into the corpora cavernosa. Longuet thinks it due to formation of thrombi resulting from the changed condition, and impeding the circulation of the blood through the smaller vessels. Neidhart thought that irritation of the nerves might possibly be the exciting cause. It would, however, seem more probable that the attacks result from peripheral or central irritation of the *nervi erigentes*, as priapism can be artificially induced by such irritation. This irritation may, however, be due to anatomical changes in the nerves, or to pressure of swollen lumbar glands. The priapism accompanying urethritis or prostatitis has different symptoms; and the erections of insane persons, and those following injuries of the spinal cord, are still different.

The autopsical conditions in leukæmia are always markedly uniform. The body is much emaciated, and there is considerable accumulation of serous fluid in the peritoneum, which presents a roughening by exudation. The gastric membrane is softened. The spleen is usually hypertrophied and nodulated, with its tissue crowded with white corpuscles, in one class of cases; while in another there is a notable enlargement of the lymphatic glands in different parts of the body. Some, therefore, have from this autopsical fact divided the occurrence of leukæmia, making the division upon this point of difference. But there may well be expressed a doubt as to the justice of this distinction; for (as Niedhuf says) "rarely is the spleen in a healthy condition in this disease," and we meet with no reason for the supposition that the lymphatics are at all powerful as etiological factors. Still, as more recent observers have suggested, the abnormal condition of the spleen may be but a secondary symptom, and dependent upon, rather than in any measure causative of, the altered state of the blood.

Kremme, in reviewing nine cases of the "disease" (as he calls it), has found certain salient features that may point out the way to a closer investigation. In four of the nine cases, there was a heredity of pulmonary or scrofulous disease. Eight of the cases were workingmen. In six there had been notable history of rheumatism, in one of syphilis, and in three of renal disorders. Four or five of the patients had been hard drinkers, and every one of the nine had had attacks of intermittent fever.

It may well be asked, is leukæmia a disease or only a symptom? To my mind, it is not a disease *per se*, any more than is anæmia, melanæmia, or pyæmia. It is a symptom, and as such should be treated. As such it belongs to several diseases, and as such it particularly belongs to Asiatic cholera. Perhaps there is

no more interesting a connection in which to study it. All authorities are agreed that the appearance, after death, of the blood of a person who has died in the collapse of cholera shows the red corpuscles pale and viscous, and the white corpuscles abnormally numerous and easily crushed. At the same time there may be no marked alteration in the spleen.

In point of explanation of this condition of the blood, we need not dwell upon the collapsed condition of the lungs, upon the abnormal state of the gastric mucous membrane, or upon the correlation of bacteria. I submit the question whether there is a more sensible mode of treating cholera than to address measures to treating the leukæmia. In view of this symptom, it is well to direct our attention to the organs in which the formation of red blood corpuscles takes place. Plainly it is the leading indication, to promote assimilation, and this in *any* malady in which there is an overplus of white corpuscles. To this end, it is advisable to use chalybeate tonics, or measures of the same class.

But the treatment lapses. The prognosis is unfavorable. Why? Simply and solely because we do not intimately treat the diseased stomach as a primal measure. The gastric lining is not in a normal condition, and the stomach is not supplied with the necessary gastric juice to incite or promote digestion. Let us go no further than to urge that paucity or degeneration of the gastric juice is one great reason for the diminution of the red and augmentation of the white corpuscles. Therefore, in treatment of the symptom, wherever found, we must lead up to tonic treatment by supplying artificial gastric juice. In other words, if there is leukæmia present as a symptom in any disease, it is ours to treat it in the first place as we would dyspepsia. But pepsin is too slow in action, and the simple bitters and alkaline mineral waters are not effective. My experience has been favorable to the mineral acids. Formerly I regarded Hope's mixture as superior treatment; but I have found that the nitric acid is not tolerated, and that the only known acid which can be taken to promote digestion is the phosphoric combined with lime, potash, iron, etc. I have therefore come to use Horsford's acid phosphate, which has specific virtues in indigestion, and combines the tonic properties that may be further advanced by chalybeates. There is no better way in which to remedy the leukæmic condition, and the same measure may be cited as prophylactic in marked degree. There may be relationship between the leucocytes and the choleraic or malarial germ, but this is the probable fact: By antagonizing the leukæmia by the use of this well-known acid phosphate, we can do more to cure cholera, intermittent fever, or other malady in which it may be a symptom, than by any other single measure known to therapeutical

science; for not only does it contribute to the blood-forming process, but it is not improbable that it also acts directly to prevent the formation of the leucocytes, and possibly to thus bar out the offending bacteria.

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SOCIETIES.

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*VERMONT HOMŒOPATHIC MEDICAL SOCIETY.*

THE Vermont Homœopathic Medical Society, in its thirty-sixth annual session, convened in the parlors of the Pavilion at Montpelier, May 26 and 27, 1886, at 10.30 A.M.; William B. Mayo, M.D., vice-president, in the chair.

Report of the secretary for the last annual and semi-annual meetings read and approved. On favorable report of the censors, G. W. Worcester, M.D., of Springfield, and W. C. Tillotson, M.D., of Lyndonville, were admitted to membership.

Dr. Packer submitted treasurer's report, which was accepted. The report shows \$112.60 in the treasury.

The following resolution, introduced by Dr. C. P. Holden, was adopted:—

“*Whereas*, Dr. C. B. Currier of San Francisco, Cal., was for many years an active member of this Society, doing all in his power to forward the interest of homœopathy in Vermont;

“*Resolved*, That in recognition of his faithful work in the past in this State, and to the cause of homœopathy everywhere, he be elected to honorary membership in this Society.”

AFTERNOON SESSION, TWO O'CLOCK.

The following officers were elected for the ensuing year: President, William B. Mayo, M.D., Northfield. Vice-president, C. P. Holden, M.D., Windsor. Secretary, F. E. Steele, M.D., Gaysville. Treasurer, H. E. Packer, M.D., Barre. Censors, Drs. E. B. Whitaker, H. S. Boardman, C. A. Gale. Auditors, Drs. C. V. Lynde, C. S. Bray, D. A. Whittlesey.

It was voted that the secretary be instructed to have 250 copies of the by-laws printed; to buy a suitable book, and to engross therein the by-laws, and names of members of the Society, as near as possible in the order they became members, the same to be kept, together with the Society album, by the resident physician in Montpelier, who shall see that they are present at each meeting.

It was also voted, that, immediately following the annual meeting, the treasurer shall send to all members who were not present, or who are in arrears in their annual dues, a statement of their indebtedness to this Society.

The custodian of the album and constitution, the secretary, and treasurer each were instructed to procure a suitable receptacle for their several books and papers.

The Bureau of Materia Medica was then taken up.

Dr. Whitaker, cases of pneumonia in elderly people, in which a stimulant seemed indicated. *Stibium arsenicosum* met the requirements.

The remedy was also recommended by Dr. Packer in both pneumonia and bronchitis.

Dr. Tillotson spoke highly of it in pneumonia, to promote absorption.

In the treatment of whooping-cough, Dr. Whitaker reported excellent results from the tincture of Canada-thistle root used empirically.

Dr. Tillotson reported good results from magnesium phos., and Dr. Holden from bell. and dros.

Dr. Whitaker also reported a case of diabetes in which remedies had been of little value, but the case improved, and is still improving, under the action of *zizygium jambolitis*, the amount of sugar in the urine being much diminished.

#### THURSDAY MORNING, TEN O'CLOCK.

W. B. Mayo, M.D., president, in the chair.

Paper by H. E. Packer, M.D., of Barre, entitled "*Veratrum Vir.*," in which cases were reported showing excellent results from the use of this remedy in puerperal septicæmia, and also pneumonia.

The paper was supplemented by report of cases of pneumonia in which plastic exudation was absorbed by the administration of *stibium arsenicosum*.

The effusion of pericarditis also reported as absorbed by its use.

Discussion by Drs. Whittlesey, J. H. Mayo, of New-Hampshire State Society, VanDeusen, Holden, Whitaker, and Foster.

The president then announced the delegates, committees, and bureaus for the year ensuing.

The Society instructed the president and secretary to call a semi-annual meeting, the time and place to be left to their discretion.

F. E. STEELE, M.D., *Secretary.*

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#### WORCESTER-COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE above society held its regular quarterly session May 12, at 13 Mechanic Street, Worcester, Mass. In the absence of both the president and vice-president, Dr. Barton of Worcester

presided. The Bureau of Surgery, Ophthalmology, and Otology had charge of the meeting; and appropriate papers were presented, and cases reported from practice, by Drs. Barton, Warren, J. P. Rand, and others.

Dr. H. P. Bellows of Boston, a specialist in diseases of the ear, and a member of the Boston University Medical School Faculty, was present, and addressed the society in an exceedingly interesting and instructive manner.

The meeting was profitable and largely attended.

G. A. SLOCOMB, M.D., *Cor. Sec'y.*

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*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.*

THE regular quarterly meeting was held at Cooley's Hotel, Springfield, June 16, the president, Dr. Henry Tucker, presiding.

After reading of the records, and some miscellaneous business, the name of E. S. Bowen, M.D., of Orange, Mass., was proposed for membership, and referred to board of censors.

The committee on picnic or field day was continued, with full power to arrange time and place for having an outdoor social gathering.

The chairman of the bureau of pedology and chest-disease, Dr. Chamberlain of Worcester, now took charge of the meeting, and called upon Dr. Forbes of West Brookfield, who presented an interesting paper upon "Treatment of Phthisis." He spoke emphatically of the necessity of good hygienic conditions, especially the need of good food and good air. He also recommended animal magnetism, to be obtained either by being rubbed by nurse or attendant, or by handling of animals, especially horses. He advised against the use of alcohol either internally or externally; claiming, that, for the latter, warm-water baths or inunctions of sweet oil are to be preferred. He would not use cod-liver oil if he could keep the patient up without it. His main dependence for remedies is upon arsenicum and causticum.

An interesting discussion followed. Dr. Cushing would be sure that the patient has fresh air day and night. Has used, with good results, hypophosphite of lime, first or second decimal trituration; and for food, raw beef scraped and spread on bread.

Dr. Richards related a case of phthisis, in which patient got very low, and had convulsions every morning between three and five o'clock; relieved by caust. <sup>200</sup>.

Dr. Carmichael says prevention is the best cure. Be sure and keep the weight of the body up to the usual standard. For

night-sweats, a tub of water under the bed is frequently a preventive: it absorbs carbonic-acid gas, and renders the air purer. Cod-liver oil is often given for the iodine and bromine contained, as well as for food.

Dr. Oliver spoke of the benefit derived from horseback-riding.

Dr. Chamberlain often advises, for night-sweats, sponging with hot water at night; and for those at all exposed to cold air, he advises a chamois jacket.

Dr. J. P. Rand has used sulphate of atropine, one-hundredth grain at night, for night-sweats, with uniformly good results.

Dr. Murdock often prevents night sweats by a few drops of chamomilla, in a little water.

Dr. Tucker would recommend dressing comfortably always, not wearing too heavy clothing in-doors, but adding outer garments suitable for the weather.

The afternoon session was opened by a paper from Dr. Cushing, on "How to Save the Babies." Dr. Cushing's paper was largely devoted to an energetic protest against the custom of exhausting (as was claimed) the vitality of babies by daily ablutions, arguing that more is removed by this nicety of toilet than ever nature intended. The customary general bath once in twenty-four hours was considered quite too often.

The superior physical condition of the little ones not so scrupulously cleansed, nor so zealously guarded against contamination, was cited. The general sentiment of members present was that babies were wont to be washed overmuch.

Occasional inunctions with oil were recommended by a member, to take the place of so much water-bathing.

Dr. Harvey had found great advantage in the employment of dry baths, using fine oatmeal or oat-flour for this purpose. The meal is rubbed vigorously over the entire surface of the body, the scalp not excepted. The skin is thus rendered soft and healthy in its function, while the debilitating effects of excessive water-bathing are obviated by the frequent substitution of the dry bath.

Following this discussion, Dr. Chamberlain read an article on "Ophthalmia neonatorum," showing that about one-third of the blindness in all Europe owes its origin to this form of ophthalmia. Its cause, as due to maternal secretions, specific or simple, was considered; and some interesting facts relating to the history of this discovery were given.

In the discussion following, Dr. Murdock described a case occurring in his own practice, in which after the application of nitrate of silver, one grain to the ounce, had proved ineffectual, the use of stronger solutions (five grains to the ounce) of nitrate of silver, together with appropriate internal remedies,

effected a complete cure. Dr. Richards testified to a similar experience

Dr. N. W. Rand then discussed the subject of *Stethoscopes*, and exhibited a French instrument with apparatus for retaining itself in position by atmospheric pressure. The extraneous noises and friction sounds which so confuse one in the use of other stethoscopes are entirely obviated with this. He is having it duplicated in this country; and the members of the society were so well pleased with its appearance, that over half of those present gave their orders for new instruments of the same kind.

Adjourned, to meet at Cooley's Hotel the third Wednesday in September.

G. H. WILKINS, *Secretary.*

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE regular monthly meeting of the society was held at the Parker House, Thursday evening, June 17, 1886; Vice-president C. H. Walker, M.D., presiding. After approval of the records, the following were elected to membership, the censors having reported favorably:—

E. P. Colby, M.D., of Wakefield; W. S. Hincks, M.D., of Hyde Park; J. Herbert Moore, M.D., of Brookline; W. H. Stone, M.D., of Providence; E. F. Spaulding, M.D., of East Boston; J. B. Robinson, M.D., of East Boston.

The following were then proposed for membership, and referred to censors: Kate G. Mudge, M.D., of Salem; Mary E. Webb, M.D., of Cambridge; Eliza B. Cahill, M.D., of Boston; Grace E. Cross, M.D., of South Boston; William J. Winn, M.D., of Cambridgeport.

Delegates to the American Institute of Homœopathy were appointed as follows: Boston Homœopathic Medical Society, Alonzo Boothby, M.D.; Boston Homœopathic Dispensary, College Branch, H. C. Clapp, M.D.; West End Branch, A. L. Kennedy, M.D.; Central Branch, W. S. Smith, M.D.; Consumptives' Home, Charles Cullis, M.D.; "New-England Medical Gazette," J. W. Clapp, M.D.; Newton Hospital, E. P. Scales, M.D.; Westborough Insane Asylum, N. Emmons Paine, M.D.

*Scientific Session.*—W. G. Hanson, M.D., in a paper entitled "Muriate of Cocaine in the Vomiting of Pregnancy" illustrated the successful use of that drug by the report of a case. Dr. F. C. Richardson then read a paper on "Reflex Nervous Phenomena," in the discussion of which subject Dr. E. P. Colby contributed much information of great value and interest.

The meeting adjourned to meet Thursday evening, Oct. 21, 1886.

F. C. RICHARDSON, *Secretary.*

*MASS. SURGICAL AND GYNECOLOGICAL SOCIETY.*

THE semi-annual meeting of the Massachusetts Surgical and Gynecological Society was held at the Parker House, Wednesday, P.M., June 9, and was well attended; and the programme furnished caused all present to be well repaid.

A paper entitled "Uterine Displacements" was read by Dr. Sarah E. Sherman; and this was discussed by Drs. Warren, Whittier, Boothby, Rogers, Sherman, Phillips, and others.

Dr. Samuel Worcester then read a very interesting paper upon "Removal of the Ovaries as a Cure for Insanity," which called forth an animated discussion, participated in by Drs. O. S. Sanders, Lougee, N. R. Morse, Boothby, Phillips, and Worcester. Dr. Phillips exhibited the ovaries which he had removed recently in a case of this nature. Dr. Clara H. Rogers read a paper upon "Cystitis." Dr. Boothby reported verbally three cases, illustrating a new method of amputation, and promised a written report for publication in *THE GAZETTE*.

Dr. W. H. Tobey read a report of a very interesting surgical case.

Adjournment to lunch followed the programme, and all enjoyed an excellent supper.

Dr. Molesworth was present at the meeting, and explained the merits and advantage of his various instruments; and much interest was manifested in the antiseptic wool which was on exhibition from the Globe Pharmaceutical Association.

With a general feeling that we had had a profitable and enjoyable meeting, adjournment was moved and voted.

L. A. PHILLIPS, *Secretary*.

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*MISSOURI INSTITUTE OF HOMŒOPATHY.*

WE note with pleasure that the late meeting at Kansas City, of the Missouri Institute of Homœopathy, it being the tenth annual session of that body, was a very pleasant and successful one. An interesting address on "The Family Doctor" was delivered by the president, Dr. J. M. Kershaw of St. Louis. Papers on various scientific subjects were presented, and followed by discussion.

The officers elected for the ensuing year are as follows: President, Dr. Thorne of Kansas City; vice-president, Dr. Miles of Booneville; general secretary, Dr. Runnels of Kansas City; treasurer, Dr. Westover of St. Joseph; censors, Drs. Berger, Richardson, and Kershaw.

## INTERNATIONAL HOMŒOPATHIC CONVENTION, 1886.

TO THE EDITOR OF THE NEW-ENGLAND MEDICAL GAZETTE.

MY DEAR COLLEAGUE, — Having been suddenly called upon, in the middle of May, to take up the duty of organizing this year's convention, I communicated with as many homœopathic journals as time allowed me to reach, stating that the meeting would assuredly be held at the time appointed, and inviting adhesions and contributions.

I have now to announce, that, after further correspondence with our Belgian colleagues, I have — in deference to their wishes — abandoned Brussels as the scene of our gathering. This city was chosen mainly for the sake of the homœopathists of the Continent of Europe; and in selecting Basle (Switzerland) as its substitute, I trust I have provided them with a rendezvous not less central and accessible, while those of America and Britain will not grudge a little extra travelling for their sakes.

By the aid of Dr. Brückner, who represents our practice at Basle, I have obtained an excellent hall of meeting, within easy reach of the hotels near the central station.

I give notice, therefore, that our third quinquennial international convention will be held at the above place on Tuesday the 3d, Wednesday the 4th, and Thursday the 5th of August next; the first day to be devoted to general considerations bearing on homœopathy, the second to materia medica, the third to clinical medicine. There will also be a short business meeting at 8.30 P.M. on Monday, for election of officers and adoption of rules of proceeding. Sectional meetings can be arranged for, at the discretion of the members, during the hours left vacant by the general sessions.

I cannot yet say what will be the prevailing language of the convention; but every member will certainly be at liberty to speak in his own tongue, provision being made for interpreting his meaning to the rest.

I shall be glad if all who purpose being present will apprise me beforehand of their intention, that I may know for how many to provide. "Brighton, England," will find me up to July 19; letters arriving later than this should be addressed, "Hotel Schweizerhof, Basle, Switzerland." I shall be at the hotel from 12 till 6 on Monday, Aug. 2, when I shall be pleased to see all members who have arrived, and to give them *précis* of the papers for discussion and other information.

Let me remind the profession that funds will be required for this undertaking, and that Dr. Dudgeon of 53 Montagu Square, London, is acting as treasurer. And now I have only to appeal to all who love homœopathy, to join in making our gathering a pleasure and a success.

Asking the favor of insertion in your next number,

I remain yours very faithfully,

RICHARD HUGHES, *Permanent Secretary.*

BRIGHTON, June 14, 1886.

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 REVIEWS AND NOTICES OF BOOKS.
 

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THE METHODS OF BACTERIOLOGICAL INVESTIGATION. By Dr. Ferdinand Hueppe. Translated by Henry M. Biggs, M.D. New York: D. Appleton & Co., 1886. 218 pp.

This work is, in many important particulars, unique in the literature of the subject treated. It is based on an historical and experimental review of the entire subject, and presents for the consideration of the reader all the most approved and accurate methods of conducting bacteriological investigations. The different varieties and forms of bacteria, together with the principles of sterilization, are first described. Then follow the methods of microscopical examination, with description of the process of

staining, and of preparing staining fluids and other re-agents. "Culture-methods" are then dealt with, and one is directed as to the preparation of "pure cultures" after Klebs, Brefeld, Koch, Salomonsen, Pasteur, and others. The treatise is completed by reference to the methods of inoculation, "for the determination of the causal relation of bacteria-growth to decomposition and disease."

The importance of this subject in the scientific world — to biologists and hygienists, practising physicians, and government officials having public sanitation in charge — should insure for so practical a presentation of it as is found in the present volume, a wide popularity.

The book is irreproachably printed and bound, and the illustrative cuts are numerous and satisfactory.

A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS. By Henry B. Millard, M.D., A.M. Second edition. New York: William Wood & Co., 1886. 264 pp.

The rapid exhaustion of the first edition of this book testifies to an appreciation of its merits, on the part of the profession at large. Additions rather than changes are to be noted in this, the second edition. The chapter on the Nerves of the Kidneys has been appreciably enlarged, and is illustrated by a diagram after Holbrook. The chapter on Tests for Albumen in the Urine has been entirely re-written. A few unimportant alterations in the chapters devoted to treatment are observed. In its present form the book is worthy of all commendation, as an authoritative treatise on its important subject. It comes superbly printed and bound.

A MANUAL OF SURGERY. In Treatises by various Authors. In three volumes edited by Frederick Treves, F.R.C.S., Surgeon to and Lecturer on Anatomy at the London Hospital. Vol. I., General Surgical Affections, The Blood-vessels, The Nerves, the Skin. Vol. II., The Thorax, The Organs of Digestion, The Genito-Urinary Organs. Vol. III., The Organs of Locomotion and of Special Sense, The Respiratory Passages, The Head, The Spine. Duodecimos, 1866 pp., 213 engravings. Per volume, cloth, \$2. Philadelphia: Lea Brothers & Co., 1886.

This is decidedly one of the most important additions made by Messrs. Lea Brothers to their excellent series of students' manuals. The three volumes in which the work appears deal chiefly with clinical, diagnostic, and therapeutic surgery. Surgical "pathology is discussed only in so far as it directly affects the clinical phases and the intelligible treatment of surgical

disease." The general principles only of operative surgery are dealt with; the technical details of operative procedures, with the exception of a few special operations, such as tracheotomy, nephrectomy, ovariectomy, etc., being omitted. Among the noted contributors are William Stokes, Frederick Treves, T. Pickering Pick, Jonathan Hutchinson, and others. The three volumes are as ornamental in appearance as useful in substance.

A COMPEND OF PHARMACY. By F. E. Stewart, M.D., Ph.G. Philadelphia: P. Blakiston, Son, & Co., 1886. 196 pp.

This is No. 11 of the now well-known and popular "Quiz-Compend Series." It is prepared with great care, and evidently by one who is familiar with his subject and with the art of condensation. The book is based, by special permission, upon Professor Remington's "Text-Book of Pharmacy," and can therefore claim an unexceptionably solid foundation. The acknowledgments of the student and the teacher are due to the enterprising publishers for this most useful series as a whole, and for the present volume in particular.

PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION FOR THE YEARS 1884-85. Published at Ann Arbor, Mich., 1886. 272 pp.

A neat and well-printed volume here offers to the profession the minutes of the sessions of the International Hahnemannian Association for 1884-85, together with the addresses of the presidents for the years mentioned, the reports of various bureaus, records of provings made and cases treated, and essays on various subjects. A critic given to antithesis might be tempted to say that unpractical subjects are discussed with the seriousness due to the practical, and practical ones from an impossibly unpractical standpoint. The materialistic critic finds his "occupation gone" at the very outset; for it is obvious that he can hold no argument from common premises with thinkers — if the word is permissible in this connection — who hold that "so long as experience teaches us that this dynamic principle is communicated to the sugar of milk, or to the liquid used, *it is of little consequence whether any of the original particles of the drug or metal used remain, or not.*"<sup>1</sup> We have gotten the force or potency sought for, which is sufficient."

By the sympathizers with the I. H. A., the volume will doubtless be hailed as bringing "pearls of the faith." The outside barbarian will, however, on perusal, mournfully transfer it from the medical shelves of his library, where he had inadvertently given it place, to those occupied by imaginative literature.

<sup>1</sup> Italics are ours.

THE JUNE CENTURY has an exceedingly able and thoughtful paper by Dr. J. M. Buckley, on "Faith-Healing and Kindred Phenomena," in which the author clearly demonstrates faith-healing to belong to the same class of phenomena as African voodooism, animal magnetism, and the "conjuring" of Southern negroes. The "war papers" are four in number, and of keen interest. There is a touching little story of Southern life, by the author of "Marse Cham." The illustrated articles are of unusual beauty and interest. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for June editorially discusses "Labor Troubles;" coming to the conclusion, that, whatever be their remedy, it is not to be found in governmental arbitration. "The Poisons in Spoiling Food" is an essay of much interest to hygienists; and among the distinguished writers represented are Herbert Spencer, Hon. David A. Wells, T. Pridgin Teale, and others. New York: D. Appleton & Co.

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#### BOOKS AND PAMPHLETS RECEIVED.

- AMERICAN MEDICINAL PLANTS. By Charles F. Millsbaugh, M.D. Fascicle IV. Philadelphia: Boericke & Tafel.
- AS WE WENT MARCHING ON. By G. W. Hosmer, M.D. New York: Harper & Brothers.
- MEDICINE OF THE FUTURE. By Austin Flint, M.D., LL.D. New York: D. Appleton & Co.
- A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M.D. New York: D. Appleton & Co.
- ÆSTHETICS OF MEDICINE. By H. A. Cottell, M.D. Reprint.
- CLINICAL LECTURES ON ORTHOPÆDIC SURGERY. By A. Sydney Roberts, M.D. Philadelphia: P. Blakiston, Son, & Co.
- THE TEST AT THE BEDSIDE; OR, HOMŒOPATHY IN THE BALANCE. By Pember-ton Dudley, M.D.

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#### PERSONAL AND NEWS ITEMS.

DR. ANGUS MACDONALD of Boston will sail for Europe July 10. His time will be spent in the London and Paris hospitals.

DR. F. J. REYNOLDS will spend two years in Europe, devoting his time to study.

DR. SUSAN E. SHORT has removed her office and residence from Somerville, Mass., to No. 42 Bowdoin Street, Boston.

DR. C. S. SARGENT, having lately returned from Europe where he has been for two years pursuing a course of study, proposes to settle in Boston, devoting special attention to diseases of the nervous system, and electro-therapy in general.

WALLACE MCGEORGE, M.D., has given up his office at 1921 Chestnut St., Philadelphia, and will remain at his old office and residence in Woodbury, N.J.

DR. L. A. PHILLIPS will spend the summer season at the Atlantic House, Nantasket, and will be at his office in Boston, Wednesdays and Saturdays only, from 10 A.M. to 4 P.M. after June 26. He will, however, hold himself ready to respond to any special call in Boston or elsewhere.

EDITOR OF NORTH-WESTERN LANCET.

Not long since, I had brought to me a child of six months, suffering from the following symptoms :

Constipation, at times irregular action of bowels, regurgitation of food, and an asthmatic cough. Its mouth was full of thrush sores, and its appearance one of poor nourishment.

It had been given a number of infants' foods in vain, one of which I prescribed myself.

By means of mild medication, directed towards the cough and stomach, something was accomplished. Finally I gave "Carnick's Soluble Food," and had the satisfaction of having it retained, and at last accounts the child was doing nicely.

I am inclined to think this food is worthy of attention on the part of the profession.

It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine, and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur.

It requires no addition of milk.

It has the advantages, and none of the disadvantages, of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

Very truly,

C. F. DENNY.

ST. PAUL, June 1, 1886.

FROM WILMER BRINTON, M.D., FOREST PLACE AND CHASE ST., BALTIMORE. — I have used "Colden's Liquid Beef Tonic" in my practice, and have been much gratified with the result. As a tonic in all cases of debility and weakness, anæmia, chlorosis, etc., it *cannot be surpassed*.

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## OBITUARY.

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FREDERICK NILES PALMER, M.D. — Dr. Palmer was not widely known in the profession ; but by those who were acquainted with him, his kindly spirit, his gentlemanly bearing, and his honorable deportment were always recognized. He was born in Boston, March 19, 1814 ; and on the death of his father, while he was still very young, he went with his mother to Maine, where he lived till manhood. He then went to Brattleboro', Vt., and began the study of law, but did not think himself adapted to its practice. He married Miss Ellen Keese, the daughter of his law instructor ; and obtained the appointment of postmaster, which he retained for several years. It was while acting as postmaster, that he devised a postage stamp, the first ever used in this country. It was printed in black, upon rather coarse, buff-colored paper. It was seven-eighths of an inch long, and a little less than a half inch wide. There were black and white lines around the outer border ; along the upper side were the words *Bratt'eboro', Vt.* ; along the lower side, *5 cents* ; at the left-hand end, the letter *P* ; at the right-hand end, the letter *O*. In the centre on light ground were Dr. Palmer's initials engraved in *facsimile*. This stamp simply indicated that the postage had been prepaid to the postmaster at Brattleboro', instead of having the same indorsed on the letter by the postmaster. Only five hundred of these stamps were printed ; but the idea was seized upon by government, and the next year the official stamp was made for all prepaid letters, since which the whole system of prepaid letters by stamp has been generally adopted in all civilized countries. The original stamps are very scarce, and have been sold as high as \$175.

When Dr. Palmer left the post-office, he turned his attention to the study of medicine ; and, convinced of the truth of homœopathy, he went to the Homœopathic Medical College of Pennsylvania, from which he graduated in March, 1853. At first he settled in Gardiner, Me., but soon removed to Newton, Mass., where he gained a fine practice. He subsequently removed to Boston, and practised there some twenty years to the time of his death, which occurred on May 10, 1886, at the age of 72 years.

Resolutions of regret and sympathy were passed at the meeting of the Boston Homœopathic Medical Society, and were published in the June number of THE GAZETTE.

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EDITORIAL.

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*THE SARATOGA MEETING.*

THE forty-third annual session of the American Institute of Homœopathy has been held, and we risk little in saying that in numbers and in professional and social interest it exceeded the most sanguine expectations.

The village of Saratoga — for it still holds to that rural title, though containing inhabitants enough for a city — is charmingly situated in a section made beautiful by mountains and lakes, and memorable in its historic interest. The Springs, which from an early date have been noted, and resorted to by invalids, are made attractive by all the resources of wealth and art, so that hundreds of thousands annually resort thither. The hotels, of which there are many, are among the most capacious and well arranged in this country; and the Grand Union, in which the Institute assembled, is the best as well as the largest of these. Both the proprietor, Mrs. A. T. Stewart, and Judge Hilton, the able manager of the Stewart estate, were present during the meeting; and, as they are warm friends of homœopathy, they gave special directions that every effort should be made for the comfort and pleasure of the Institute. To John M. Otter, the manager, and Mr. Adams, chief clerk, the members were under many obligations for prompt attention to their wants. The weather was delightful, ranging from 70° to 80°, with slight threatening of rain, although none fell. The number in attendance was very large, two hundred and twenty members being registered, which with those who did not regis-

ter, — for there are always some of these, — and the visiting physicians who were not members, made about three hundred physicians in attendance. These, with the non-professional visitors accompanying them, made the number in attendance fully five hundred.

It was a great gain in time, that the first session of the Institute was held on Monday evening. By this means, a large amount of work was disposed of, and Tuesday morning was left to begin the solid work of the session. The statement and appeal of Hon. Alexander Bell of Washington, in relation to the Homœopathic Hospital of that city, was very opportune, and must excite the interest of the profession in what is yet to become a national institution. President Runnels's address was well conceived, carefully prepared, and effectively delivered. Some of the suggestions, such as the reduction of the admission-fee from five to two dollars, the recommendation of an official pharmacopœa to be prepared under the direction of the Institute, and the suggestion that Hahnemann's "Organon" should be taught in all our medical colleges (it is already well taught in most of them), were unanimously adopted. Fortunately, we think, the Institute almost as unanimously voted down a proposition to put all medical graduates on a probation of three years, before allowing them to apply for membership. The establishment of a quarterly journal, in which to publish from time to time the transactions of the Institute, was discussed with arguments both pro and con ; and the committee to which it was referred, was given a year to carefully investigate and report upon this subject. It was decided to try next year the system of sectional meetings, of which we shall have something to say at some future time.

In one respect, this meeting presented a marked contrast to its predecessors, — in the matter of electing its officers. The "log-rolling" and "wire-pulling" which, we are sorry to say, have disgraced some of its sessions, were almost entirely absent on this occasion ; and it was only when the election time arrived, that a quiet canvassing on the merits of certain persons, and the selection of candidates, were entertained. The result was most remarkable in the election as president of an absent member detained by sickness, Dr. F. H. Orme of Atlanta, Ga., one who

for twenty-seven years has been a highly respected and active member of the Institute. Dr. A. R. Wright of Buffalo, so well known to the profession, was made vice-president ; while the remaining officers were unchanged, save that the veteran, Dr. D. S. Smith of Chicago, declined to serve longer as censor ; and in order that the great family of Smiths might still be represented on that Board, Doctor T. Franklin Smith of New York was elected in his place. In the selection of treasurer, it was moved "that we do now proceed to the annual election of E. M. Kellogg ;" and he was thus made treasurer for the twenty-first year.

The reports of the various bureaus and committees were fuller and more carefully prepared, with more of original research, than at any preceding session. Not one of all these presented an excuse, or failed in doing the work assigned them, — a thing unexampled in the history of the Institute. No synopsis will do justice to the work there presented, and the transactions alone will give a satisfactory report.

We cannot omit notice of the social character of the session. Every one seemed to come there in the belief that they were going to have a good time, and a determination to succeed. Members from California and Texas shook hands with those from Maine and Virginia and all the intervening sections. Some met for the first time, to form a life-long acquaintance ; while others were old and tried friends, who look to these annual meetings with great pleasure. Thirty-three seniors were present, several of whom participated in the founding of the Institute in 1844, and all of whom have been members twenty-five or more consecutive years. Among the founders was that much-loved and respected nonogenarian, — Dr. H. Detwiler of Eastern Pennsylvania ; and also Dr. H. D. Paine, who, as the youngest member in 1844, has now become one of the honored fathers of the Association.

The annual banquet was most enjoyable in every way. No one was allowed to sit on needles in expectation of having to make an after-dinner speech, and the touching telegram received from the president-elect was all the speaking allowed. Instead of these usually long, and oftentimes dry, tedious speeches, the most delightful music in the brilliant parlors of the hotel was enjoyed by the whole company ; and later, a quartet, consisting

of Dr. and Mrs. Danforth, Mrs. S. B. Anderson, and Mr. H. R. May, of New York, gave some choice selections, beautifully rendered and well received. Klein's orchestra from Troy enlivened the banquet with charming music, and later in the evening made the ball-room an attraction to the dancers as well as to the lookers-on. Is it any wonder, then, with all this and the success attendant upon it, that the Institute should, by an overwhelming vote, decide to come here again next year? Scarcely one who was present, but resolved that, if living, they would repeat their visit, and bring as many of their family as the length of their purses would allow. \*

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*IS THE BOYCOTT UNKNOWN IN MASSACHUSETTS?*

IT has not infrequently been remarked by the inhabitants of our State, — whose pride in that title is sometimes illustrated by the remark through a spiritualist medium, of a departed Bostonian, that heaven was a very pleasant place, but it “wasn't Boston,” — during the present wide-spread labor troubles, that the savage warfare known as the Boycott was comparatively unheard of in Massachusetts. It has occurred to us to wonder, in thinking over the reference to the representation of Homœopathy on State Boards of Health, contained in the very excellent report of the Bureau on Medical Legislation, offered at the recent meeting of the Institute, whether, after all, the boycott is not at this moment flourishing bravely here in Massachusetts, safely removed from the legal restraints which have been wholesomely brought to bear on its operation elsewhere. The term “medical boycotting,” lately employed by Dr. Dudgeon, in a paper published in “*The Homœopathic World*,” is a suggestive and happy one. What other phrase so well describes the operation of that petty spirit of medical trades-unionism, which seeks to crush out, by refusing its friendship or countenance to all those who show themselves friendly to it, any system of medicine which is not approved by that Old Guard of traditional prejudice which calls itself the “Regular School”? An ignoble method employed by so-called gentlemen is far more ignoble than when employed by classes otherwise designated; and the

boycott which may expel, and has expelled, from membership in a professional society, a physician holding consultation with a homœopath, — such expulsion being fully intended to cast, in the minds of the unthinking, such serious reflection on his character and ability as cannot fail to, temporarily at least, re-act unfavorably on his business prospects, — is not less a boycott, and a far more contemptible boycott, than the one which places armed roughs to turn aside possible customers from an ostracised shop. It is indeed difficult to see, from either a practical or an ethical stand-point, the slightest difference between the two actions, or any reason why the legal penalty of one should not equally fall on the other; the avowed object of both being to terrorize the person boycotted from holding some position obnoxious to the boycotter.

It is good to call things by their right names, and it is good to find so thoroughly right a name by which to call the thing now under discussion. And it can hardly fail to be of good effect, to present the thing, so characterized, to the committee having in charge the formation of the proposed new State Board of Health, since opposition will doubtless be made to any representation of homœopathy upon that board. And to yield to such opposition, — to ally themselves with medical boycotters, — would win for our State legislators a crown of such glory as our national legislators have lately crowned themselves withal, in setting their Spartan faces against the sale of oleomargarine, the “butter of the poor,” and leaving unquestioned and uninterfered with the sale of those child-destroying nostrums known as soothing-sirups, which annually slay their thousands through the length and breadth of our land.

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#### EDITORIAL NOTES AND COMMENTS.

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OBJECTIONS, ON SO-CALLED RELIGIOUS GROUNDS, TO THE USE OF ANÆSTHETICS IN CHILD-BIRTH are fortunately nowadays so rarely met with, as to make frequent or extended consideration of the subject unnecessary. But even in emancipated New England, such objections occasionally present themselves, offered, to the credit of the profession be it said, much more fre-

quently by the patient or her friends than by the physician in attendance. In the West, as would appear from a brief paper in "The American Israelite," the use of anæsthetics in labor is comparatively often combated on the above-mentioned grounds, and physicians embarrassed in their humane service in consequence. To oppose reason to bigotry by meeting dogmatic theology with physiological common sense, is oftenest to fight a losing battle; and therefore, to meet theological dogmatism with theological good sense, is, in such an exigency as that under discussion, to show one's self "armed and well prepared" to be of very real use. Such preparation may any physician profitably make by reading a brief but admirably logical little paper, lately appearing from the pen of Dr. Mielziner of the Hebrew Union College of Cincinnati. In regard to the basis of the opposition by overmuch righteous folk to the relief of the agonies of parturition by anæsthetics, — the words found in Genesis, "In sorrow shalt thou bring forth children," — Dr. Mielziner says, "The words must by no means be taken literally as a divine *command* to every woman, so as to make it a duty for her to suffer . . . without being able to apply means of alleviation. . . . In the same passage of Scripture in which these words are addressed to the first woman, . . . we also read these words directed to the first man: 'In the sweat of thy brow shalt thou eat bread.' If we are to take the former words literally, . . . we must do the same with the latter words addressed to man. . . . But no religious man ever scrupled to dry the sweat of his brow before eating his bread. . . . Man's usual toils in gaining his sustenance, and woman's cares and sorrows connected with her maternity, are here . . . rather a description of what usually happens to woman and man." We would venture to add to the above excellent bit of exegesis, that probably not one in a hundred of the scrupulous and Spartan male relatives who would insist on a woman's bearing her children in sorrow, would offer the faintest objection to himself partaking of bread — or turtle soup, or *pâté de fois gras* for that matter — toward whose earning had gone no drop of the sweat of his brow. But with such as might object from conscience, and not fanaticism, Dr. Mielziner's admirable argument could hardly fail to carry weight; and familiarity with it cannot therefore be too universal.

*A POSSIBLE ROCK.*

WHEN the Institute decided last year to meet at Saratoga this year, it did so, not on the special invitation of any person, but because the place was a suitable one for a large convention, easy of access, and furnishing abundant accommodation for any number of delegates and their friends. In a word, nobody had any "axe to grind." Arrangements were made with the best hotel at a reduced rate, with the promise that the best rooms, service, and fare should be provided. All this has been done, and the Institute never before held a session where the members in attendance expressed such entire satisfaction with the accommodations. Contrast this with the condition of affairs last year, or notably with the year before, at Deer Park, which was advertised by the "B. & O" with such a profusion of promises and pictorial illustration of "plenty of room." The scrambling for food, and nights passed in sleeping-cars, are not yet forgotten by some of the victims. The Institute has now become so large, that a full session would furnish a handsome income to any large hotel; but this Association will be lacking in astuteness if it allows itself to be used again as "an advertising dodge."

There is, however, another danger to be guarded against. Hotel-keepers often resort to "expedients" to secure custom. It was said at Saratoga, near the close of this session, that other hotels would make better terms with us next year than the Grand Union had done this; and it was even intimated that certain persons would be considered as "private guests" if they would use their influence to get the convention to come to their hotel. Now, these offers by landlords are, on their part, a pure business transaction. The invitation is not for love, but for what they can make out of us. On several occasions, we have found to our sorrow that lowering the rate meant scrimping the fare; and that a fair price, which can give the members all proper comforts and attention, is much more satisfactory than "half fare," which carries with it a double meaning. Then, too, the Institute is not yet prepared for the "special guest" plan; for the landlord is too sharp not to take from the other members what he loses on the one, ten, or twenty "deadheads." There are many members who cannot afford to attend, whom

we would like to have with us, and who would add much to the interest and value of the sessions; but such members are neither the "deadheads" or "deadbeats" of the profession. This latter class can well be spared from a representative body like the American Institute. \*

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UNDER THE HEADING OF "A HOMŒOPATH INVITED TO ST. LOUIS," our esteemed contemporary, "The Medical Record," thus delivers itself in a recent issue:—

"It appears that the members of the Medical Press and Library Association of St. Louis conceived and carried out the wicked idea of inviting to the medical editors' banquet, the editor of 'The New-England Medical Gazette,' a monthly journal of homœopathic medicine."

And the editor aforesaid, while acknowledging the invitation aforesaid, as in courtesy bound, could not resist tickling his prophetic soul with the joke of an imaginary appearance before the gentlemen of the reception committee, of that medical leper, a homœopath who, invitation in hand, demanded entrance to the feastings of the faithful. Ah, esteemed contemporary! Do not grudge that hospitable slip of the pen which thus offered the relaxation of a small joke—especially since the joke was played in imagination only—to the homœopath denied the large and richly humorous joke of feeling himself obliged to record and comment upon the proceedings of the late session of the American Medical Association, in such a manner as to give offence to no one in a "united" and regular medical profession!

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#### COMMUNICATIONS.

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##### *THE THERAPEUTICS OF SMALL-POX.*

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[Continued.]

SULPHUR is one of the great, indeed indispensable, remedies in small-pox; but it has the strange peculiarity, that no writer has yet endeavored to give its correct indications. We know from clinical experience just when to give it, but much of this clinical experience is empirical.

Dr. I. D. Johnson is almost the only writer who advises it in the first stage, just where I have never yet seen it indicated. I give it when the eruption is slow in forcing its way to the surface, especially when oppression of the lungs is present. Here it is of great value, and a very few doses often work wonders. Pulte and many others give it during the period of eruption; still others look upon it as a useful remedy at the maturity of the eruption; but I am satisfied that sulphur is most in place when the drying process is about to set in. Here it tends materially to forward the disappearance of lingering traces of the disease, as well as to overcome any latent dyscrasia which may have been stirred up by the variolous poison. It is at times valuable as an intercurrent remedy when the organism fails to respond to the medicine indicated, but this state of things is far from common. Some of the older German writers considered that it shortened the eruptive stage, and occasioned the entire disease to pass mildly. After a good deal of experience, I think that it, in common with most homœopathic remedies, does really shorten the eruptive stage, and, even more than others of our medicines, it ameliorates the entire course of the malady. I have used it extensively when the disease pursues an irregular course, and I think that here it holds a leading place. But I entirely disagree with Dr. Alphonse Teste when he writes as follows:—

“When the disease pursues an irregular course; when the eruption exhibits a tendency to disappear from the surface; when the pustules, instead of being transparent or yellow, are green, purple, or black; when the blood with which they are filled announces a decomposition of this fluid, and threatens the approach of putrid symptoms, — it is not to arsenicum we should have recourse, but to sulphur.”

It is true that sulphur is sometimes indicated in such cases, but arsenicum album, rhus toxicodendron, and some others far more frequently.

According to Dr. Bernhard Bæhr, sulphur is a leading remedy for secondary inflammations when occasioned by absorption of pus; and he adds, that such inflammations are very severe and obstinate. Tietze regards sulphur as very useful to prevent and cure scrofulous affections occurring after small-pox; and ample experience demonstrates, that, in persons suffering from what the older homœopaths called a “psoric taint,” it is impossible to dispense with this potent remedy, especially in ophthalmia and otorrhœa. I almost invariably give sulphur where there is a tendency to metastasis to the brain during the suppurative stage; and in this, as in many other things, I follow old Franz Hartmann, who writes:—

“For inflammatory cerebral symptoms, *belladonna* is indeed an excellent remedy; but, when the inflammation is caused by small-pox, *sulphur* will

have to be given after *belladonna*, which is rarely sufficient to control the inflammation."

In a certain limited number of cases of small-pox, a low grade of cheesy pneumonia takes place, which may well pass unnoticed during the tumult of the illness. But when convalescence approaches, then you find that your patient is in a very serious condition indeed. Here no remedy equals sulphur. Goullon advises the uniform use of sulphur in the *stadium exsiccationis*; and in homœopathy no one remedy is uniformly indicated in any one morbid state, and several other remedies are quite as often indicated. A furious itching during the stage of desquamation is a well-known key-note of sulphur.

A writer in the fourth volume of the "Annals," name not given by Rückert, states that "sulphur fifteenth has proved a prophylactic to many persons who exhibited already the precursory symptoms of small-pox: the exanthem did not make its appearance. In other cases, where the eruption had entered upon the second stage, a few doses of aconite were given previous to the sulphur being administered, which shortened the two last stages of the disease considerably. In some cases of varioloid, where the disease had reached the eruptive stage, the course was so much shortened that the pocks dried up speedily, and no new pocks made their appearance."

Dr. Franz Hartmann writes, that "sulphur has been recommended by me, and my late colleague Dr. Franz, as a prophylactic for small-pox;" and innocently adds, "However, I have not yet had an opportunity of ascertaining, by experience, whether sulphur does really possess the power of arresting the disease at the termination of the first stage, and whether it has any prophylactic virtues whatever."

According to Peters, —

"Rosenthal gave it in twenty-seven cases, with the premonitory symptoms of variola, varioloid, or varicella, and the eruption did not appear. Also in fourteen cases of true small-pox, in the second stage, and thought that the course of the disease was much shortened, especially if aconite had been previously given; and in nine cases of varioloid, in the eruptive stage, and thought that no new pimples appeared after the sulphur was given, and those already present dried up rapidly."

Dr. P. P. Wells of Brooklyn reports the following striking case: —

"It is also true, that, where the right antipsoric has been given in the period of eruption, that of suppuration and that of desiccation may be aborted, and the whole case ended in a few days. In these fortunate cases, the pustules leave no cicatrices: the thick, dark-colored, offensive crusts are wanting, and are replaced by thin, slightly adherent, scaly crusts. This was the result in a case of extreme severity, where the vesicles, which followed the most violent pains and fever I have seen in any case of the

disease, were so thickly set over the whole surface as to make it certain, that, before they would reach half the size of the fully developed pustule, they would all become one suppurative surface. The whole process was arrested by a single dose of sulphur. No vesicles enlarged, no more appeared after the dose, but in two or three days they passed through what is usually extended over ten; the phenomena usual in this period, except the secondary fever, being represented *in parvo*."

Marcy recommends the third trituration, most likely centesimal; and most practitioners seem to agree in giving this great remedy *low*. Personally, I have had the best results from the preparations, twelfth decimal to thirteenth centesimal; but in the dangerous cerebral complications, and also in the cheesy pneumonia, nothing equals Hahnemann's favorite preparation, the thirtieth centesimal dilution.

HEPAR SULPHURIS CALCAREUM. — I suspect that hepar sulphuris is one of the neglected remedies in small-pox; yet it is quite often indicated, and, when indicated, it rarely fails. Old Franz Hartmann, who has had the distinguished honor of moulding the practice of most of the homœopaths of this continent, looked upon *mercurius* 3d, doubtless centesimal, as being "a real specific in the suppurative stage;" and then he proceeds to say, "Next to mercurius, we may think of *hepar* 3d, for similar purposes as the mercury, but never before this last-named medicine. The hepar-fever is very similar to the fever in the suppurative stage of small-pox; and we likewise know that hepar is capable of arresting the suppurative process, and confining it within certain limits." And the lamented Bæhr, alike loyal to homœopathy and to his exiled king, is of the same opinion: "If suppuration does really set in, we may try hepar sulphuris for the purpose of preventing the excessive development of this process."

There is a strong resemblance between the diffuse cellulitis of the hepar medicinal disease and the low suppuration of confluent small-pox, and an erysipelatous swelling of the eyes is found both in the medicinal and in the natural disease. The same may be said of the soreness of the fauces, and especially of the hoarse, croup-like cough. Lastly, the urinary symptoms complete the picture of the natural disease with a curious accuracy. I quote from "Allen's Encyclopædia:" —

"Frequent desire to urinate. Violent urging to urinate, in the morning on waking, with, however, difficult, slow passage of the urine. Micturition impeded: he is obliged to wait a while before the urine passes, and then it flows slowly, for many days. He is never able to finish urinating: it seems that some urine always remains behind in the bladder. Weakness of the bladder: the urine drops vertically down, and he is obliged to wait a while before any passes. Urine brownish red. Urine blood-red. Urine dark yellow, burning during the discharge. A red, burning urine, making the inner surface of the prepuce sore and ulcerated. The last drops of the

urine are bloody. Urine milky, turbid, even while passing, with a white sediment."

Hepar is likewise the leading remedy for the ominous, croup-like cough, which so often, during malignant small-pox, ushers in a fatal termination. This is at all times a most serious complication, but I incline to think that it is trebly serious when occurring during the suppurative stage. I do not agree with Bæhr concerning the nature of this croup-like affection. He writes:—

"Croup, which sets in during the suppurative stage, is not controlled by the medicines usually recommended for croup: it is not the ordinary croup, but a symptom of diphtheritis. We would recommend *hepar sulphuris* first, and afterwards phosphorus."

This croup, then, is "not controlled by the medicines usually recommended," but by hepar, and afterwards phosphorus, which are precisely the remedies which come into all minds in cases of croup. I am unable to see that this croup-like affection, occurring during small-pox, is any thing but a catarrhal laryngitis, directly caused by the inflammatory irritation from pocks in the fauces. And though other remedies—aconite, spongia, phosphorus, and especially iodine—must be carefully considered, it remains true that hepar is still the first remedy to be thought of.

There is hoarseness of the voice, with an incessant hoarse cough, with tenderness of the exterior of the throat. The cough is moist almost from the commencement, with marked rattling of mucus in the larynx; and slight suffocative spasms are present. The skin is hot and dry. In spongia, the cough is dry, barking, and hollow, coming on in paroxysms, especially at night, with shrill and wheezing breathing; when there is expectoration, it is only in the morning (with hepar there is expectoration in the morning and during the day); the cough is improved by eating and drinking, worse when sitting erect, from motion and exertion (the cough of hepar is worse from lying). The hepar cough is worse indoors, while that of spongia is better under the same circumstances.

I prefer the twelfth decimal trituration for the hepar small-pox; but when the larynx becomes affected, the sixth decimal is much more effective.

CAUSTICUM. — The only one among the older writers who recommends causticum in small-pox, is Hartmann, who merely mentions it among a number of other remedies as a remedy in the ophthalmia which occasionally follows that disease. Of later writers, Alphonse Teste is the only one who recommends its use, without, however, giving any indications whatever. He ad-

vises its use in any stage of the disease, in the following manner: "*Caustic*. 30th, eight globules, in four ounces of vehicle, two teaspoonfuls to be taken in the course of the morning at an interval of three or four hours." In the afternoon, *merc. corr.* to be used in the same manner; and "we shall see, in an immense majority of cases, that, under the influence of this medication, the exanthem, and all its concomitant symptoms, will be extinguished as if by magic."

The following case was treated by Dr. Tessier at the Beaujon Hospital, Paris: —

"Fauret, aged 22, entered the hospital on the 6th of May, 1856. This woman had never been vaccinated. On the 1st of May she had been suddenly seized with severe rigors, tremblings, and chattering of the teeth. The febrile movement was accompanied by vomiting, headache, and intense pain in the back. The patient took to her bed, the fever remaining at the same degree of intensity until the 4th of May. On that day, the fourth of the disease, the eruption appeared on the face, the fever ceased, and the headache diminished considerably.

"Sixth day. — Scarcely any febrile action; 84 pulsations; eruption very coherent on the face; some of the pustules already umbilicated. The skin is very red around the pustules; the nose begins to swell. On the other parts of the body the eruption is very thick, but less advanced; numerous pustules in the mouth and throat; violent pain in the latter part; obstinate constipation. Prescription, — *causticum*, 12, and soups. The patient is to be taken up every day; to-day she is to be carried into the garden.

"Seventh day. — General state the same. The face begins to swell, and salivation is taking place; a larger number of the pustules are becoming umbilicated; the eruption presents the same characteristics as before. Same prescription. The patient is again taken into the garden, where she remains a few hours; the remainder of the day she is seated near an open window.

"Eighth day. — The swelling of the face is very great; the eyes can scarcely be opened; the pustules are beginning to suppurate; a certain number of them are confluent, and coalesce into large patches; the salivation is abundant, and the sore throat continues; the febrile movement is intense; pulse regular, 90 pulsations. The patient cannot see; she cannot walk on account of the pustules on her feet. She is taken from her bed, and placed in an easy-chair near the window, where she remains during a part of the day. *Causticum*; soups.

"Ninth day. — Same state as yesterday. The hands begin to swell. One or two pustules on the face are drying up. Same prescription.

"Tenth day. — Febrile action more intense; pulse 108; face more swollen; the eyes are completely closed.

"Eleventh day. — Same state. During the last three days the patient has been carried each day to an easy-chair, placed near a window, which was generally kept open, and remained there during four or five hours. *Causticum*; soups.

"Twelfth day. — The swelling of the face is diminishing; the hands are much swollen; the feet are beginning to swell. The patient cannot walk on account of the pustules; she is therefore carried to her usual place near the window.

"Thirteenth day. — Less febrile action; the swelling of the face has subsided, and the pustules on it are all drying up; those on the body are suppurating; the feet are much swollen; the constipation has ceased. Same prescription.

“Sixteenth day. — The patient is on a half-allowance of food. Some pustules are still suppurating on the face; the crusts are very thick; colic. On two successive evenings she has felt feverish. *Aconite*, 12, removes this symptom. The falling off of the scabs on the face took a long time. It was completed only on the fortieth day.”

Neither Teste nor Tessier furnish us with any indications, and in the absence of these it is impossible to make any use of causticum. Nevertheless, the remedy seems of value, and doubtless future observers may be able to differentiate it from other small-pox medicines.

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### THE PATHOGENESIS OF TEA.

BY C. WESSELHOEFT, M.D., BOSTON.

“THE Boston Medical and Surgical Journal” of April 8, 1886, contains a valuable contribution to our knowledge of the effects of tea, by William N. Bullard, M.D., furnishing a large number of carefully tabulated facts, from which instructive conclusions are drawn. On the whole, it is one of the best articles ever written on the subject. Our introductory remarks are strangely at variance with the opinion of the author, who declares that “at first sight it may seem surprising that so little has been either written or spoken in regard to this subject,” . . . and farther on, “In the literature of this subject, which is *curiously scanty* (Italics ours), and much of which has been written by the laity, or from a non-professional point of view, I have been able to find only general statements, but few definite proved facts, and no statistics.”

To these statements of the author, we would offer the amendment that the word *scanty* be stricken out, and the word *voluminous* substituted therefor; and, when the existing literature comes to be even cursorily scanned, it will appear that unproved facts are not so plentiful as one might be led to expect who has not been in the habit of looking up titles to claims of that kind.

Such statements might be excusable in the absence of proper and accessible sources; but when such works as “Allen’s Encyclopædia of Pure Materia Medica” are *within everybody’s* reach, and most accessible, we marvel at the exclamation.

In said Encyclopædia, vol. ix. p. 583, under the head “Thea,” is named every article collected from all sources containing original descriptions of the effects of tea: no less than twenty-four distinct sources are quoted, including every thing written since 1818. Among the sources quoted are the “Lancet,” “Dublin Hospital Reports,” “Casper’s Wochenschrift,” “British and Foreign Med.-Chir. Rev.,” “Frank’s Magazine,” Moleschott, Marvaud, Wibmer, “Hufeland’s Journal,” “Practitioner.” The sub-

ject of one of the articles is, "Effects of Excessive Tea-drinking observed in Women in Belfast Charitable Institution," by Henry S. Purdon, "Medical Circular," vol. 26, 1865, etc. Besides these, there is a large number of quotations from homeœopathic journals. Could it have been this ominous adjective which deterred the author from looking at so accessible and valuable a work as Allen's Encyclopædia? We hope not. Such a mine of wealth is not ignored by any student of any school except from ignorance of its existence.

Without the Encyclopædia, it is excusable in a busy doctor to overlook, or even to omit, reference to scattered sources of information. Nineteen years ago the writer published an article on the pathogenesis of tea, but not under the impression that he had touched upon a new subject. Since then volumes have been added; and every thing will be welcome to our homœopathic journals which appreciate correct information, from whatever source it may come.

[In the present revival of interest in the subject of this drug, it would, we feel, be of much use to reprint in full Dr. Wesselhoeft's article. We regret exceedingly our inability, through the pressure on our columns, to do so in the present issue of the GAZETTE: but we append such extracts from it as will make doubly sure the assurance given to every seeker of facts on the subject by the mention of the name of the author; namely, that full, clear, and exact information on the pathogenesis of tea is to be obtained by consulting Dr. Wesselhoeft's papers in the issues of the GAZETTE for August and September, 1867. — ED. GAZ.]

The assertion, that the abuse of tea in our community is as great as that of ardent spirits, and that its effects are equally pernicious, may not be seconded by many; and yet it is true. The practice is so old, and the effects and phenomena of its use so familiar to all, that they are looked upon as normal, and do not attract attention, because it is extremely difficult to institute comparison between this community cultivating certain habits, and other communities with different customs.

The comparison can only be made between individuals by individuals, in isolated cases; the great mass being out of control. The observation of one will not prove much, and hence the problem will work itself out slowly. But if one should succeed in directing the attention of others to a fact, which, if not overlooked, has rarely been discussed, the true state of things may, in the end, become apparent, and perhaps a reform inaugurated.

In order to assume a definite position, we here declare it to be our conviction, that stimulants, in their most varied form, are essential to the welfare of mankind. We believe that tea, coffee, spices of all kinds, alcoholic beverages, especially wine and beer, as well as tobacco, etc., are, within certain limits, essential to the welfare of mankind. *Their abuse* does not, in the slightest degree, disprove their *usefulness* and necessity; and the disposition to attempt legislation in regard to the appetites of man arises entirely from a popular misconception of the scope of human legislation. The famous papal bull, issued against the comet, is quite parallel to the attempt of modern legislation in the form of "stringent prohibition" and "license." Both forms of legislation, being equally erroneous, and based on wrong premises, — assailing certain laws of nature, — will never eradicate an abuse, because they also assail the *use*.

We purposely class together the evils of abuse arising from various sources as enumerated above. Those derived from tea are of almost equal proportion with those of ardent spirits. There are, if we may take a liberty of expression, tea-drunkards as well as whiskey-drunkards, just as we have opium and hashish eaters, besides many other forms of similar vices. A whiskey-drunkard is generally a public nuisance, like opium and hashish consumers. The tea-drunkard does not reach that degree of moral degradation; but, as far as bodily health is concerned, there is very little difference.

To illustrate our subject, let us record a few cases of tea-poisoning: we will draw the picture carefully, without overstating circumstances: —

CASE I. — A lady, over forty years of age, of very strong constitution, had always been in the habit of drinking tea. Her children grew up: some went abroad, others spent the day in business away from home. As is customary in such instances, meals were not cooked regularly: when the dinner-hour arrived, the lady, for the sake of convenience, resorted to the teapot, and a little bread, which took the place of a substantial repast, while the inevitable "cup o' tea" stood in the place of a glass of water. At the evening meal, tea again, "hot and strong," and in the morning the same. Bread, griddle-cakes, or pie constituted the usual samples of solid food, rarely varied by meat and vegetables; but tea there was in abundance.

Being called one day, the following case presented itself: The lady was lying in bed, her pulse fast, without much heat, cheeks flushed, eyes glittering, pupil dilated, extreme thirst, or rather an intense craving for acids, especially for lemons. There had been complete loss of appetite for many days, with great emptiness and craving at the pit of the stomach; severe headache in

the morning and in the evening, often with nausea. Excessive internal heat, with flushes of heat upon the surface, coming and going quickly. Great general weakness, and, above all, an uncontrollable longing for tea. A bowl of strong tea was the only source of relief; removing the sensation of "goneness," and giving new vigor for a short time.

She often felt a loathing against tea, but still could not resist it. She declared that she felt like a brandy-drinker, who longs for his potion. She is thirsty, but cannot bear cold water; every mouthful affects her head like a shock: there is trembling of the whole body; stools irregular and costive; she sleeps very little, and often lies awake all night.

For weeks she had lived almost exclusively on tea, thereby supporting her energies while engaged in the arduous labor of house-cleaning. Every few hours, her strength being exhausted, a large bowl of hot tea would infuse new vigor, till at length the lady gave up completely exhausted, and with her entire organism wrought up to the highest degree of nervous excitement. The material energies of the body declined in inverse ratio to the excitement of the nerves created by the powerful stimulus of tea.

The case was so clear, that further details were not required to point out the remedy. Perfect abstinence from tea was enjoined; but, fearing that too abrupt abstinence from an accustomed stimulus might be injurious, a small quantity of weak tea was recommended daily; but the patient, with unusual fortitude, resolved to give it up at once entirely.

No medicine was given for two days; at the end of which time, *pulsatilla nuttalliana* 20 was given, on account of the extreme weakness and "goneness" still remaining in the epigastric region. The effect was speedily visible, owing both to the abstinence from tea and the medicine, without which, according to all experience, it would not have departed so quickly. In the course of a month the patient recovered entirely.

CASE II. — A lady, about fifty years of age, had just recovered from an attack of acute bronchitis. The cough and other pulmonary symptoms were rapidly disappearing; but yet the patient did not gain strength as fast as should have been the case. Upon inquiry concerning diet, etc., it appeared that the patient was a devoted tea-drinker for years. She regularly drank tea, strong and hot, three times a day, taking about two cups at a time. This practice had been followed during the course of her illness. Her face was pale, with circumscribed redness of the cheeks; eyes unusually bright, with dilated pupils; she was excessively irritable and weak, complaining chiefly of empty, "gone feeling at the epigastrium," dislikes cold water, and has very frequent

headaches. This condition did not proceed entirely from her previous illness; for we had known the patient long, and had frequent opportunities of observing her before her attack of bronchitis.

She took no medicine for this condition; but, allowing herself to be persuaded to avoid tea entirely, she soon recovered from the state above described, and enjoyed perfect health ever since, now for three years.

CASE III. — A young lady, who was a teacher in a public school, presented herself for treatment. Her flushed face, bright eyes, and dilated pupils, attracted attention, and at once led to inquiry regarding the condition of the stomach, which did not fail to elicit complaints of the inevitable *faint, gone feeling* which had troubled her for years. These sensations had recently assumed the character of intolerable dull pain after every meal, cramp-like and pressing, reaching up into the throat, and often waking her from sleep at night. There was no thirst, but a craving for acids; general weakness, especially after every meal; bowels were regular; has either headache or backache; is irritable and cross, weeps easily, and feels generally worse in the afternoon; cannot bear water; menses appear only once in seven weeks, are scanty, and accompanied by severe uterine, cramp-like, bearing down pains, from beginning to end of the menstrual period; generally has nose-bleed before the menses set in; sits up late at night, because she cannot sleep, and often lies awake till morning.

The symptoms connected with the menstrual functions are mentioned here as belonging to the case. It is not quite evident that they arose in consequence of tea, but were undoubtedly aggravated by it.

The patient was now twenty-two years old, and had been suffering in this way for eleven years, during which time she had lived almost exclusively on strong, hot tea. This is no exaggeration; for such tea-drinkers cannot bear any kind of solid food, and eat but very little.

Severe as the effort was, she gave up tea-drinking, and partook regularly of digestible, solid food; at first, with reluctance and discomfort, but afterwards with relish; and in less than ten weeks she was free from suffering. Menses much more regular, without pain or epistaxis; slept well at night, and was free from all gastric disturbance. Pulsatilla, china, and ignatia were used with partial relief; but nux vomica, which happened to be indicated and prescribed at about the seventh week of the treatment, cured the patient speedily.

CASE IV. — An Irish cook, aged thirty-three, had lived upon tea for years, drinking it three times a day, in place of taking

proper meals. She now complains of the following condition: For more than three years she is subject to sick-headaches. These come on chiefly at the catamenial period, and also frequently in the intervals. The pain seems to begin in the left ovary and stomach, whence it seems to pass to the head. Pains through the temples, — throbbing, shooting, extending down the nose; attacks attended with great acuteness of olfactory organs; vomiting of bile occurs, but never of food, when the pain has reached its height. She never feels thirsty, and never drinks cold water. (In many cases of tea-poisoning, when thirst is present, it is in the form of craving for acid. Cold water always is intolerable.) The pain in the head is unchanged by any position; but exertion produces vomiting during the headache; soreness and tenderness of the right ovary; menses occur at the proper time, and without pain; great sensitiveness of epigastrium, — feels as if she had “caved in;” excessive constipation; the patient is lean and pale, cheeks easily flushed, and pupil dilated.

The treatment consisted in unconditional omission of tea, and in the substitution of plain, digestible food. Cold water was recommended to be taken in small quantities at regular intervals, till the digestive organs, weakened and relaxed by the use of hot tea, became accustomed to the more wholesome element.

The observance of these instructions was punctually superintended by the cook's mistress; and the result was, that the woman speedily recovered from her sick-headaches and gastric troubles.

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These four cases contain the main features of the pathogenesis of tea, and are reported here as a sample of a large number collected during about eight years: to report more, would amount to a mere repetition.

Many cases of pure tea-poisoning occur where the complaint of the patient consists entirely of the effect of tea; and in consideration of the very general use of tea, it is not at all wonderful, that by far the greater number of chronic diseases, especially of females, with whom the nervous element is invariably very prominent, are complicated more or less with its effects. This is not a theory, but a fact, regarding which there need never be the slightest doubt. Having once observed the following characteristics of tea, they are not easily forgotten, and are recognized again and again as an old acquaintance, with whose face we were long familiar, but whose name we had been ignorant of: goneness at the stomach (the form of expression itself is significant); flushed face, with circumscribed redness of

the cheeks ; bright eyes with dilated pupil ; and then the more variable, but still very frequent symptoms, — absence of thirst, or rather an aversion to water, which does not agree with them, and a craving for acids ; sick-headache with and without vomiting, etc. . Where these symptoms exist, careful inquiry will invariably bring to light the cause, — too frequent indulgence in tea : in such cases the teapot is resorted to at least three times a day.

It is not always the strength of the decoction, or infusion, as the case may be ; but the frequency of repetition of the dose. Numerous observations have led us to the conviction, that even very weak tea, drank at a moderate temperature, and in moderate quantities, often produces precisely the same effect on sensitive people of the upper class, that strong tea exerts upon robust laboring people, as, for example, Irish female domestics.

Every practitioner must have noticed the frequency of the above-named symptoms, either by themselves, or in connection with other affections ; but it may not have occurred to him that they arose from tea, especially if not used to excess. But the fact is, that this group of symptoms will never occur where tea is not used at all.

We rarely meet with a case of “sick-headache,” or of the numerous forms of complaints usually termed hysteria, — involving the system of sympathetic nerves, and, in women, particularly the sexual functions, — which are not complicated with one or more of the above groups of symptoms peculiar to tea, often rendering these extremely obstinate cases quite unmanageable. As soon as tea is suspected in any of these cases, let it be set aside and absolutely prohibited, and an apparently difficult or tedious case of chronic nervous disorder will often be reduced in severity, and simplified to a degree admitting of a speedy cure.

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One fault of the physiology of the present day is, that it recognizes mainly the results of weight and measure, rejecting many valuable phenomena not to be accounted for in this manner. To us, as physicians, who eagerly grasp every opportunity to aid us in healing the sick, the effects of tea as observed upon the body, irrespective of quantitative analysis, are just as much physiological effects, as, for instance, its power of arresting waste. Where tea is introduced in too great a quantity, and where its effects are not needed by the organism, results are observed, like those in the four cases reported above. These were cases of ordinary tea-poisoning, tea having been used in too great a quantity under ordinary circumstances of life. These cases may

stand as provings, and the collection and classification of the symptoms for practical purposes shall be reserved for another occasion.

When we add these effects to those of Dr. Boecker,<sup>1</sup> the whole subject appears in another light. Dr. Boecker shows that tea maintains and restores the vigor of the body, and explains it on the principle of arresting waste. We will not oppose this argument as a *special view* of the question, but we submit that another view can be taken of the subject. The definition of "accessory food" is a term, which, if subjected to analysis, may be changed entirely in its meaning; the effect of tea, as well in regard to its power of arresting waste, as also in regard to other effects like those enumerated by us, is, after all, a *medicinal effect*, as we will endeavor to illustrate.

When taken in appreciable quantities, larger than necessary to maintain the balance of metamorphosis, tea has the following effect among others: *loss of appetite, and loss of desire for water; emptiness at the pit of the stomach; great general weakness and exhaustion, only relieved temporarily by drinking tea; trembling of the whole body, and great nervous excitement; sleeplessness, etc.* These are constant symptoms of the abuse (pathogenetic effect) of tea, which we can substantiate by numerous observations. We have, on the one hand, loss of appetite: tea-drinkers eat very little, and often subsist for many days on tea alone. While tea prevents the rapid waste of substance, *it adds no substance*, but furnishes a certain amount of vigor to the nerves. This is not real strength derived from normal, wholesome nourishment of tissues, especially the nervous strength. The nerves are excited to abnormal activity by the specific stimulus of tea; and thus they are worn, wasted, and exhausted, however slowly, till at length tea ceases to produce even a single comfortable sensation.

The sources of *exhaustion* under the influence of inordinate use of tea are, therefore, twofold, — *exhaustion by over-excitement of the nerves, and exhaustion by want of actual nutriment*. Some may explain the latter effect by the deranged state of the digestive apparatus: in a certain sense, this is the case; but we must not overlook the fact that it is a *specific, peculiar* action of tea, to create a loss of appetite, and of normal thirst, an effect differing in kind from derangement of digestion from other causes. When this condition prevails as an effect of tea, the seat of the symptoms does not lie in the stomach and intestines: these perform their function well enough, if they have the opportunity. Normal hunger is the expression of the nervous system that the

<sup>1</sup> [Dr. Böcker of Bonn, Dr. Julius Lehmann of Leipsic, Dr. Th. K. Chambers of London, and the "Atlantic Monthly," vol. iii., are referred to in this article. — ED. GAZ.]

organism needs nourishment: under the influence of tea, this power of expression is either lost, or perverted into an abnormal desire, a craving weakness or "goneness" which is instinctively gratified by tea alone.

Granted that tea arrests the metamorphosis of tissue, and that this may, in a measure, be beneficial, especially if the supply of nourishment is sufficient; yet, the health of the organism depends on a normal and rapid metamorphosis of tissue.<sup>1</sup> If a too rapid waste can be prevented (waste and metamorphosis are not always identical), it may be beneficial to the body; but an excess of the "arrester of waste" introduced into the system, and producing at the same time an aversion to food, and hence an inadequate supply, must necessarily lead to great waste and final exhaustion; and such is actually the fact.

This brings us to the following conclusion: tea, among other things, *is often the remedy* for such affections, arising from exhaustion and waste; but tea, as we have shown, also *produces* the very train of phenomena which it relieves, and which, in many cases, it cures. To deny this would necessitate an absolute misconstruction of facts. Thus we have explained what we meant by medicinal effect of tea: it cures morbid conditions, similar to those which it produces, and is another of the innumerable proofs, everywhere to be found, of the correctness of the principle which guides us in the administration of drugs to the sick.

At the outset, we expressed it as our conviction that tea, like many other so-called stimulants, is necessary for the welfare of mankind; it is one of the numerous substances supplied by nature, instinctively sought after by man; he feels an unconscious longing to relieve certain discomforts, to restore a normal state of feeling. Wherever we look in the world, this instinctive resort to remedies appears, to counteract the innumerable, omnipresent influences deleterious to our existence.

Those who are in the habit of drinking tea very hot, if they drink pure water at all, generally can only bear ice-water at the freezing-point. We will not try to determine here whether this is an effect of tea as such, or of the hot drink. It is a fact, however, that regular tea-drinkers can swallow liquid at, or scarcely below, the boiling point. That this habit deranges digestion directly, is easily understood; and its avoidance is absolutely necessary to insure the cure of such a patient.

Men suffer less frequently from the effects of tea than women. Among many cases, we can record only two of men who applied

<sup>1</sup> See the very able and interesting books on "Training, the Theory and Practice." By *Archibald Maclaren*. London: Macmillan & Co.

for relief from troubles arising from tea, the symptoms being precisely like those recorded above. If we may indulge in an explanation, it would be this: the nervous system of woman responds so much more readily to ordinary stimuli, and reacts so much more promptly than that of man, that they need less, and hence can bear less, of artificial stimulants. For the same reason, if their appetite for a certain stimulus is once aroused, it is more uncontrollable. Women fear stimulants more than men; but if they happen to become addicted to them, they are not so easily dissuaded from their use. Men, on the other hand, can bear and need more powerful impulses to stimulate their mental and physical energies to activity; the wear and waste following their usual occupations are greater. The moderate use of tea after a day of mental and bodily toil is most beneficial, and hence few men ever complain of its effects. Women, on the contrary, having less of this kind of exertion to make, and being endowed with susceptibility and fondness for the special stimulus of tea, resort to its excessive use. Instead of merely overcoming the natural discomfort following the fatigue of the day (simple fatigue is overcome by actual rest and sleep), by very moderate use of tea, they consume more than is necessary.

In a large proportion of instances women lead an idle life, mentally and bodily, as compared even with idle men, and do not require the stimulus of tea or any thing of the kind; but these are the very cases where tea is used, in order to produce an *abnormal* state of exhilaration; while people of active habits of mind and body derive sufficient *normal* and healthful animation from the necessity and influence of their various occupations. In the former instance of abnormal excitement produced by tea, fatigue and exhaustion follow; in the latter case of normal animation during healthful but protracted exertion, the natural fatigue and exhaustion are relieved by tea.

The question now comes up regarding the position occupied by tea upon our dietaries, etc., — Shall it be stricken out, or left where it is? The answer is simple: our dietaries apply either to the sick or to the well. In the former case, medicines are generally used; and, if so, tea should be prohibited as a rule, because the medicinal effect of tea is capable of disturbing and modifying the action of any other medicine, regardless of the dose or the “school” in accordance with which it was administered. In the latter instance, tea may be allowed, as a rule, — we do not say prescribed or ordered, — provided it is not abused, but employed; e.g., to satisfy a natural desire to overcome the discomfort or distress arising from fatigue of mind and body, experienced by those who earn their living by care and toil; call it “accessory food” or medicine, as you will.

*CLINICAL HISTORY OF A CASE OF OVARIAN TUMOR.*

BY J. P. RAND, M.D., MONSON, MASS.

[*Read before the Worcester-county Homœopathic Medical Society.*]

PATIENT, Mrs. D.; age forty-five; married; had never borne children. Was called to see her upon the 24th of November, 1883. She had been feeling poorly for the six months previous, and had been irregular in her menstrual periods, but supposed her feelings were due to the change of life, and so had taken but little treatment.

She was suffering from a good deal of pain in the bowels, accompanied by vesical irritation, and certain dragging sensations, which led me to suggest the propriety of an examination, to ascertain, if possible, if any uterine complication existed. To this she consented, and I made my examination upon the second day following. Upon external manipulation, I was struck with the hardness and dulness in the left iliac region, which, reaching to the median line in front, extended to the height of the umbilicus. Upon passing the probe, the uterus was found fixed and slightly flexed to the right. No other abnormal conditions were discovered. I told the husband his wife had a tumor, I thought ovarian; and I would like some one else to see her. Accordingly Dr. Warren of Worcester was summoned the next day. He confirmed my diagnosis; but, from the immobility of the uterus, thought the growth was adherent thereto.

We at once apprised the patient of her condition, telling her that her only hope of recovery lay in the removal of the tumor. But owing to her then enfeebled condition, and the uncertain results of an operation, a short delay was counselled. At that time the patient was confined to her bed. She suffered considerable pain; was very restless at night. Temperature ranged from 99° to 100° Fah. Dec. 1, measured thirty-seven inches around the abdomen; Dec. 9, thirty-eight inches. Her main remedy at this time was apis, which was given to promote the action of the kidneys.

A hacking cough now developed itself, which, in various grades of intensity, lasted her through life.

Tumor continued to increase until about March, when the abdominal measure was forty-one and a half inches. For the next two months the growth remained stationary, and patient felt considerably improved. She rode out frequently, and even did some work. Appetite and digestion were good. The dulness, at this time, had extended over the entire abdomen, reaching nearly to the floating ribs above.

In the early part of May, 1884, my brother and myself made

a second examination of the generative organs. We found their condition the same as that of the previous November. For the remainder of the month there was no especial change in her condition. In June she grew worse, the tumor increasing rapidly; and it became evident that something must be done soon.

We made arrangements for her to go to New York, and be operated upon at the Hahnemann Hospital, by Professor Helmut. But there was some opposition to this; and in the unsettled state of affairs, it was thought best to defer an operation until cooler weather. July found her in a still more desperate condition. She could not lie in bed. Her limbs were badly bloated. She had a constant cough. Threw off a large portion of food after every meal. The abdominal wall was tense and glistening, and the superficial veins very prominent. She now measured forty-five and a half inches. July 18, we aspirated the growth, introducing the needle midway of the linea alba. The fluid came at once; it was dark red, resembling beef-brine in appearance. At this time we removed eleven quarts from the growth, the left side of which entirely collapsed, but the right remained hard and dull as ever. She suffered no pain from the operation, nor did she become faint. This was in the forenoon. Towards night she was taken with vomiting, and for the next two days it continued almost constantly. A large mass of black, watery, filthy material, which must have come from the small intestine, probably several quarts in all, was ejected. I never saw any thing vomited that resembled it. For more than a week she could retain no nourishment upon the stomach, and we kept her alive by enemata of egg and beef-tea. She could not even raise her head from the pillow.

The growth seemed rapidly to refill. She lay along for about two months in bed, nor seemed to make any considerable progress toward recovery. We thought she could live but a few weeks as she was, and again urged the importance of an operation. Again the weight of opposition caused her to defer it. And now, the weather becoming cooler, contrary to the expectation of all, she began to amend. The growth did not seem to increase, and she thought she could defer another aspiration until after Thanksgiving. At that time she was feeling so nicely, it was thought best to defer it; and so she continued until the 9th of January last, when we again aspirated, and withdrew eight quarts of fluid similar to that removed last summer. We also punctured another small cyst, and withdrew an ounce or two of amber-colored fluid. We made no effort to empty the sac, only taking what was easily accessible. She bore the operation well, and no untoward symptoms developed. Of late, however, her cough had become more troublesome, and medicine had but little

power to control it. Her courage was good, and she seemed to be gaining slowly.

Tuesday night, Feb. 3, 1885, she was more comfortable than usual. At 5.30 she awoke, and expressed herself as having had a good night, when suddenly she grew deathly pale. Sweat stood in drops upon her face. She complained of but little pain, but a terrible anguish. The bowels felt inclined to move, and she got upon the chair. She rapidly grew worse, and in less than an hour she was dead.

Thursday morning, Feb. 5, in accordance with the expressed desire of the patient, we made a post-mortem examination, Dr. G. H. Wilkins of Palmer assisting.

We made a long incision in the median line, and dissected with great care, hoping to remove the sac unruptured; but as soon as we had entered the peritoneal cavity, the dark fluid from the tumor welled up from below. The cause of death was now apparent. Opening the large sac freely, we ladled out the contents with a small dipper. Here we found several masses of organized tissue similar to ante-mortem heart-clots in appearance. The remainder of the growth, which occupied the right side of the abdomen, was one mass of cysts, each about the size of a hen's egg, of convex exterior, and resembling in their relation and appearance the convolutions of the large intestine. No two contained exactly the same kind of fluid. Some were thin as water, others thick as tar. Some were like the white of an egg, others were pure pus. Some were cheesy in appearance, others black and grumous like decomposed blood. Of these we evacuated by actual count thirty-nine distinct cysts, and there must have been still others in the interior untouched. The entire growth, together with liquid contents preserved, weighed twenty-two pounds. The tumor was attached to the left ovary by a pedicle as large as one's finger. There was no attachment to the womb. A firm adhesion was in the median line where it had been punctured by the needle. There were other slight adhesions to the abdominal walls and small intestine. The entire liquid contents of the growth must have been about seven quarts, a large portion of which had accumulated since the aspiration of Jan. 9.

The general appearance of the patient was briefly this: The chest and limbs were emaciated. The hair had nearly all fallen from the head. The features were pinched, and the expression of suffering well marked, producing the "facies ovarini," as described by authors.

Regarding the treatment I have nothing to regret. The case terminated fatally, as we knew it would. Repeatedly we stated to them the danger, and the only ground for hope. Twice we

perfected arrangements for the removal of the tumor by the best surgical skill, but the family were not ready.

Twice we rescued her by the aspirator from imminent death. In her own mind the patient had decided to have the growth removed before warm weather, and doubtless would have done so, had she lived.

The only strange circumstance connected with the case is, that a cyst which had resisted the pressure of a dozen quarts of fluid in walking, riding, and various movements of the body, for many months, should have thus given way when but half distended, and the patient lying quietly in bed after a good night's rest. It only shows to what constant danger such patients are exposed, and the importance of seizing their only chance for recovery by an early operation.

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#### THE WESTBOROUGH HOSPITAL.

TO THE NEW-ENGLAND MEDICAL GAZETTE.

ON the 22d of M<sup>y</sup>, Gov. Robinson signed the two following bills; and they have, therefore, become laws:—

“*Resolved*, That there be allowed and paid out of the treasury of the commonwealth, a sum not exceeding twenty-five thousand dollars, for the purpose of meeting current expenses at the Westborough Insane-Hospital at Westborough, to be expended under the direction of the trustees of said institution.

“*Resolved*, That there be allowed and paid out of the treasury of the commonwealth, a sum not exceeding one hundred and fifty-five thousand dollars, to be expended at the Westborough Insane-Hospital at Westborough, under the direction of the trustees of said institution, for the following purposes, to wit: For the completion of the building for three hundred and twenty-five patients, a sum not exceeding sixty-three thousand nine hundred dollars; for additions to accommodate eighty patients, including a new chapel and superintendent's house, a sum not exceeding thirty-eight thousand dollars; and for furnishing and equipping said hospital, a sum not exceeding fifty-three thousand one hundred dollars.”

The twenty-five thousand dollars is to provide the money necessary for opening the institution, and for the large expenses always attending the first year of an asylum's existence. There must be, for example, large purchases of provisions and other necessaries; and some officers must begin their work weeks before patients can be admitted. Even after patients have been received, the income will not be sufficient to cover the expenses of a large hospital, with the most economical management.

As will appear by the second Act, the accommodations will be increased, to provide for four hundred instead of three hundred and twenty-five patients. That number will enable the

hospital to be self-supporting, as it could not be with two hundred or three hundred inmates.

The work covered by these appropriations has already begun. It is expected that it will advance as rapidly as last year, and that the opening of the hospital may take place in October.

The furnishing is also advancing rapidly. Contractors for supplying furniture, machinery, and all other needs embraced under that head, are examining the requirements of the hospital, and will soon make their bids. Some time will be given them to do thoroughly the work they undertake, and not have the haste of an immediate opening give an excuse for unsatisfactory workmanship.

It is only right to state to the homœopathic profession of Massachusetts the great credit that is due the Hon. John C. Milne of Fall River. As an editor of a newspaper and an intelligent man, he saw the needs of the hospital; and being a member of the Committee of Public Charitable Institutions, he did all in his power to secure a similar appreciation on the part of the other members of the Legislature.

The present outlook, therefore, for the hospital is as bright as its best friends could desire.

N. EMMONS PAINE, M.D.

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## SOCIETIES.

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### *THE AMERICAN INSTITUTE OF HOMŒOPATHY.*

ONE of the pleasantest seasons of the year is rendered still more pleasant to the homœopathic fraternity, by the annual gathering of many of its number for the purpose of recounting personal experiences, of presenting the results of literary and experimental researches, of adding in all possible ways to the existing store of knowledge, and advancing the cause so dear to the hearts of all who appreciate the virtues of the well-trying therapeutic principle upon which the new school is based.

The thirty-ninth session (forty-third anniversary) of the American Institute of Homœopathy was opened on Monday evening, June 28, in the Grand Union Hotel at Saratoga Springs, N.Y. An address of welcome was delivered by Dr. S. J. Pearsall of Saratoga Springs, which was replied to appropriately and pleasantly by the president. The proceedings of the evening consisted of the presentation of the annual report of the secretary, the treasurer, and the necrologist, the usual preliminaries to the scientific sessions. Resolutions concerning the relations which

do not, but which should, exist between the homœopathic division of the medical profession and the national government medical service, were adopted; and a pleasing address in regard to the recognition of homœopathy at the national capital and by Congress, was made by Hon. Alonzo Bell, representing the Homœopathic Hospital Association of Washington.

An early adjournment was made, to admit of preparation for the following day.

TUESDAY, JUNE 29.

THE MORNING SESSION was promptly called to order by President Runnels, who, after a few business items of minor importance had been disposed of, delivered the annual address. He referred to the significant coincidence, that forty-three years ago, in the month of July, Hahnemann, the founder of homœopathy, passed from the scenes of his earthly labors, and the American Institute of Homœopathy was called into existence. The successful career of homœopathy in the New World, so largely attributable to the organized efforts of the Institute, were also referred to, and at some length. Special attention was directed to the importance of hygiene, and to the efforts being made to discover and remove the causes of diseases; and, by suitable quotations from Hahnemann, it was shown that his remarkable insight enabled him to recognize the distinction between cause and effect, and the importance of hygiene in the removal of disease-producing conditions.

Some of the suggestions contained in the president's address will receive attention later. It suffices for the present to say, it was an able and well-considered document, of very genuine interest, and was received with much favor by the practitioners present.

Next in the order of business came the report of the Bureau of Organization, Registration, and Statistics, presented by the chairman, Dr. T. Franklin Smith of New York. This report, being chiefly statistical, is necessarily uninteresting in style; but the importance of its matter is not easily overrated. It gives a comprehensive view of the amount of public work done by homœopathic practitioners in the United States, and their facilities for doing work. The completeness and value of the report of this bureau depend greatly upon the assistance granted by those connected with hospitals, dispensaries, colleges, societies, journals, etc. Reports of delegates from other organizations being in order, the representatives of societies and various institutions, from Canada to Texas, were listened to; and the cheering news of prosperity was encouraging to a high degree.

The report of the Bureau of Medical Education was then

taken up; the subject under discussion being, "The Relation of the Institute to Medical Education." The prevailing sentiment was in favor of systematic and extended lecture-courses, of better grades of scholarship being demanded, and of a general raising of the standard of proficiency. Interesting papers were read, and the discussion was animated and general.

AFTERNOON SESSION. — Dr. G. B. Peck of Providence, R.I., as chairman, presented the report of the Bureau of Obstetrics; the general subject being, "Post-partum Emergencies." There were read abstracts of papers on "Artificial Feeding of Infants," "Normal Third Stage of Labor," "Puerperal Fever," "Irregular Contraction of the Uterus during the Third Stage of Labor," and "Complete Inversion of the Uterus." In the discussion which followed, reference was made to the checking of post-partum hemorrhage by pouring cold water upon the abdomen of the patient; and its success was attested by the president, Dr. Runnels. The question of "birth-marks" was incidentally raised; and many curious anomalies, apparently caused by fright or sudden shock to the mother, were related.

The Bureau of Psychological Medicine submitted papers by Drs. Talcott, Lilienthal, Buck, and T. L. Brown, on "Mental Activity and Brain Impressions," "Heredity of Insanity," "Physiology and Science," and "Medical Healing *versus* Medical Science." In the discussion excited by the second paper, it was unanimously concluded that the marriage of cousins was prejudicial to the mental soundness of offspring; and that those of the same temperament even, should not be united in marriage; that children should be strengthened both physically and mentally; and that they should be surrounded only by pure moral influences, in order that hereditary influences may be only for good.

THE EVENING SESSION was not only largely attended, but proved to be especially interesting. The report of the Bureau of Pædology is always sure to be enthusiastically received, and the discussion is sure to be animated. The general subject, "Diseases of the Respiratory Apparatus," was quite exhaustively treated; and the various papers on "Croup," "Whooping-Cough," "Laryngitis," "Asthma," "Respiratory Tract during Dentition," etc., were full of interest, and gave evidence of careful preparation, and not a little originality. A diversity of opinion concerning the treatment of diphtheria, testified to the fact that the perplexing question is still unsolved, and shows that there is still original work for the Bureau to do.

WEDNESDAY, JUNE 30.

THE MORNING SESSION was called to order by the vice-president, Dr. A. I. Sawyer. On behalf of the Bureau of

Ophthalmology, Otology, and Laryngology, papers were presented on the "Treatment of Hypertrophy of the Tonsils," by Dr. Woodvine of Boston, which was full of interest; on "Glaucoma," by Dr. B. W. James; on "Ferrum-phos. in the Treatment of Inflammatory Affections of the Ear," by Dr. Wanstall. Dr. J. A. Campbell of St. Louis presented a paper on "A New Ear Electrode," and exhibited a sample for inspection. The little invention promises to prove a valuable acquisition in the treatment of ear-troubles. Dr. H. P. Bellows of Boston dwelt upon the usefulness of gelatine preparations in aural diseases. Altogether, the papers presented by this bureau, and the discussion thereby elicited, show that these specialties are calling forth the abilities of many able minds.

The Bureau of Microscopy and Histology presented some excellent papers of a highly scientific character by Drs. A. R. Wright, J. C. Morgan, C. Wesselhoeft, and W. A. Haupt.

AFTERNOON SESSION. — The Bureau of Gynecology had for a subject the "Diagnosis and Treatment of Organic Diseases of the Uterus," and offered papers by Drs. L. A. Phillips, S. P. Hedges, Phil. Porter, H. K. Bennett, and M. T. Runnels. The hygienic, therapeutic, and surgical treatment of these diseases was fully and intelligently dwelt upon, and the work of the bureau was considered successful. The discussion of the papers was participated in by a large number of well-known practitioners.

The Bureau of Materia Medica presented a most useful and valuable report in the shape of a history of the homœopathic materia medica. Dr. Allen read a paper on the "State of Materia Medica at the Close of the Eighteenth Century;" Dr. Winterburn, a paper on "The Efforts of Hahnemann for Materia Medica Improvement, especially his Introduction of the Healthy Vital Test;" Dr. S. Lilienthal, on "The Works on Materia Medica issued by Hahnemann, their Composition and Value;" Dr. H. M. Hobart, on "The Additions to Hahnemann's Works on Materia Medica by his Disciples;" and Dr. Charles Dake, on "The Present State of the Homœopathic Materia Medica, and Measures for its Improvement." This series of papers will prove valuable as historical evidence of the growth of homœopathy.

THE EVENING SESSION offered some change from the ordinary discussion of purely scientific subjects. The committee on medical legislation reported the following resolutions, which were adopted:—

*Resolved,* That the American Institute would earnestly request individuals in the profession to refrain from the introduction, in either House of Congress, of any resolutions or bills in behalf of homœopathy till properly arranged for by our committee on legislation.

*Resolved*, That the American Institute would urge upon all graduates of our colleges who desire positions in the United States army or navy, the expediency of making their wishes known to the chairman of the standing committee on medical legislation before making application at Washington.

*Resolved*, by the American Institute of Homœopathy, in session at Saratoga, that this Institute, recognizing the vital importance of the work of the National Board of Health, and the necessity of providing it with ample means for the prosecution of its scientific investigations into the causes of contagious and epidemic diseases, and the best means for preventing their appearance and spread, expresses the hope that a measure so vital to the protection of the public health as involves the continuance of this board, will command the early and earnest attention of Congress at its present session.

*Resolved*, That the Institute earnestly recommends the establishment of original research in all that pertains to *materia medica*, therapeutics, and the theory and practice of medicine, to be connected with the Smithsonian Institute in Washington, and to be conducted by men eminent in all recognized systems of medical practice, with such opportunities for scientific and practical tests of their comparative value as proposed in the fifth section of a bill introduced by Senator Call of Florida, May 9, 1884.

*Resolved*, That a copy of these resolutions be forwarded to the president of the Senate, and speaker of the House of Representatives, with the request that they be presented to their bodies.

WHEREAS, The establishment of a homœopathic hospital at the capital of the nation, through an appropriation by Congress for that purpose, marks an act of recognition by the General Government that will be gratifying to every friend of homœopathy throughout the world;

*Resolved*, That the American Institute of Homœopathy accepts with gratitude this expression of national favor, and returns its thanks to the senators and representatives who supported the measure, and to the National Homœopathic Hospital Association of the District of Columbia, through whose instrumentality this act of just recognition was secured.<sup>1</sup>

The committee on the president's address submitted its report, the following resolutions being recommended:—

We, the undersigned committee appointed to consider the practical suggestions contained in the address of our esteemed president, O. S. Runnels, M.D., beg leave to submit the following as our report:—

*First*, Hereafter, in addition to the present qualifications required of an applicant for membership in the American Institute of Homœopathy, a candidate must have been a graduate of some medical college indorsed by this body, for at least three years, and produce evidence of his having belonged to some State homœopathic medical society, except in localities where such a society does not exist, in which case he must be recommended by three members of this association who are personally acquainted with him: his initiation fee shall be \$2.

*Second*, It is the sense of this committee, that Hahnemann's writings, and especially the "Organon," should occupy a place on every college curriculum.

*Third*, This committee further recommends the adoption of some modification of the sectional plan at the Institute meeting, and suggests that a committee be at once appointed to arrange the details, and report upon them before the close of the present meeting.

<sup>1</sup> Clipping from the "Saratoga Journal."

*Fourth,* It also suggests that the societies mentioned in the president's address as being separate organizations of what should be bureaus of the American Institute of Homœopathy, be earnestly requested to appoint a committee of one from each of these societies, to confer with the American Institute committee of five, referred to in the third recommendation, at such time and place as may be mutually agreeable, and, if possible, effect an amalgamation with the American Institute.

*Fifth,* We heartily indorse the following sentiments expressed by our president: "We must provide every one of our bureaus with ample accommodations, so that the bureaus in their turn may abolish all hinderances to advancement, and may cease forcing their members to consider only text-book topics, and allow reports of original investigation along any line."

*Sixth,* Your committee advises the appointment of a committee of three to prepare or recommend, in accordance with the president's suggestion, an authoritative pharmacopœia.

*Seventh,* We report an earnest indorsement of the work being carried on by the English and American collaborators on drug pathogenesis, and commend its continuance to completion, and pledge our support to the end.

*Eighth,* We desire to express our keen appreciation of the stirring, practical, and able address of the president, and thank him heartily for his energy and efficiency.

Respectfully submitted.

THEO. Y. KINNE, *Chairman.*

E. H. PRATT.

BUSHROD W. JAMES.

CHAS. E. WALTON.

A. R. THOMAS.

The first resolution was taken up, and, after considerable discussion, was laid upon the table.

On motion, the by-laws were so changed as to make the initiation-fee \$2 instead of \$5.

The second and third resolutions were adopted without discussion.

To the fourth, objection was made by several members, and it was lost by a vote of 70 to 55.

The seventh was objected to, and the following was substituted for the concluding clause:—

*Resolved,* That the treasurer of the Institute be instructed to continue our subscription for four hundred copies of the "Cyclopædia of Drug Pathogenesis," at the rate agreed upon for the numbers of volume first.

The eighth was unanimously adopted.<sup>1</sup>

The Bureau of Surgery was then demanded, although it was nearly ten o'clock. The subject specially considered was, "Inguinal and Femoral Hernia;" and papers by Drs. W. T. Helmuth, G. A. Hall, C. E. Walton, and I. T. Talbot were offered, and abstracts from these were read. An interesting and very suggestive discussion ensued, in which Drs. McClelland, Willard, J. E. James, Jackson, Boothby, Schneider, Morgan, and others par-

<sup>1</sup> Clipping from "The Daily Saratogian."

ticipated. A paper was read by Dr. Pratt on "Orificial Surgery in Chronic Diseases," in which he traced a close connection between many pathological conditions and obstructions to the orifices of the body.

After a long evening of hard work, the session adjourned shortly before midnight.

THURSDAY, JULY 1.

THE MORNING SESSION was promptly called to order. Drs. Dake, Wesselhoeft, and Cowperthwaite were appointed a committee to prepare an authoritative pharmacopœia.

After the transaction of a few items of business relating to certain amendments of the by-laws, the publication of papers, and of the "Transactions," the Bureau of Anatomy, Physiology, and Pathology made its report, the subject connected therewith being "Tuberculosis." The chairman, Dr. Owens, and Drs. Lilienthal, H. Pomeroy, and J. A. Rockwell, presented papers dealing chiefly with the etiology of tubercle. Although the notorious bacillus was looked upon as having a causal relation to the disease, this relation was only considered an exciting, or active, one; the predisposing cause, viz., the "diathesis," or constitutional tendency, being considered of greater importance. According to Dr. Rockwell, if *all* the tissues be suitably fed, tuberculosis may be avoided or held in check; but *all* the tissues must be fed, including the nerve-centres. Fresh air for the lungs, oxygen for the blood, exercise for the muscles, passive if necessary, and also exercise for mental and spiritual nature.

The report was favorably received.

The Bureau of Pharmacy, in its report, urged more accurate methods in the investigation of drug-effects, and introduced certain rules by which errors may be avoided, and more satisfactory results obtained.

The selection of a place for holding the meeting next year served to change the current of thought from more weighty subjects. After the enthusiastic recommendation of several places, a ballot was taken, the result showing that the present place of meeting was considered sufficiently desirable to warrant a return to it in 1887; and Saratoga is therefore destined to receive the Institute next year.

The election of officers for the ensuing year resulted as follows:—

President, F. H. Orme, M.D., Atlanta, Ga. Vice-president, A. R. Wright, M.D., Buffalo, N.Y. Secretary, J. C. Burgher, M.D., Pittsburg, Penn. Provisional secretary, T. M. Strong, M.D., Ward's Island, N.Y. Treasurer, E. M. Kellogg, M.D., New York. Board of censors, R. B. Rush, M.D., Salem, O.; T. F.

Smith, M.D., New York; H. B. Clarke, M.D., New Bedford, Mass.; R. F. Baker, M.D., Davenport, Io.; Mary Wood, M.D., Erie, Penn.

THE AFTERNOON SESSION was occupied chiefly by the Bureau of Sanitary Science; the subject under consideration being, "Our Homes, their Hygienic and Sanitary Conditions." Papers, interesting, practical, and important, were abundant. The selection, preparation, adulteration of food; the water we drink, its purity, impurities, tests for, and dangers from, impurities; the sanitary care of contagious and infectious diseases; the sanitation of the lying-in room, etc., — were among the subjects presented for consideration. Dr. Pemberton Dudley forcibly referred to the dangers connected with the careless use of the clinical thermometer, and insisted on the duty of keeping the useful instrument thoroughly clean, that no infection be ever attributed to its use. The location of wells, the situation of houses, etc., received a full share of attention.

After a profitable discussion of the above, the following resolutions were adopted:—

*Resolved*, That it shall be the duty of the chairman of each bureau to prepare, or cause to be prepared, synopses of the work done in sections, and present to the Institute in general session such synopses, and the original papers; to be referred to the publication committee.

*Resolved*, That when any change or suspension in order of business is made which affects sectional work, it shall be done with consent of the chairman of bureau, or else by a two-thirds vote of the members in full session.

*Resolved*, That the chairman of each of the bureaus should provide each year an address on some subject contained within his section, which shall include a consideration of recent progress in such department of medical knowledge, and shall be discussed before the Institute in general session, but shall not consume more than one-half hour for delivery, and shall not be discussed except in sectional meeting.

#### THURSDAY EVENING.

This evening of the session has usually been devoted to so-called social festivities.

Sometimes it has been a success, and sometimes a dead failure; the members feeling themselves compelled to sit listening to dry and tedious speeches, — for doctors, as a rule, are not especially happy in *post*-prandial speeches. This year the committee decided to omit them altogether. An elaborate banquet was tendered by the able management of the hotel to the members of the Institute and their friends. About four hundred covers were laid, and full justice was done to the feast. At the close, Dr. Dowling announced the following telegrams exchanged with the president-elect:—

F. H. ORME, M.D., *Atlanta, Ga.*

*My dear Doctor,*—I have been appointed a committee of one by the American Institute of Homœopathy, to extend to you their heartfelt sympathy on account of your illness, their regrets at your absence, and their congratulations that you have this day been unanimously elected president of the Institute for the ensuing year. Next meeting at Saratoga Springs.

J. W. DOWLING.

J. W. DOWLING, M.D., *Saratoga, N.Y.*

My profound acknowledgments to the Institute for kind expressions and for the extraordinary honor of electing me president during my absence. I shall trust the members to support me in my efforts to prove worthy of their confidence, and to make the next meeting, if possible, a greater success than the present, so that we may be proud, and still prouder, of our glorious old Institute. Am improving. With pride and gratitude.

F. H. ORME.

The company then adjourned to the spacious parlors of the hotel, where they were entertained by a quartet, consisting of Dr. and Mrs. L. L. Danforth, Mrs. S. B. Anderson, and Mr. H. R. May of New York, whose charming selections of vocal music were capitally rendered, well received, and frequently encored. Later in the evening, the brilliantly lighted ball-room, and the music of Klein's orchestra, which had previously served to enliven the banquet, attracted the assembled company; and till long past midnight the younger members, possibly some of the older ones, joined in the mazy dance. The social evening was a success.

#### FRIDAY MORNING, JULY 2.

The Board of Censors made its final report; and seventy-five members were elected at this session, — the largest number that had been added for several years. The matter of publishing the transactions in quarterly numbers was laid over until next year, and the committee requested to continue their investigations.

The report of the Inter-collegiate Committee was made and adopted.

The report of the Committee on Organization showed the membership at the present session to have been from the following States: Arkansas, 1; Connecticut, 12; California, 2; District of Columbia, 1; Delaware, 2; Florida, 1; Illinois, 15; Indiana, 2; Iowa, 4; Kansas, 1; Maine, 2; Maryland, 2; Massachusetts, 43; Michigan, 3; Missouri, 2; New Hampshire, 1; New Jersey, 6; New York, 64; Nebraska, 1; Ohio, 13; Pennsylvania, 26; Rhode Island, 5; Tennessee, 1; Texas, 2; Virginia, 1; Vermont, 3; Wisconsin, 2. Total, 218.

The Bureau of Clinical Medicine, through its chairman, Dr. Mitchell, gave a *résumé* of the work done during the year. Dr.

Dowling, in a paper on "Climatology in Relation to Pulmonary Phthisis," advocated a dry climate, and mentioned, as among the best places for consumptives, the Adirondacks in summer, and in winter the sandy plains of Georgia.

Dr. Jones of Albany read a paper on "The Relative Value of Mountain and Sea Air in the Treatment of Consumption;" and an exceedingly interesting and valuable discussion followed, in which many members participated.

A memorial service followed, in which the friends of members deceased during the year paid a parting tribute to their memory.

Appropriate resolutions of thanks were passed to those who had specially contributed to the comfort of the members; and the forty-third anniversary session closed, with the feeling, on the part of all, that it had been an unusual success.

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#### REVIEWS AND NOTICES OF BOOKS.

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PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, 1885. Vol. VIII. Boston: printed by Rand, Avery, & Co., 1886. 505 pp.

A gratifying increase in the bulk of the volumes published by the Massachusetts Homœopathic Medical Society is to be noted with pleasure, as testifying to the growing interest of the members of the society in the work for which they assemble. That this work has been done, in the year just past, in a manner to promote the best interests of science and homœopathy, no reader of the volume before us will deny. Valuable and thought-inspiring papers are many: and as examples of the best of them may be quoted the series of papers on Diphtheria, presented by the committee on clinical medicine; the provings of curare and xanthoxylum fraxineum, offered by the committee on materia medica; the paper on the Spread of Intermittent Fever in Massachusetts, by Dr. H. E. Spalding; and the oration on Science and Rationalism in Medicine, by Dr. Walter Wesselhoft. The society and its publication committee have good cause to congratulate themselves on this admirable volume.

DISEASES OF THE TONGUE. By Henry T. Butlin, F.R.C.S. Philadelphia: Lea Brothers & Co., 1885. 451 pp.

The tongue is proverbially an "unruly member;" but that it is a member, with extensive pathological possibilities of its own, one needs to study some such volume as the above in order to fully realize. We are here reminded, that, aside from accidents

to and congenital defects of the tongue, this organ may be subject to inflammation, discolorations, eruptions, excoriations, fissures, ulcers, patches, nodes, atrophy, hypertrophy, tumors, parasitic and nervous affections. The most extended consideration is given to cancer of the tongue. The author dwells much on the treatment of pre-cancerous conditions which threaten to become cancerous; remarking that "there is no part of the body in which at present the pre-cancerous conditions are so well marked as in the tongue; no part of the body, therefore, in which the chances of attacking the disease before it has ripened into cancer are so favorable." The advice is re-iterated, "Avoid caustics" in treating warty growths or sores of the tongue, as it has been demonstrated that caustics play an important part in transforming simple sores into cancer. The operations for removal of the tongue, devised by Whitehead, Marrant Baker, Bryant, Kocher, and Regnoli, are described in detail. Great stress is laid on the after-treatment in amputation of the tongue.

Surgeons will find this little manual an invaluable counsellor. It is among the most valuable issues of Lea Brothers' "Clinical Manuals."

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery, by authors of various nations, edited by JOHN ASHHURST, jun., M.D. Illustrated with chromo-lithographs and woodcuts. In six volumes. Vol. VI. New York: William Wood & Co., 1886. 1272 pp.

The sixth and last volume of this magnificent work can but deepen and confirm the pride and satisfaction, with which every practitioner of medicine or surgery must view the work as a whole. It forms in itself a surgical library, from which may be gathered the latest views of the best authorities on all questions relating to the surgeon's art.

The table of contents embraces papers on Injuries and Diseases of the Œsophagus, by Dr. J. Solis-Cohen; Intestinal Obstruction, by Dr. Ashhurst; Injuries and Diseases of the Male Genital Organs, by Dr. H. Royes Bell; Injuries and Diseases of the Female Genitals, by Dr. Parvin; and many others on subjects of equal importance, by practitioners of equal eminence. An appendix contains valuable articles on Construction and Organization of Hospitals, by Dr. Cowles; Preparation of Military Surgeons for Field Duties, by Dr. Clements; and a History of Surgery, by Dr. George J. Fisher. The latter paper is especially able and interesting.

Editor and publishers have alike laid a heavy debt of gratitude on the profession for having thus, by indefatigable labor and

enterprise, made accessible in a single work all necessary knowledge on one of the most vital branches of the healing art.

LECTURES ON DIETETICS AND DYSPEPSIA. By Sir William Roberts, M.D., F.R.S. Second edition. London: Smith & Elder. Imported by G. P. Putnam's Sons, New York. 89 pp.

This highly interesting little volume is occupied, for the most part, with the results of some "desultory laboratory work," and consequent reflections on dietetics, digestion, and dyspepsia. The laboratory work consists of valuable, accurate experiments concerning the effects of "food-accessories," — alcoholic beverages, tea, coffee, cocoa, and effervescent table waters, — on salivary, gastric, and pancreatic digestion. Among the reflections one finds much that is original and suggestive. The author concludes that the "food-accessories" above alluded to are rather helpful than deleterious; and dwells upon the coincidence, that, as their use has spread within the last century, a "change in the mental type" of the nations using them is observable, resulting in advance in the exact sciences and the dependent industrial arts, — a daring and somewhat perilous bit of *post hoc, propter hoc*, reasoning. The well-fed nations are shown to be the dominant nations, and the author's faith in ample nourishment as a fostering aid to genius is outspoken — and British. The book affords an hour's entertaining reading, and material for more than an hour's after-thought.

INSANITY AND ITS TREATMENT. By G. Fielding Blandford, M.D. Third edition. Together with TYPES OF INSANITY. By Allan McLane Hamilton, M.D. New York: William Wood & Co., 1886. 379 pp.

This admirable work forms the February issue of Wood's Library for 1886. Its text is in the form of lectures, of which there are twenty. The *motif* of the book is the author's conviction that "disorder of the mind means disorder of the brain, and the latter is an organ liable to disease and disturbance like other organs of the body, to be investigated by the same methods, and subject to the same laws." While dealing with the pathology of insanity, this point is kept constantly in view. The entire subject is handled in a masterly manner. The various forms of mental unsoundness are regarded not merely from the clinician's standpoint: the relation of the patient to his family, friends, and society, and the legal aspects of his case, are clearly and intelligently set forth. Excellent chapters are those devoted to the law of lunacy in Great Britain, and to the examination of patients, especially those with regard to whose confinement question has been raised.

It was an exceedingly happy thought on the part of the publishers, to include Hamilton's Types of Insanity with the larger work. We can only, on a second examination, reiterate the cordial praise which we gave Dr. Hamilton's work, in a former issue of the GAZETTE. The plates bear internal evidence of being faithful, as they are certainly striking, typical representations.

A TEXT-BOOK OF MEDICAL PHYSICS. By John C. Draper, M.D., LL.D. Philadelphia: Lea Brothers & Co., 1885. 733 pp.

According to Dr. Draper, medical physics discusses the laws and phenomena of physics, with which the physician should be acquainted to understand the processes of life; and also those a knowledge of which is necessary for the sanitary improvement of the community in which he labors. As examples of "medical physics" may be cited:—

I. The explanation of the function of respiration on the principles of pneumatics and diffusion of gases.

II. The influence of latent heat in the maintenance of a fixed temperature in all hot-blooded animals.

III. The dependence of the phenomena of circulation of the fluids of the body on the laws of hydrodynamics and hydraulics.

IV. The application of the principles of capillarity to the explanation of absorption and secretion.

V. The explanation of the action of the locomotive system on the principles involved in levers, and the numerous forms of surgical apparatus dependent on levers and wedges.

VI. The elucidation of the action of the organs of vision and of hearing by the laws of optics and acoustics.

VII. The relations of meteorology to animal heat, and to the appearance, advance, and retrogression of various diseases.

From the above may be gathered some idea of the scope of this very practical and original work. If, as is claimed, "physics rivals, if it does not surpass, chemistry, in the explanation of the phenomena of life," then Dr. Draper's book should become, on the student's shelves, the indispensable companion of the standard authorities on anatomy, physiology, and chemistry.

DISEASES OF THE SPINAL CORD. By Byrom Bramwell, M.D., F.R.C.P. Second edition. New York: William Wood & Co., 1886. 298 pp.

The initial volume of Wood's Library for 1886 here makes its welcome appearance. In general form it resembles its comely predecessors of other years; coming, however, clothed in crimson, which is apparently to stand as the color for the present

year. The crimson covers will enclose much valuable teaching, if we may judge from the volume now before us. Its first chapter sets forth the essential points in the anatomy and physiology of the spinal cord; the second, the method of case-taking, and full directions for clinical examination, with the salient features of diagnosis, prognosis, and treatment; while the remainder of the book is devoted to a tabular classification of the diseases of the spinal cord, and a description of the individual affections. The work is fully illustrated with 53 colored plates, and 102 wood-engravings, the majority of which can claim the merit of originality.

THE SURGICAL DISEASES OF CHILDREN. By Edmund Owen, M.B., F.R.C.S., Surgeon to the Hospital for Sick Children, Great Ormond Street, London. 12mo, 585 pp., with 4 chromo-lithographic plates and 85 engravings. Cloth, \$2. Philadelphia: Lea Brothers & Co., 1886.

The author here gathers into one accessible little volume the facts as to the surgical diseases of children, which else the inquirer might be forced to seek through ponderous quartos. The teachings are direct and clearly expressed, and will, for the most part, command ready assent. Among the more noteworthy points is the author's declared conviction that "croup, diphtheria, and membranous laryngitis, are probably the same disease, produced by the absorption of poisonous germs." This belief in the essential oneness of croup and diphtheria seems, indeed, to be gaining ground with the profession. The reference to it in this case is apropos of the frequency with which, on account of urgent dyspnoea, the operation of tracheotomy is indicated. The author, without claiming to save a large majority of tracheotomy cases, yet earnestly advocates the measure, as a great and certain palliative. In regard to the time for performing the operation, he says, somewhat epigrammatically, "If there be any doubt as to whether the operation may not be still further delayed, it will generally be better *to perform it forthwith.*" Mr. Owen condemns the practice of slitting the prepuce longitudinally, instead of performing circumcision, in cases where operative interference is called for. In brief, the little book is an excellent one, and worthy a place in its practically useful series.

THE STUDENT'S MANUAL OF VENEREAL DISEASES. By Berkeley Hill, M.D., and Arthur Cooper, M.D. Philadelphia: P. Blakiston, Son, & Co., 1886. 132 pp.

In the present revised edition, this little manual will doubtless yet further substantiate its claim to be considered one of

the best epitomes of venereal diseases, and their treatment according to "rational" therapeutics, as yet offered to students. We are glad to chance on the authoritative statement, that, in gonorrhœa the "abortive treatment" with strong caustics and "specifics" is rarely successful, and "not free from danger." Additions have been made to the formulæ, which conclude the book; and the tendency to caution in the use of powerful drugs is to be observed and commended.

HANDBOOK FOR THE INSTRUCTION OF ATTENDANTS ON THE INSANE. Boston: Cupples, Upham, & Co., 1886. 137 pp.

This little handbook was prepared by a sub-committee of the Medico-Psychological Association, appointed at a branch meeting held in Glasgow. It is prepared "in the hope of helping attendants on the insane to a due understanding of the work in which they are engaged." Under the headings, *The Body: Its General Functions and Disorders*, *The Care of the Insane*, *The General Duties of the Attendant*, one finds certain fundamental facts and principles concerning the anatomy, physiology, and diseases of the human organism, together with explicit directions as to the care of the mentally deranged in private houses and public institutions, — such directions, as is cautiously pointed out in the preface, by no means to "override the special rules of any institution, or special orders in regard to any individual case." The work is admirably suited to its purpose, and may be read with interest and profit by other than specialists, as an exponent of modern enlightened, humane ideas on the subject treated.

LOCAL ANÆSTHESIA IN GENERAL MEDICINE AND SURGERY.

By J. Leonard Corning, M.D. New York: D. Appleton & Co., 1886. 103 pp.

Readers of recent medical literature need no introduction to Dr. Corning's experiments in, and discoveries concerning, the "incarceration of the anæsthetic" cocaine, by means of which prolonged operations, such as resection of bone, setting of fractures, reduction of dislocations, etc., can be painlessly performed. The present brochure gives in a single volume a summary of these experiments and discoveries, with their practical applications. It is of interest to note the author's statement that the "discovery in question was in no respect the result of chance, but was, on the contrary, the direct outgrowth of a chain of deductive reasoning." The importance of this discovery needs no insisting on; and no surgeon can afford to be in ignorance of its details, or can fail to be scientifically the richer for the possession of the present work.

A TREATISE ON PRACTICAL CHEMISTRY, AND QUALITATIVE INORGANIC ANALYSIS. By Frank Clowes, D.Sc. From the fourth English edition. Philadelphia: Lea Brothers & Co., 1885. 376 pp.

In the concluding lines of his preface the author "ventures to express a hope that he has succeeded in his attempt to provide a systematic, intelligible, and fully equipped laboratory guide and text-book." We should regard his hope as justified of the fact, and his work a very satisfactory one; embracing all essential points, yet terse, condensed, and easy of reference. It is thoroughly indexed. A work which has reached its fourth English and its third American edition must be looked upon as bringing authoritative recommendation to the student.

THE DISORDERS OF MENSTRUATION. By John N. Upshur, M.D. New York and London: G. P. Putnam's Sons, 1886. 200 pp.

The little work before us differs from many of its kind, in that its pages bear testimony of having been written not only by a physician, but by a humanitarian, — one to whom his patients are not solely "cases," more or less interesting, but suffering human beings, to whom is due not only service but sympathy. There is no preaching, no obtrusive moralizing; yet the book is dignified by a gentle humanity which underlies its science.

It treats of the regional anatomy and physiology of the uterus and its appendages; of amenorrhœa, menorrhagia, metrorrhagia, dysmenorrhœa, the ovaries and their diseased conditions, vesical irritation, pelvic cellulitis or parametritis, the neuroses of the menstruation, and the menopause. The treatment is, of course, that of the "rational" school. To say that the book belongs to Putnam's fine series of Student's Manuals, is, of course, to say that it is unexceptionally printed and bound.

FOWNE'S MANUAL OF CHEMISTRY. From the twelfth English edition. Philadelphia: Lea Bros. & Co., 1885. 1056 pp.

We regret that the pressure upon our reviewing columns has made it impossible for us to give earlier notice to this admirable work. It is not, however, too late to commend it as an exhaustive and authoritative treatise to all interested in a most important and progressive science.

HASCHISCH. By Thorold King. Chicago: A. C. McClurg & Co., 1886.

This is not, as one might infer from the title alone, a scientific treatise on the famous Indian drug, but a medico-sensational

novel, turning on a possible use for the drug, as once suggested by a French physician ; namely, the betrayal of criminals, when under its influence, into confession of the fact and details of their crimes. The plot is a strong and original one, though somewhat crudely handled ; and the author, evidently, can claim more than a speaking acquaintance with things medical.

FORE-ORDAINED : A STORY OF HEREDITY. New York : Fowler & Wells Co., 1886. 90 pp.

In stories written with a sharply defined Purpose, — with a very capital P, — the Purpose is apt to act, not as a light shining through the form of the tale, but as a consuming fire which reduces story and literary style to ashes, and somewhat scorches the would-be reader into the bargain. The present example is no exception to this rule. Several important, though not very new, truths as to the ante-natal care of infants are here presented in narrative form. The moral tone of the book is unobjectionable, and among readers not too exacting in the matter of literary form it may do excellent missionary work.

TALES OF ECCENTRIC LIFE. By William A. Hammond, M.D., and Clara Lanza. New York : D. Appleton & Co., 1886. 209 pp.

These short tales, as their title indicates, deal with life in certain exceptional phases, and belong to the sphere of sensational romance, if the phrase be permissible. Their medical origin breathes over them a sort of odor as of mental pharmaceuticals ; and they are, in short, such tales as one physician might tell to another over the library fire, in that pleasant hour when the day's duties are over, and the evening cigar just begun. Physicians — unless born under some such lucky star as was our illustrious Weir Mitchell — are rarely *littérateurs* ; and the more imaginative flights of the present volume show an Icarus-like unsteadiness on the wing, and compare with the work of Stevenson, for instance, but as the touch of a painter 'prentice lad might compare with that of Raphael. It is singularly like a travesty of Mark Twain's, for instance, where the disembodied spirit, in preparing to quit the room which has been the scene of his demise, first looks about for his hat ! But the book is pleasant reading, for all that ; and an amusing half-hour may be spent in its society.

"AS WE WENT MARCHING ON." By G. W. HOSMER, M.D. New York : Harper & Bros. 310 pp.

Despite all that modern "literary artists" may assure us, the world is not too old to enjoy a good story. And among the

stories which the world has loved best to hear, since the days of Homer, are those of "battles long ago." Chronicles of well-fought fights keep, through all ages, their power to warm the blood. Such a chronicle of the "war days," which are fast becoming legendary, Dr. Hosmer here offers us. Battles, and notably that of Winchester, are described with a sort of passionate enthusiasm, as if while he wrote he heard the old trumpet's call. Stories of army life, in camp and on the march, are told in terse, nervous English, and with a keen appreciation of their humor or picturesqueness; and a light thread of romance serves to hold together the scattered beads of incident. The profession of the author betrays itself in the lingering over the details of certain unique cases of army surgery. The little book is fascinating reading, and a creditable addition to the growing list of secular works by medical authors. Dr. Hosmer's professional brethren can spend a pleasant half-hour in sharing thus his experiences "in war-time."

ARCHITECTURAL STUDIES. Part IV. Seaside and Southern Houses. New York: William T. Comstock, 1886.

We find offered here a series of architectural drawings, picturing suggestively forth a variety of seaside residences which one may build as a refuge from July heats, and of Southern cottages in the which one may be comfortably established if frozen out of un hospitable New England. The drawings are finished in detail; and by their use the would-be builder may come into immediate relations with his contractor, and save architects' fees. Exquisitely printed and mounted, they are as temptingly pretty as undoubtedly useful. Their exceedingly reasonable price is \$1.00.

THE POPULAR SCIENCE MONTHLY for July has a valuable paper on "The Care of the Brain," by Dr. Ambrose Ranney; and an interesting one on "The Influence of Exercise upon Health," by Professor E. L. Richards of Yale College. Mrs. Bergen discourses delightfully on the "Animal and Plant Lore of Children," quoting many familiar rhymes and incantations, at the first sound of which one feels a child again. There is a portrait with sketch of Gerard Mercator; and the number, as a whole, is a highly readable one.

THE CENTURY for July has for "war papers," "Fighting Farragut Below New Orleans," by Capt. Beverly Kennon; "Incidents of the Occupation of New Orleans," by Commander Albert Kantz; "Farragut's Demands for the Surrender of New Orleans," by Marion A. Baker; and "In the Wake of Battle," by Maria Blunt. "A Day in Surrey with William Morris" is a

delightfully illustrated article setting forth a sunny side to socialism. There are stories and poems, thoughtful essays on labor problems, and breezy sketches of field sports, — a varied and most entertaining literary feast for a summer's day. New York: The Century Company.

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*BOOKS AND PAMPHLETS RECEIVED.*

- MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS. By Conduct W. Cutler, M.S., M.D. New York and London: G. P. Putnam's Sons.
- DISEASES OF THE STOMACH AND INTESTINES. By Professor Dujardin-Beaumetz. Translated by E. P. Hurd, M.D. New York: William Wood & Co.
- THE MIDGE. By H. C. Bunner. New York: Charles Scribner's Sons.
- A REPERTORY OF THE MOST CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. Edited by George William Winterburn, Ph.D., M.D. New York: A. L. Chatterton & Co., 1886.
- A MANUAL OF DIETETICS. By J. Milner Fothergill, M.D. New York: William Wood & Co.
- ANALYSIS OF THE URINE. By Professor F. B. Hoffman and Dr. R. Ultzmann. Translated by T. Barton Brune, A.M., M.D., and H. Holbrook Curtis, Ph.B., M.D. New York: D. Appleton & Co.
- ON DISORDERS OF DIGESTION, THEIR CONSEQUENCES AND TREATMENT. By T. Lauder Brunton, M.D., D.Sc., F.R.S. London: MacMillan & Co.
- HOMŒOPATHY AS VIEWED BY A MEMBER OF THE MASSACHUSETTS MEDICAL SOCIETY. An address delivered April 15, 1886, before the Hahnemann Society of the Boston University School of Medicine. By Vincent Y. Bowditch, A.B., M.D. (Harvard). Reprinted from the Boston Medical and Surgical Journal. Boston: Cupples, Upham, & Co.
- SIX YEARS MORE: A LECTURE SUPPLEMENTARY TO THE FIFTH EDITION OF A MANUAL OF PHARMACODYNAMICS. By Richard Hughes, L.R.C.P., Edin. London: Leath & Ross.

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MISCELLANY.

LONGEVITY AND RICHES.—The "St. Louis Periscope" quotes the following: Joseph Körösi, of Buda-Pesth, in a paper read before the Association of Hygiene, in Berlin, last year, presents some figures regarding the effect of pecuniary status on longevity. Excluding deaths in infancy, he finds, taking his observations from a period of eight years, that the rich class had a longevity of fifty-two years; the middle class, of forty-six years one and one-tenth month; the poor class, of forty-one years seven months. In the matter of susceptibility to infectious diseases he finds that cholera, small-pox, measles, and typhoid are more prevalent among the poor, and diphtheria, croup, pertussis, and scarlet fever among the well-to-do. Zymotic diseases, as a whole, were sixty per cent more frequent among those living in basements than in higher domiciles. But the increase in fatality in underground tenements applied only to certain diseases, as especially measles and whooping-cough, while diphtheria and scarlet fever were ten per cent less frequent than in families living above ground. — *Medical Record.*

COCOAINÉ IN SICKNESS.—Manasseïn (“Berlin. kl. Whnschr.,” “Lancet”) has used the following solution in several cases with gratifying results:—

Hydrochlorate of cocoaine . . . . .	2½ grains.
Alcohol . . . . .	q. s.
Distilled water . . . . .	4½ ounces.

He gives a teaspoonful every two or three hours.—*New York Medical Journal.*

DECORATED WITH THE RED CROSS.—Last year the Empress of Germany offered a cash prize of \$1,000 and the decoration of the Order of the Red Cross to the successful inventor of a portable field hospital, to be set up at the exhibition now open at Antwerp, Belgium. Mr. William M. Ducker, of No. 42 Fulton Street, Brooklyn, was one of the competitors. Sept. 10 he received a telegram from Antwerp, notifying him that the examiners had found his design to be the best, and he had been awarded the two prizes. The design, which is now on view in Antwerp, is thirty-four feet long, seventeen feet wide, six and a half feet high at the side walls, and ten and a half feet high at the ridge-pole. It is constructed of wood and fire-proof muslin, and has an out-building or annex at either end, some four feet square. The floor has an underlying air shaft to distribute air, heat, or disinfecting vapor into the hospital through openings in the upper side. There are twenty-four floor sections, all of light, strong wood, interchangeable in position, and locking together by key pieces. The windows are small and placed close to the roof. The weight of the structure for winter use is twenty-five hundred pounds, and for summer use fifteen hundred pounds. It costs only \$240, and two men can put it up in an hour.—*Eastern Medical Journal.*

“DROPPING INTO POETRY.”—The “Medical Record” gets off the following:—

Said Koch, “I’ve some comma bacilli.”

Said Klein, “I don’t think they will kill.”—“I,”

Said Finkley (and Prior),

“Believe he’s a liar.”

Said Ferran, “I can knock you *all sill-i.*”

*Maryland Medical Journal.*

A NOTE-BOOK EXTRAORDINARY.—A pocket-diary picked up in the streets of a neighboring village would seem to indicate, from the following choice extract, that the owner was a medical man: “Kase 232. Old Misses Boggs, Ain’t got no bisnis, but has plenty of money. Sikness all a humbug. Gave her some of my celebrated ‘Dipsefloriken,’ which she sed she drank like cold te — which it was too. Must put something in it, make her feel sik and bad. The Old Woman has got the roks.”—*Sanitarian.*

WOULDN’T WASTE HIS GROANS.—(*Doctor*) Well, how are we to-day?—(*Patient.*) Oh, I’ve had a miserable day, doctor.—(*Doctor.*) But your wife says you haven’t groaned at all to-day, while yesterday —— (*Patient.*) Good reason. Thought there wasn’t anybody around. That woman is always taking an unfair advantage of me.—*Boston Journal.*

CHARCOAL AND CAMPHOR IN CHRONIC ULCER.—A mixture of equal parts of camphor and animal charcoal is recommended by Barbocci as an application to prevent the offensive odor and remove the pain of old excavated ulcers. The camphor acts as a disinfectant, and the charcoal absorbs and destroys the offensive odors.—*British Medical Journal.*

A NORTHERN MEMORIAL TO SOUTHERN HEROISM.—A memorial window has recently been placed in St. Peter’s Church, Fernandina, Fla., by a physician of Boston, in memory of two of the Southern professional brethren, Drs. Wellford and Herndon, who heroically laid down their lives in the performance of self-elected duty during the epidemic of yellow fever which prevailed in Fernandina in 1877. It was a striking coincidence that these two men, both born in the same city just two years apart, and in the same month, and having volunteered their services, reached Fernandina in the midst of the epidemic on the same day, and that their deaths also occurred the same day.

The memorial is a graceful tribute from a Northern man to his Southern asso-

ciates who died in a noble cause. In the lower part of the window an illuminated tablet has the following inscription :

FRANCIS PRESTON WELLFORD, M.D.,  
Born in Fredericksburg, Va.,  
Sept. 12, 1829.

JAMES CARMICHAEL HERNDON, M.D.,  
Born in Fredericksburg, Va.,  
Sept. 22, 1831.

Died in the faithful discharge of their duty,  
at Fernandina, Florida, Oct. 18, 1877.

To whose memory, in grateful recognition of  
their noble lives and heroic death, this win-  
dow is dedicated by a New England member  
of the profession which they so much honored  
and adorned.

“Greater love hath no man than this, that a man lay down  
his life for his friends.”

*Boston Medical and Surgical Journal.*

FIXATION OF A FLOATING KIDNEY. — The “Medical News” quotes the following : Professor F. Franzalini, on May 4, 1885, operated upon a young woman for the fixation of a floating kidney. An exploratory abdominal incision was made, a tumor of the mesentery being suspected. The true nature of the tumor being thus disclosed, Professor Franzalini operated on the displaced kidney according to the method proposed by Rose, namely, by fixing it to the lumbar wall by two catgut sutures passing through the capsule and parenchyma of the organ. The exploratory incision united by first intention, and the woman recovered without an unfavorable symptom.

The two operations — laparotomy and fixation of the kidney — occupied only one hour and a half. — *Gazzetta Medica di Torino*, May 15 and 25, 1885.

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## PERSONAL AND NEWS ITEMS.

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DR. RICHARD HUGHES writes, under date of July 8, “That every thing promises well for the success of the International Convention, so far as material for discussion is concerned, the only uncertainty being as to the numbers in attendance.

DR. GEORGE B. RICE, class '86, B. U. S. of M., has located at Lexington, Mass.

DR. G. E. HETHERINGTON, class '77, B. U. S. of M., has located at Davis Square, West Somerville, Mass.

DR. WALTER R. AMESBURY, class '86, B. U. S. of M., has located at Marshfield, Mass.

DR. THOMAS D. LONERGAN, class '86, B. U. S. of M., has located at Canton, Mass.

DR. ARTHUR MITCHELL, class '86, B. U. S. of M., has located at Medfield, Mass.

DR. C. M. FULLER has removed from Medfield to Boston.

F. W. HARTWELL, M.D. (class '79, B. U. S. of M.), who went to Colorado some time ago, suffering from severe pulmonary hemorrhage, and has been near the border line several times since, writes of marked improvement, and hopefulness of permanent recovery ; especially since coming under the care of Dr. E. R. Butler (class '79) of Canon City, Col. Under his treatment the afternoon hectic has been much lessened, and the evening temperature reduced from 103° to less than 100° ; pulse reduced in proportion ; skin softened and moistened ; urine increased in quantity ; and the suppurative process in the lungs materially diminished. Dr. Butler has had several years' successful experience with lung diseases in Colorado, and is gaining an enviable reputation in their treatment. Dr. Hartwell promises in the near future an article to these columns on the climatology of Colorado.

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EDITORIAL.

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*A WELL-AIMED SHOT.*

OUR much-esteemed contemporary, "The North-American Journal of Homœopathy," in its July issue, fires, in open field, with steady hand, and excellent judgment as to aim, the opening shot in what, if our other esteemed contemporaries, the homœopathic journals of the United States, do their warlike duty, promises to be a short and sharp campaign, ending in the overthrow of a piece of sham which has long been the butt of much private satire, and has lately, as covertly seeking to work mischief to the cause under whose banner we stand enlisted, demanded public exposure and condemnation. The sham referred to is the attitude of "The New-York Medical Times" on the question of homœopathy. On this point, "The North-American Journal of Homœopathy" says with justice and severity, and in words which sum up the entire question to those interested in grasping it, —

. . . "The columns of that journal have been open to much misrepresentation, anonymous and editorial, of homœopathy both past and present. Homœopathic interests and organizations, through which have proceeded the emoluments and honors of its editors, have been treated with such cold-heartedness, sometimes with actual animosity and hostility, that it is within the truth to say that its course has constituted a scandal in the eyes of men who believe in the propriety of old-fashioned gratitude, and of silent, if not cordial, friendship, for the hand which has fed it. Upon its denial of what it styles sectarianism in medicine, and its straddling sentimentalism over an impracticable and unattainable 'liberalism,' we have no comment now to offer beyond the belief, that he who abnegates in sincerity, should purge himself wholly from the thing abnegated, or confine his abnegations to his closet. One editor of the journal under comment is a member of the Board of Trustees of the New-York State Homœopathic Asylum for the Insane,

president of the Medical Staff of the Homœopathic Hospital on Ward's Island, visiting physician to the Hahnemann Hospital, — whose charter reads that 'all patients in said hospital shall be under the professional care of physicians and surgeons skilled in, and practising under, the homœopathic system of medicine,' — and a member of the distinctively homœopathic societies of the county and State of New York, and of the American Institute of Homœopathy. While realizing his services in connection with these various institutions and societies, it is pertinent to ask how he can sincerely preach 'non-sectarianism' when he is thus under obligation to support and forward 'sectarian' interests? The other editor is a member of the 'regular' Medical Society of the County of New York, at whose portals he abnegated organizations bearing the homœopathic name, while he still continued to serve upon the staff of the Ward's Island Homœopathic Hospital, and where he still accomplishes the difficult feat of combining faithfulness as a homœopathic secretary with consistency as an abnegating 'non-sectarian' sectary. These personal allusions, relating only to duties held in public trust, we are constrained to offer with regret, because they are essential to an understanding of the 'non-sectarian' ethics of the editors and the representative character of the journal which they edit. We submit that 'The Medical Times' does *not* represent homœopathy in general, nor the homœopathic opinion of New York, but that its editors would appear to profit by both. And when, in its sentimental devotion to the principle of so-called non-sectarianism, it lives in the house of the friends of homœopathy, and publicly undermines its foundations, attention should be directed to the specious wiles lurking beneath its illimitability of rhetoric.

"We now ask these questions directly: Can any journal, taking the position that colleges are unworthy of endowment because they bear the homœopathic name, honorably appeal for homœopathic support? Can any journal, clamoring for the abandonment of the homœopathic name, be considered friendly to the perpetuation and development of the homœopathic principle in medicine?" . . .

A most convincing illustration of the above remarks on the part of the "Journal" is to be found in an anonymous — "and," as the "Journal" cogently remarks, "for which, as being anonymous, the editors have assumed the responsibility" — letter, which appears in the June issue of the "Times." This letter deprecates, in language whose *animus* not the dullest nor the most lenient can mistake, the appeal for endowment of the New-York Homœopathic Medical College, on the ground of the latter's "sectarianism"! An odd plea, truly, to be editorially supported by those holding honored positions on the staff of a "sectarian" hospital!

Consideration of these facts cannot but press home to every friend of homœopathy the "Journal's" questions, — "Can any journal, clamoring for the abandonment of the homœopathic name, be considered friendly to the perpetuation and development of the homœopathic principle in medicine? Can any [such] journal honorably appeal for homœopathic support?"

That any man, prompted by conscience, has a right to openly change his convictions and his allegiance, no one to whom the right of free thought is dear and sacred, will attempt to deny. But the men who still voluntarily hold honorable positions in an army, and deal traitorous stabs to the comrades beside whom they stand, — the men who accept nourishment for their fame, only to use that fame, grown strong, as a shield behind which to strike at the friend who fed it, — for these men, there can be but one characterization, and that, one which cannot be courteously phrased.

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#### *SECTIONAL MEDICAL MEETINGS.*

“To put a quart of molasses into a pint-bottle” is a problem, the solution of which has been attempted time out of mind. It has never yet been fully solved, but our medical societies wrestle with it annually and sometimes monthly. The American Institute of Homœopathy has tackled the problem. In fact, with that body, it is no recent effort. We were not personally present at the first meeting the Institute ever held; but we are sure, that, at every one we have attended, there has been a constant growl over the inability to do, in a limited time, the great amount of work desired. How to allow each member of the many bureaus to read to the assembled multitude every word that he has been able to write on his chosen topic during the year of his official appointment, and to give time for all the remaining members to express all their thoughts on the various subjects presented within the four or five days allotted for the annual sessions, is a question not easily solved.

Then, too, it must be confessed, there are some who find it dull music to listen to the reading of a commonplace paper for one or two hours at a stretch. Some irreverently declare that they would rather listen to the reading of a “last year’s almanac;” while others say that all they want at such a meeting is the pith of the matter, and then, if they choose, they can dig out the whole article from the Transactions when published.

But there are many profound writers who declare that an abstract only murders their article; and others aver that the discussion which such an abstract provokes, often goes astray

from the ideas of the paper itself, and sometimes that it simply repeats those ideas in such form as to rob the author of the claim to originality. Suffice it to say, that no plan of condensation yet devised has proved wholly satisfactory. Five years ago the plan of sectional meetings was resorted to by the Institute, several sections, or bureaus, meeting at the same time. But members of bureaus which did not prove attractive, felt aggrieved that they were eclipsed by other and more popular sections; and the sectional plan was voted a failure on its first trial. Yet, since that time, three separate associations — Ophthalmology and Otology, Pædology, and Obstetrics — have been formed, to do the precise work of sections, or bureaus, of the Institute. They hold sessions at the time of the Institute session without any regard to the comfort or welfare of the latter. Moreover, there is this disadvantage, — that their work, not being included in the published Transactions of the Institute, goes to a comparatively limited number of the profession. Now, the fact that these separate associations have been formed, and have held very interesting, though small, meetings, proves quite conclusively that sectional meetings of the Institute can also be held to advantage, provided the members will be content with a smaller, though more interested, audience. But it must be clearly understood that such meetings have a twofold object, — first, to gain more time in our sessions; and second, to not compel members in attendance at the session to listen to abstruse articles, and the discussion of subjects in which they feel no special interest. With these points in mind, we were glad when the Institute, at the last meeting, determined to try again the sectional plan. To allow two, three, or four sections to meet at the same time, is, of course, doubling, trebling, or quadrupling the available time. But there were presented what seemed to us certain objectionable features. Thus, the proposition to have an abstract of the doings of each of these sectional meetings prepared, and read before the general session, has the double disadvantage of occupying the time saved, and of developing in its worst form the “murderous abstract” so bitterly bewailed. Then, too, a complicated plan of sectional meetings, to occur at different times of the day, — morning, afternoon, or evening, as the case might be, — and to report their doings at certain other stated times, for

which, in many cases, they would not and could not be prepared, would make a perfect jumble of the work of the Institute which very few could understand. There are now in the various bureaus and committees more than one hundred different members who have essays or subjects which they desire to present; and there are perhaps three hundred physicians in attendance, more or less interested in what will be presented. Now, one who understands the ways of such assemblies will know that any complicated method, which it is possible to misconstrue, would be interpreted in a hundred different ways by as many physicians, in spite of, or rather aided by, the most lucid explanations. The whole plan, then, of sectional meetings must be made as simple and plain as possible, and then there will be enough of mistake and misconception.

The plan which we would propose is this: To have the morning and evening hours devoted to general sessions, and the afternoon to sectional sessions, or bureau and committee meetings. The more important of these should be arranged beforehand by mutual consent, and notice of these meetings should form a part of the printed programme. In this way, all the members would know how the time is to be occupied, and when and where to look for any particular work.

At the last meeting, at Saratoga, ten general sessions were held, occupying in the aggregate thirty-one hours. Three of these were afternoon sessions, Tuesday, Wednesday, and Thursday, of three hours each, and filled nine hours, leaving twenty-two hours for morning and evening, or general, sessions. Now, every bureau and every committee has some claim to the ear of the Institute; and as there are, say, fourteen of these, if each were allowed one hour, — some would need less, others more, — there would still remain eight hours for the transaction of general business, which should be ample. In the afternoons the whole time should be given up to separate bureaus and committees, the time and place of meeting of which should be duly bulletined, so that every person in attendance would know the exact time and place of such meetings. Three, four, or even more of these, could be in session at the same time, which would give for aggregate sectional work as many hours as the whole Institute has formerly occupied.

The committees could, as now, each take care of its own work by means of its chairman and secretary: but all bureaus should be provided with a short-hand reporter; and the discussions, together with the papers considered worthy by the section, should be properly revised, and printed in the Transactions for the benefit of every member, whether absent, or present at the meeting.

In the one hour, or more in some cases, occupied by bureaus in the general session, only such subjects should be presented as are of general interest; while all papers and discussions of special or technical importance should be reserved for consideration in sectional meetings by those best qualified therefor.

The details of such a plan need to be carefully arranged beforehand; and we have no doubt but that the committee appointed for this purpose will so faithfully do their work, that, if the molasses is not all put into the pint-bottle, no essential part of it will be wasted. \*

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#### EDITORIAL NOTES AND COMMENTS.

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##### *AN ANACHRONISM CORRECTED.*

“HELD-OVER” EDITORIALS, like the “adapted” funeral discourses of country clergymen, will, it appears, occasionally betray themselves by a startling anachronism. Such an anachronism is to be noted and regretted in the concluding paragraph of the GAZETTE’S editorial on “Is the Boycott Unknown in Massachusetts?” which appears in the August issue. The State Board of Health is there referred to as still unformed; while the satisfactory fact is, that the board in question had been nominated and confirmed some considerable time before the appearance of the editorial. It consists of the following members: Henry P. Walcott, M.D., of Cambridge, president American Public Health Association, seven years; Elijah U. Jones, M.D., of Taunton, homœopathist, and chairman of Taunton Board of Health, six years; Julius H. Appleton of Springfield, manufacturer, five years; Thornton K. Lathrop of Beverly, lawyer, four years; Frank W. Draper, M.D., of Boston, medical examiner, etc., three years; Hiram F. Mills of Lawrence, civil engineer, two

years; James White of Boston, retired merchant, formerly member of Legislature, one year.

Homœopathists must congratulate themselves, not only on securing representation on the new board, but on being so ably represented as by Dr. Jones of Taunton, a gentleman in every way fitted for the position to whose appointment we sincerely felicitate him.

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THE COMPLETION OF THE FIRST VOLUME OF THE CYCLOPÆDIA OF DRUG PATHOGENESY marks a pleasurable moment to all those who aspire after the possession for homœopathy, of a scientific materia medica. Without claiming perfection for the work so long anticipated, and now so thoroughly begun; without pausing for argument as to whether those critics who would have been glad to see the pruning-shears used more liberally on the material dealt with, or those critics who wail over their use at all as desecration and iconoclasm, are more nearly in the right, — it may yet be said that the realization of the immense service to therapeutic science rendered in the preparation of this work cannot but be more fully realized with every year of its existence. We quote below, for the benefit of such of our readers as are not subscribers to the Cyclopædia, — though we sincerely hope they are few, — certain remarks from the Introduction, which defend the plan of presenting each proving of a drug in its entirety, rather than formulating a schema from the provings as a whole. To our mind, the orchestral performance of a symphony would scarcely compare more favorably with a mere verbal description of its various “effects,” than does the picture of a proving given entire, with its disjointed fragments as incorporated in a schema.

“But, while there are few who will not welcome the detailed provings, there are some who ask, ‘Why not give a schema in addition?’ The answer is, first, that to do so would double the bulk of the work, and, by greatly increasing the labor of the workers, would treble the time taken in its accomplishment. But, secondly, we would reply that the schema is quite unnecessary for the purpose thought to be subserved by it; viz., to enable the practitioner readily to find any symptom of which he is in search. This he can always do by means of an index. Homœopathists have had to make such indices, in the shape of repertories, for their schemas themselves: the latter are alike insufficient without them, and inadequate as substitutes for the original narratives. They thus fulfil no useful purpose, and may be

banished to that limbo from which it may be regretted that they ever arose. Hahnemann designed the schema to obviate the necessity of an index, which in the *Fragmenta de Viribus* he had given, but from which, in the more extensive *Reine Arzneimittellehre*, he naturally shrank. This, indeed, he escaped; but in so doing he ruined his text, and irreparably prejudiced the reception of his work by the profession at large. We have taken the warning, and given the text on its own merits. Then, when by existing repertories, or by the index we shall ourselves ultimately compile, a drug is credited with any symptom, on turning to its pathogenesis the practitioner will find that symptom in its natural place and surroundings, will learn how it was elicited, and in what connection it arose. In this way, symptomatic prescribing will be just as easy, and far more rational, satisfying, and successful.

“And now a word as to this, reader, — as to the persons for whom the present work is designed. It seems to be the impression of some, that our Cyclopædia is a mere luxury of pathogenesis, quite beyond the requirements of the student and the practitioner, and only really valuable to the teacher or writer on the subject. This view appears to us entirely mistaken. It shows how injurious has been the influence of the schemas which have hitherto reigned in the homœopathic school, that when pure pathogenetic knowledge, in its primary form, is presented to the mind, there seems but little relish for it. We hold that the true way of learning the physiological action of drugs, is the study of a series of cases illustrating the disorder they cause. Introductions should precede, such as the student gets from the lectures he hears; and commentaries should follow, analytic and exegetical, made best by himself, but supplied in abundance by the text-books he has at command. Between the two, however, as for the student of disease there is the observation at the bedside, for the student of drug-action there should be the clinical records of pathogenesis, as we have them in the present volume. They will be found full of life and meaning; and materia medica, hitherto the dullest and most hopeless, will become the most interesting, of studies.

“For the student, then, — whether one actually *in statu pupillari*, or one become such by the necessity of learning the fresh therapeutics of homœopathy, — for the student this work is primarily designed. For him we trust that it will supersede altogether the dreary symptom-lists with which he has so long been burdened. To the practitioner, it does not so obviously appeal, and he must wait till the index is made ere he can use it for reference in actual practice. But in the mean time, if he be alive, he must still in some degree be a student, and may learn many a new truth concerning his most familiar remedies by perusing these records of their action — not to speak of deliverance from illusions.

“Possessed with such convictions, we commend this first-fruit of our toil to the acceptance of the homœopathic body, for whose advantage we hope in a few years more to complete the remainder of our task.”

Before leaving the subject of the Cyclopædia, we take satisfaction in calling the attention of our readers to the circulars immediately appended, which tell their own story, — and a welcome one it cannot fail to be to every earnest friend of scientific therapeutics, — of the possibility of obtaining, at a minimum cost, the volumes whose value is quite beyond computation. We trust

that the homœopathic physicians of the United States need no urging to avail themselves of this possibility.

THE CYCLOPÆDIA OF DRUG PATHOGENESY.—This publication, embracing every drug that, in deliberate proving or clear cases of poisoning, has shown its power to impress the healthy human organism in definite ways, so as to become useful under the application of the homœopathic principle, will be pushed forward to completion as rapidly as the research and critical care necessary will admit. When the four volumes are finished, they will exhibit the story told by each drug, as to its power to vary the health conditions of man from the normal standard, aside from theories and all doubts as to truthfulness.

The rules agreed upon by the American Institute of Homœopathy and the British Homœopathic Medical Society for editorial guidance, in the preparation of the Cyclopædia, are being carefully followed.

The offer made by the American Institute, through its treasurer, to those subscribing for single volumes or the entire work, is more favorable than can be had by individuals, even from the publishers in London.

J. P. DAKE, M.D., *American Editor.*

At the late meeting of the American Institute of Homœopathy, at Saratoga, the treasurer was instructed to continue the subscription for four hundred copies of the Cyclopædia of Drug Pathogenesis, to the close of that publication, and to take subscriptions from the members of the Institute for single volumes, or for the three volumes necessary to make a full set.

In accordance with such instructions, I would now give notice, that I am ready to receive subscriptions, accompanied with the money, on the following terms: For Vol. II., in four numbers, \$2.80; for Vols. II., III., and IV., four numbers, each, \$8.40; for the entire work, four large volumes, \$11.

The numbers will be mailed from London, as heretofore, as fast as printed, to the address of each subscriber, without charge for postage.

Subscribers for Vol. I. will shortly receive Part 4, if not already in hand when this circular comes.

Send the money in draft on New York or in postal order to

E. M. KELLOGG, M.D., *Treasurer,*  
117 West 42d Street, New York.

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APROPOS OF THERAPEUTIC WORKS, we take uncommon pleasure in transmitting to our readers the following notice of the appearance of a work whose author's name is certain to secure for it a cordial welcome. Reliable, conservative, and scientific works on therapeutics must always be especially welcome to a school of medicine whose thorough and practical therapeutic system is the *raison d'être* of its individual existence. And a therapeutic work from the pen of Dr. Dake cannot well be other than reliable, conservative, and scientific. We shall look forward with confidence and pleasure to the appearance of the volume announced.

A NEW BOOK ON THE PRINCIPLES OF MEDICINE, THE INSTITUTES OF HOMŒOPATHY, ETC.

Otis Clapp & Son have in press, very soon to be issued, a work entitled "Therapeutic Methods. An Outline of Principles observed in the Art of Healing," written by Dr. Jabez P. Dake of Nashville, Tenn. It is the substance of a course of lectures delivered by him at the Hahnemann Medical College, Philadelphia, when he was professor of the Principles and Practice of Medicine in that institution. It is designed to show the comparative value and the requirements especially of the homœopathic method.

WE include in this month's GAZETTE a very complete report of the proceedings of the International Homœopathic Convention recently held at Bâle, Switzerland, which gives to our readers thirty-two additional pages of reading-matter.

COMMUNICATIONS.

THE RELATION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY TO THE MEDICAL COLLEGES.<sup>1</sup>

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

IT is not to be expected, that, in a short essay, all the relations which exist between the American Institute of Homœopathy, with all this name implies, and the medical colleges, should be discussed. But there are certain salient points which may possibly arouse the attention of the members of the Institute, perhaps extend to the profession generally, and finally to the public. If this can be done, the object of this paper will have been accomplished.

Let us consider some of these most important points.

First, What are the colleges? This Institute is founded on the medical colleges. No person can become a member here until he has pursued a course of study, and acquired from some legally established medical college the degree of *Doctor of Medicine*. With this for our foundation, it follows that we have duties and obligations to these colleges. As these institutions improve in quality and power, so does this Institute grow stronger; as they dwindle and become enfeebled, so does this Institute, and the profession for which it stands, become dwarfed, and lose their strength and influence. Previous to this century, the whole method of medical study was different from that of the present time. In its early history, the few educated physi-

<sup>1</sup> From the report of the Bureau of Medical Education at Saratoga, June 29, 1886. From the forthcoming Transactions.

cians of our country came from Europe. Some of these settled in the larger towns, and became distinguished: but villages and small settlements seldom had any physician; and the place was filled by some good old nurse, with her herbs and teas, or by some ignorant but pretentious fellow, who was ready to doctor "men or cattle" to the best of his ability.

With the growth of the country came the demand for better physicians; and as a sufficient supply could not be imported, nearly every physician would, "for a consideration," take a young man, whose duty should be to have the care of his horses, mind the office, and "learn the trade." After spending more or less time in this way, — three years was the rule, — the tyro would start out for himself, under the protecting wing of his preceptor. Later, State societies were sometimes formed, with power to issue licenses. The war of the Revolution retarded the progress of medical education more than a third of a century, and medical colleges were but little farther advanced in 1810 than in 1775.

But in the last fifty years, and notably in the last ten, a great change has occurred in medical education. It is not enough now to have some general knowledge of the subject. Science has been busy in the last half-century in solving many doubts and uncertainties which the educated physician must fully understand. The microscope and chemical tests are daily and almost hourly required in studying disease. The stethoscope, the laryngoscope, and the ophthalmoscope, must be familiar instruments to the educated physician. The revelation in the eye of fatal disease of the kidneys, and the discovery of internal hemorrhage in the waving lines of the sphygmograph, are only instances of indicated requirements in the medical education of to-day. The progress by which in a few years in such an operation as ovariectomy, the percentages of death and life have been reversed; the substitution for a slovenly polypharmacy, which Hahnemann condemned, of an exact and scientific pharmacy, often excelling our own; the displacement of crude pathological notions, coupled with death-dealing theories, by clear, exact facts and conditions; the revelation, in bacteriology, of some possible, and perhaps avoidable, causes of disease, — all indicate a progress in medical science, in which we, as a medical school, cannot afford to lag behind. Nay, more, with the guiding law of cure to aid us, which the great mass of the profession either deny or ignore, we ought to be in the very front rank of medical progress to-day.

Homœopathy demands, then, that its colleges shall be of the very best; that the rivalry among them shall not be to turn out the largest number of so-called "doctors" in the shortest possible time, but to most carefully, thoroughly, and broadly educate its students.

The cry sometimes goes out, that we have too many colleges ; that, instead of thirteen, we ought to have only two or three. If all of these thirteen are colleges which give poorer results than the other medical colleges of our land, then we have thirteen too many of them : if, on the other hand, our colleges give better results in educating physicians in the cure of disease, then we have not enough.

The population of our country is, in round numbers, to-day, sixty millions. To supply the medical wants of these, requires at least one hundred and twenty thousand physicians. Now, allowing the average professional life of the physician to be twenty years, it would require six thousand to be graduated annually to keep up the supply. At present our colleges graduate about four hundred annually ; and we can readily see what an immense field is before us, if we would occupy it entirely, as, let us hope, we eventually shall. The cry should not be for less colleges, but for more and better.

That college of our school which complains of lack of proper support, had better examine its own quality rather than complain of its excess of neighbors.

Second, What shall we demand of the colleges ?

I. That all students entering the medical college shall have a suitable preliminary education, and be thoroughly prepared to begin the study of medicine. Every student entering a literary college must pass a rigid examination in regard to his attainments. If he fails, he is rejected. Is it possible, that, in so intricate a study as medicine, no preparation is required ? that the anvil and the plough furnish the necessary qualifications ? Fortunately, all of our thirteen colleges claim to require a preliminary examination. It only remains for this Institute to demand that this claim be rigidly enforced.

II. That the studies shall be pursued systematically. That the foundation studies of anatomy, physiology, and chemistry shall be thoroughly mastered before the more advanced are entered upon. There has never been any doubt as to the propriety of a graded course in any branch but that of medicine — the study of all others which requires the most logical care in this regard.

III. That good instructors shall be provided in every department, — men of thorough scientific attainments, and with clear, exact methods. Until such are provided, the college has no right to claim that it gives suitable instruction in the full medical curriculum.

IV. That clinical advantages shall be accessible in every department. Better might the carpenter be taught theoretically how to build a house, and use his tools, than the physician be

properly inducted into his profession by simple didactic teaching. It follows, therefore, that hospitals and dispensaries should be connected with every medical school. They should, in fact, precede the school, rather than expect to make the institutions an outgrowth of the college. An extensive, well-established hospital secures not only efficiency, but permanency, in a school connected with it. The very service of a hospital trains the physician to become a more competent teacher, and it attracts men adapted to its work.

V. That there shall be a full supply of apparatus in every department. It is while in the medical school, that all essential instruments should be exhibited, and their uses carefully taught. Here the microscope must do its best work, and every student instructed to use it with facility and adroitness. Not less important becomes the use of such instruments as the stethoscope, the ophthalmoscope, the laryngoscope, and the speculum in its various forms. The student must be taught, not how to parade these instruments for show, but how to efficiently use them.

VI. That there shall be a sufficiently long term of study required. Three years is ostensibly the shortest term of study prior to graduation in any of our colleges, and yet how often this time is reduced by various devices! It is too often the effort, on the part of both student and preceptor, to lessen the work absolutely required, and trust to its being made up later. But in Europe, where an advanced standard of medical education has been obtained, five and even seven years of continuous study is not deemed too long a period.

Third, How shall we sustain and aid the colleges?

I. Having required the colleges to receive only good and suitable students, this Institute, as representing the profession, should see that such good students are furnished. Only a small percentage of any community are fit to become physicians; and it is a serious misdemeanor, to say the least, in any physician, to knowingly encourage an unfit person to study medicine. On the other hand, there are many capable persons, who possess all the elements of a good physician. It is the physician's duty to carefully seek out such persons, and encourage them to enter upon this work.<sup>1</sup>

II. The college that does its work well, and the medical teacher who is faithful, conscientious, and efficient, deserve alike the hearty support of every member of the profession. For

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<sup>1</sup> At Pittsburg, Penn., an admirable, and, it seems, successful, plan has been adopted. All medical students, before formally commencing the study of medicine, or entering a physician's office as a student, must be approved by the County Medical Society, which, by a committee, carefully examines their intellectual, moral, and physical fitness to study medicine, and to become a physician. How far such a plan is practicable in places where physicians are not so friendly and united as in Pittsburg, remains to be seen.

such a college, there should be no lack of funds. Its hospital should be liberally sustained, and extended to meet the full wants of the community. Its dispensary should furnish abundant means of instruction: its museum, its library, its apparatus, should not be stinted. Every physician, in the interest of the community for which he cares, and for the sake of the profession of which he is a member, should feel it his duty to befriend the college with his purse, his kindly words, and friendly spirit. And yet, is this generally the case? Is the purse readily opened for this purpose? How often the inquiry is made of our deans, "Do you not make a discount in your tuition, to the sons of physicians?" And how often do these physicians send their sons to the cheapest, rather than to the best, college. Then, too, does not jealousy often indite unjust words against the college and its professors?

III. Where shall the funds come from to sustain the medical college? Physicians, as a rule, are not wealthy, and cannot be expected to largely endow colleges; much less can students be called upon to pay large tuition-fees, to defray the great expenses required in such a college. To whom, then, shall we look? In some places, the State has come to the rescue, and furnished the necessary means. To this a great objection exists, in the danger of making a scientific institution a mere foot-ball for politicians. The more noted and powerful it becomes, the greater is this danger. Science seldom thrives under the schemes of wire-pulling politicians. It is indeed true that there is no duty which should fall so equally upon the whole community as the education of the physician. The rich and the poor alike will need his services; and it will be his skill that will save, or his ignorance that may sacrifice, human life. It would seem, then, that equal taxation should support this equal want. But such equal taxation gives to all alike, to the ignorant and the learned, to the foolish and the wise, the right to say how this money shall be expended; and an ignorant vote might easily destroy a most useful institution. How, then, should this be managed? There can be no doubt but that such an institution should be in the hands, and under the direction, of wise and competent guardians or masters. Then, too, these should be, to a considerable extent, permanent, in order to prevent the destruction arising from sudden and frequent changes.

But whence shall come the funds? is the constantly recurring question. It seems to me that it is only necessary to call the attention of the community to the position, the wants, and the necessities of the medical school, and to show, that millions of dollars are annually given voluntarily to support hospitals and asylums, institutions which are for the poor, the helpless,

and dependent, — the non-producing class, — at the same time for the strong, the vigorous, for those whose lives are of the greatest importance in the world, since the world largely depends upon them, — such persons, if they should be taken down by sickness, should bear in mind that they have never given a dollar for their own protection, in the better education of physicians, into whose hands they are to place their own lives, or the lives of those most important to them. Were this matter brought in its fullest force to the rich, the wise, the benevolent, they would readily see that it is their duty, nay, their privilege, to sustain these medical schools, and give them the chance to impart better medical instruction. Such a movement must needs start somewhere; and can it come from any better source than from this Institute, from these physicians, who, more than any others, see the necessity for it? Let the matter be brought strongly in every community to their own sense of welfare and self-protection, and the great mass of liberal and generous people would furnish all the means required.

But is there not danger of having too many of these colleges? Not if this Institute demands that every such college must attain the highest standard of fitness. We need such colleges to-day in localities in which they do not exist. But we do not need colleges which are such only in name, — institutions, which, like Jonah's gourd, spring up in a single night, only to perish as quickly: we do not need colleges which for money can grant its diplomas to ignorant and incompetent persons. If such anywhere exist, let the power of this Institute reform them, or else sweep them as with the besom of destruction.

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*THE THERAPEUTICS OF SMALL-POX.*

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[*Continued.*]

OPIUM is not a remedy for small-pox in general: but it meets a very serious morbid state, which is quite common during some epidemics; and it meets that morbid state so efficiently, that it can be replaced by no other remedy.

A suppression of the eruption seems to be an almost indispensable condition precedent for the use of opium, but it may be given in all stages when a certain effort is needed to rouse the patient.

An undefined but still evident irritation of the nervous system is present, a hurried, purposeless motion of the limbs, with a corresponding flightiness of mind. This nervousness may in-

crease to furious delirium, which often alternates with a state of sopor, amounting at times to complete loss of consciousness. The brain is evidently oppressed, for the continuous lethargy is accompanied by stertorous breathing, with open mouth and half-closed eyes. The pupils are dilated. The bloated face is deep red, with burning forehead. The mouth and tongue are dry and red. The breathing is intermittent and difficult, just as if pulmonary paralysis threatened. The urine is almost always retained. During the delirium, there is an incessant tossing about of the hands; and, when the patient is emerging from the delirious state, picking at the bed-clothes is often noted. When consciousness is fully restored, the muscular action is found to be greatly impaired.

In such cases, opium, in virtue of the law of cure, seems to restore the energy of the brain, and, in fact, the entire nervous system; and the eruption may re-appear, unless, indeed, the patient is too far gone.

I am in the habit of giving opium as soon as I note the slightest symptom of stupor, such as a marked inclination to sleep, or if the patient is rather difficult to rouse.

“ Frank reports several cases of *variola maligna* treated with opium. In one case, a little girl, aged eight years, after the small-pox spots had come out on the second day, they soon receded, and an array of the most dangerous symptoms occurred, such as twitchings, and epileptic attacks, with high fever without thirst, involuntary stools, etc. On the evening of the third day, there was great restlessness, her inspiration was at times heavy and sobbing, at others, short; her chin hung down, her face and limbs were cold, forehead and abdomen very hot, eyes dull, inability to swallow pulseless, ness, and Hippocratic countenance. Five drops of tinct. opium were given internally, and she was rubbed with a weak solution externally: in half an hour the patient became more quiet, a profuse perspiration broke out, followed by an abundant small-pox eruption, from which she happily recovered. In another case, a boy, who had an unusually copious eruption of confluent small-pox, especially on the face, became suddenly exhausted on the ninth day of the attack, and the sixth day of the eruption. His pulse was small and quick; he had several thin stools; and the pustules, which had raised slowly, suddenly became collapsed, and a few of them became black, while the rest contained a thin, watery pus; at times, the skin was red and burning hot. He took tinct. opium steadily for three days, first in one, then in three, drop doses, every two or three hours. He recovered perfectly.”—*Dr. John C. Peters.*

I have never seen the necessity for giving such large doses; and have never given opium in small-pox lower than the twelfth decimal, and I greatly prefer the Hahnemannian thirtieth.

STRAMONIUM is a close analogue of opium, and is, on the whole, more frequently indicated. Hartmann tells us, that, “in the eruptive stage, stramonium has frequently been useful in accelerating the appearance, and shortening the course, of the

pocks;" but that excellent practitioner fails to tell us under what circumstances stramonium will do all that.

A congested state of the brain, then, with a certain wandering of the mind, is the indispensable condition precedent of the successful action of stramonium; and it is never useful under any other circumstances. The brain affection is evinced by delirium or stupor, with staring eyes, or twitchings of the face, especially of the mouth. I find delirium more frequently present than stupor, and hallucinations are quite common. In children, when stramonium is indicated, convulsions seem to take the place of the delirium of adults. The face is swollen and turgid, especially about the eyes. The tongue may be swollen, and ptyalism is sometimes noted.

The pulse is small and flagging, — a tremulous, unequal, or even intermittent pulse, which runs down till it threatens to become extinct. I have, however, had stramonium cases in which the pulse was quite strong and full. The patient sweats a good deal, and itching of the eruption is a real key-note symptom. Spasm of the œsophagus, with, of course, difficult deglutition, may be present; and suppression of urine completes the morbid picture.

When this state is present, stramonium will really do what Hartmann says it is capable of doing, — "abridge the course of the disease." Walter Williamson urges us to give this remedy "if there is delirium before the eruption appears, and the pustules do not fill properly;" and Pulte writes, "If the delirium, which may have lasted up to the beginning of the eruptive stage, does not disappear entirely when the eruption comes out, or if the eruption does not appear sufficiently, or not at all, give stramonium."

Stramonium acts well in all dilutions. I prefer, however, the twelfth decimal trituration, though many cases need the Hahnemannian thirtieth.

**IPECAC.** — No remedy can replace ipecac when nausea and vomiting take place as a result of the non-appearance of the eruption. The vomiting is often excessive, and is accompanied by pain in the region of the stomach. Want of appetite is almost always present; and purging would be an additional indication, — the stools being greenish mucus, whitish mucus, or bloody mucus, for ipecac has all three.

A second group of symptoms often calls for ipecac, a kind of pulmonary catarrh, with hoarse, rattling cough coming on in paroxysms, especially at night. The chest feels tight and oppressed, and this morbid state seems to depend on the non-appearance of the eruption.

Tartar emetic is almost the only remedy which competes with

ipecac; and the points of difference are few, and easily kept in mind. The pulmonary state which characterizes tartar emetic is more purely catarrhal; that of ipecac is simply congestive. In tartar emetic, inspiration is difficult, short, and gasping; in ipecac, expiration is difficult. Expectoration is more frequent in tartar emetic than in ipecac. The tartar-emetic patient has a marked disposition to sweat: the ipecac patient has a dry, parched skin. In tartar emetic, the vomit is sour; in ipecac, it is bitter. Lastly, as Constantine Hering remarks, "We find over-sensitiveness to pain less frequently with tartar emetic than with ipecac."

I usually give ipecac in the sixth decimal trituration of the root, but in children the twelfth decimal trituration acts better.

CHAMOMILLA is the first remedy in one's mind when a child, ill with small-pox, is attacked with convulsions prior to the appearance of the eruption. Such accidents are very common in children, and chamomilla is here the leading remedy. It is equally efficacious in the acute febrile attacks occurring in the course of small-pox in children; for here, as in many other diseases, chamomilla is, *par excellence*, the children's remedy. Thus, it should be given when dyspnœa and diarrhœa come on, accompanied by colic and vomiting: quick, impatient temper, with a certain inability to sleep, are almost always present. Children of nervous temperament often have an irritative cough during the stage of suppuration, and here chamomilla is the exact remedy.

I always use chamomilla in the Hahnemannian thirtieth, *and it never disappoints.*

HYOSCYAMUS is still another remedy for small-pox when the eruption does not come out at the proper time. The patient is delirious, with rage coming on in paroxysms: when the rage passes off, the patient is very nervous with strange fits of anguish. During his delirium he constantly wants to get out of bed, and to be uncovered.

Dr. M. Freleigh writes, "In addition to the appropriate drugs in the different stages, it is frequently necessary to use some for collateral symptoms, such as extreme restlessness and inability to sleep. I have always found *chamomilla* and *hyoscyamus* sufficient to quiet, — the former, if there is any tendency to diarrhœa, and the latter in the absence of that symptom."

Stramonium is exceedingly like hyoscyamus; but the hyoscyamus pulse is usually regular, while that of stramonium is very irregular. The hyoscyamus patient is better during the day; the stramonium one during evening as well. The hyoscyamus delirium is often lascivious in its nature, and may continue while awake; the stramonium delirium is seldom lascivious, and may cease on awaking. I rely chiefly on the indication drawn from

the pulse, and this holds good in typhoid-fever as well as in small-pox.

I prefer hyoscyamus in the twelfth centesimal, though the thirtieth is more appropriate for children.

COFFEA CRUDA is an indispensable remedy in the small-pox of children, when during the febrile stage there is much excitability and restlessness. The patient is irritable and sleepless, tossing about as if in agony; and bilious vomiting is usually present. As a rule, the fever of a coffea case is not high.

Hartmann writes, "If the fever should be moderate, but the patient should be very restless, toss about as if in agony, and no medicine should yet have been given, coffea third may be given; and it may be proper to alternate it with *aconite* sixth or twelfth, if this medicine should likewise be indicated by the symptoms." I do not quite understand the direction, "if no medicine should yet have been given," for I have rarely found coffea indicated from the very inception of the disease, and it certainly follows other remedies well; but I would protest most energetically against that unscientific alternation of remedies which seeks to plunge our noble science into the Egyptian darkness of allopathy. Let the homœopathic physician leave allopathic procedures to the allopath, and let him adhere to the single remedy, which is really an integral part of homœopathy.

Coffea has a general resemblance to chamomilla, and yet the points of contrast are quite numerous. Coffea is best suited to strong children, by preference dark-haired; while chamomilla suits feeble children, particularly if light-haired. The coffea patient is sensitive in the external parts, while the chamomilla patient is sensitive in the internal organs. The pulse of coffea is small, frequent, and weak: the pulse of chamomilla is quick, tense, and unequal. The coffea patient is sleepless before midnight: the chamomilla patient is sleepless all night. The coffea patient is cheerful and talkative: the chamomilla one is peevish and silent. In coffea, the mind is clear and bright: in chamomilla, it is dull. In coffea, the pupils are dilated: in chamomilla, they are contracted. Lastly, when coffea is indicated, the child cannot bear to be carried about; while the chamomilla child feels better when carried about.

Hartmann advises the third dilution, centesimal no doubt; a writer in the fourth volume of the "All. Hom. Zeitung," quoted by Rückert, recommends the sixth dilution; but, following Pulte of Cincinnati, I have secured fine results from the two-hundredth centesimal dilution.

NUX VOMICA. — Hartmann is almost the only homœopathic writer who advises nux vomica in small-pox. Speaking of the stage of incubation, he writes, "If the vomiting should be accompanied by constipation, *nux* might perhaps be given."

The only clinical cases that I can find in our literature, are in the sixteenth volume of "The Hahnemannian Monthly," reported with the view of showing the efficacy of vaccination on the appearance of the eruption, but still more valuable for their testimony to the power of *nux vomica*. The cases are reported by Dr. H. Knox Stewart of Philadelphia:—

"On Nov. 2, 1883, I was called to see Clarence Y., a little patient, living in the extreme southern part of our city, on the confines of what to 'our oldest residents' is known as the 'Neck.' I found him suffering with severe pain in the lumbar region, excessive sick stomach, with intense headache, aching of the arms, limbs, and, in fact, aching from head to foot, with intense soreness of the entire surface of the body, and dreading to move, or to be moved; heavy-furred tongue, and about as peevish and cross as a child of four years can well be, with quite a redness of the entire surface of the body, and here and there a slight showing of a papillary eruption trying to make its appearance. I strongly suspected 'variola;' prescribed *bryonia alb.*<sup>6x</sup>, and awaited further developments.

"Now, this little patient was about four years of age; and I had vaccinated him three different times, with fresh 'bovine virus,' each time simply producing a slight inflamed condition of the arm, but nothing more, his system seeming not to be susceptible to the vaccine virus. There was a lapse of from six to nine months between the different times of vaccination.

"On the third day of the eruption, he presented the appearance of what was going to be a case of confluent small-pox; and I immediately had a room prepared at the top of the house, sent all the members of the household away except the mother, she remaining to nurse him.

"He was now isolated in a room with nothing in it but what was absolutely necessary, the temperature being kept at from 60° to 65° Fahr. I vaccinated him at once, gave *nux vom.*<sup>3x</sup> in water, a teaspoonful every hour, and visited him every day. He was very sick for two or three days, with partial delirium at intervals, lasting two or three hours. The vaccination did not appear to make any impression at all that was discernible, any more than the previous trials had done; but the eruptions seemed to be held in check, from the time of vaccination; and the pustules, instead of filling, seemed to be drying; and at the end of nine days, instead of being full, and the disease at a very critical point, it was about ended, the eruption nearly all off the body, and the boy well enough to be discharged.

"I vaccinated him on the left arm, but there was no visible sign that he had ever been vaccinated; but on the left limb, inside the knee, about one inch below the joint, one of the pustules had made an indentation, or mark, resembling a very large vaccination mark. This was all the treatment the patient had. He continued to improve rapidly, and at the end of two weeks was discharged well, with no marks at all, except the one spoken of at the knee.

"The mother I treated with *nux vomica*<sup>3x</sup> in water, a dose every four hours during the time. She had no bad effects, except a general *malaise* and prostration, which I attributed as much to shock from fright at the knowledge of having to contend with such a formidable foe as small-pox, as I did to the exposure to the disease. One year before, in the same house, the grandfather of the child had confluent small-pox in a very aggravated form, and was confined to the house some seven weeks under the old-school treatment, but recovered.

"On Feb. 22, 1884 (Washington's birthday), I was called to the southwestern part of our city to see a patient, — a child six years of age. Found

he had been sick three days, complaining of all the premonitory symptoms of variola, and now on the third day the eruption had made its appearance; and I was hastily summoned to know what it could be, and readily diagnosed a slight case of 'variola.' He had been vaccinated three years ago, and had quite a sore arm; but no show existing of the vaccine having taken, vaccination was repeated a year ago, without result.

"As in the previous case mentioned, I immediately vaccinated all the members of the household, and sent two smaller children away from the house; had the patient isolated at the top of the house; procured the services of a good nurse, and kept the temperature of the room, as Dr. Jeanes used to say, "on the shady side of warmth," and vaccinated the patient. The eruption, as in the former case, seemed to be immediately checked. There was no sign of the vaccination having had any effect.

"The patient received the same treatment as the former case, with the exception of one or two days, when *merc. viv.*<sup>3x</sup> trituration was substituted for the *nux vomica*; and, at the end of nine days, he was free from any evidence of having had any thing like the disease."

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#### DR. RUBINI'S PROVING OF CACTUS.

[Through the kindness of Dr. Richard Hughes we are enabled to present to our readers the following pages from the advance sheets of the "Cyclopædia of Drug Pathogenesis," "showing," as Dr. Hughes remarks, in his accompanying note, "a specimen of the reconstructive work done on the Cyclopædia." — ED. GAZETTE.]<sup>1</sup>

CACTUS. — We are indebted to Dr. Rubini for a copy of his original pamphlet on this drug, annotated by himself, so as to denote the symptoms observed on himself and Mad. Rubini respectively (both of whom, he tells us, took ten drops of the mother tincture daily). We received this too late to be utilized in forming the pathogenesis in the body of our work, but are glad to present our readers with the following reconstruction of Dr. Rubini's part of it: —

I. — I. a. DR. RUBINI. On first d., great heat of head and inflamed face, as if he had stood before a strong fire, also excessive pain in head, with maddening and suffocating feeling, so that he cannot rest in bed, temples throbbing so violently that it seemed as if skull would burst; momentary dazzling of sight; noise in ears, diminishing hearing during d., like rushing of river all n.; during n. dry cough from itching in larynx; great thirst, causing him to drink much water; great desire to pass water, but can pass none for a long time, at last it flows abundantly; after a very short rigor at 2 P.M., slight fever with pain in head, terminating with slight sweat at 4 P.M.; slight rigor at 10, great coldness for half-hour at n. On second d., feeling of emptiness in head; again pulsating pain in temples, getting intolerable. On third d., m., fetid breath; insupportable heat in abdomen, as though something burnt him internally, abdominal walls when touched with hand feel burning and much hotter than other parts of body; bilious diarrhœa, present also on previous d., with abdominal pains, eight stools in d.; sanguineous congestion in chest, preventing him lying down in bed. On fourth d., very great and intolerable pain in head, from congestion there; acrid

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<sup>1</sup> This communication was destined for the August issue of the GAZETTE, from which, unfortunately, it was crowded out.

acid in stomach, which comes up into the throat and mouth, and makes every thing he eats taste sour. On sixth d., dazzling of vision, after which there appear before eyes circles of red light, obscuring sight; constriction in œsophagus, preventing swallowing, he must drink a large quantity of water to get it down into stomach; slight delirium at n., ceasing on rousing up, but recommencing as soon as he falls asleep again. On eighth d., constriction in throat, obliging him to swallow saliva frequently. On ninth d., watery diarrhœa, very abundant each time, ten motions in m., always preceded by pains and borborygmus. On tenth d. talked nonsense while asleep at n., even when aroused speaking unconnectedly; feeling of constriction in throat which prevents free speech, and on forcing himself to speak, voice is low and hoarse; constriction of neck of bladder, preventing passage of urine till after much straining. On eleventh d., vertigo from sanguineous congestion to head. On twelfth d., face inflamed and red, with pulsating pains in head; mucous diarrhœa preceded by drawing pains, three stools in d. On fifteenth d., extraordinary irritability, smallest contrariety putting him into a passion; sensation of great weight in anus and desire to evacuate, but nothing passes. On twentieth n., interrupted sleep, feels weary next m. as if he had not slept at all; great appetite, but weak and slow digestion; great itching in ankles, which next d. extends to lower part of tibia. On twenty-fourth d. a dry, scaly patch, two inches broad, appeared on l. internal malleolus, and on thirty-eighth d. came on r., while on thirtieth and forty-eighth d. respectively similar patches appeared on r. and l. elbow (outer side).

Besides these symptoms, prover states that for first five d. he had great burning in stomach; for first six d. discoloration of face and emaciation; for first four d. weakness of sight, objects appearing as if clouded; for first twelve d. pain in l. mamma increased by touching and relieved by gently lifting it; for first ten d. sensation of very annoying movement from before backwards in cardiac region, as if a reptile was moving about inside, worse d. than n.; for first fifteen d. sharp, wandering pains in thoracic cavity, very annoying, especially in scapular region, anxiety recurring in e., and transient sensation of weight in stomach every time drug is taken; for first fourteen d. loss of appetite and nausea; it is only by an effort he can swallow a few mouthfuls. After three d. pulsating pain in temples and ears (especially r. side) became continuous and very severe, and lasted eight d., with feeling of weight; pulsations so severe as to lift head from pillow, giving much annoyance and causing depression; pain making him cry out, increased by sound of talking and by strong light. For twenty d. tensive pain in vertex also, recurring every second d. Another marked symptom for fifteen d. was constriction of chest, described as if hoop of iron constricted it, or a cord were tightly tied round it (at false ribs); this caused oppression of breathing, aggravated by movement; heart also felt constricted, as if an iron hand prevented its movements; on tenth d. same sensation in throat; on third d. sense as if some one were pressing and holding chest tightly, so that he cried out, "Leave me alone!" on fifth d. constriction felt in shoulders, so that he could not move.

Without note of time, he is said to have experienced sensation of great weight in r. temple and eyebrow, diminished by pressure; dimness of sight, periodically recurring, so that at a few paces he cannot recognize even his friends; very slow digestion, even after eight or ten hours taste of food rises up in throat, all food causes weight in stomach, and so much suffering that he prefers to remain without eating; constipation as from hemorrhoidal congestion, swollen varices outside anus causing much pain, at anus itching, smarting and pricking as with sharp pins (ceasing on rubbing); formication and weight in arms, which cannot be raised freely, — l. worst; œdema of hands (specially l.), and of feet and legs to knees, pitting on pressure. He cannot rest still when sitting, but must throw his legs about hither and thither

involuntarily ; depression and languor all day ; general malaise, and such weakness as to be unable to rise from seat ; great prostration of forces, so that he must remain in bed, not feeling able to use his legs.

*b. MAD. RUBINI.* — Was sleepless first n., without apparent cause, for two following n. from pulsation in scrobiculus cordis and ears ; for five d. more could not sleep in early part of n., and when she fell asleep she awoke suddenly. An unwonted melancholy, with great taciturnity and irresistible inclination to weep, affected her for first six d. ; on seventh became fear of death, thinking she had some incurable disease ; on ninth took form of love of solitude, avoiding those about her who tried to comfort her. On second d., heavy, dull pains in region of heart, increased on pressure ; on fourth d., acute pain there, impeding respiration and motion of body, continuing four d. more, with such painful stitches as to cause her to weep and cry out loudly ; all this time constant oppression and anxietas, as if chest were constricted with an iron hoop, and could not expand in normal respiration, with periodical attacks of suffocation and faintness, cold sweat on face, and absence of pulse, — also constant great palpitation d. and n., worst when walking and lying on l. side, increased also on recurrence of catamenia. Sensation of great weight on stomach for first eight d. ; loss of appetite on second and third d. On fourth d., distressing sensation in bowels as if serpent was twisting about there ; on fifth d., wandering pains about umbilicus, ceasing and recurring periodically ; on seventh d., very violent pains there, almost causing her to faint, more or less all day. Constipation first six d., on seventh diarrhœa of very loose fœces, preceded by great pain, eight motions from 6 to 12 A.M., none later. On first four d. urine more copious than usual ; on first n. involuntary escape, and for five n. more frequent desire, with large flow ; on fourth d., urine passed by drops with much heat, which next day increases gradually, and becomes insupportable. After eight d. very painful menstruation accompanied by great prostration of strength, so that she must remain in bed three d. On first d., general rigor, so severe as to make teeth chatter, lasting three h., though she heaps blankets over her ; succeeded by burning for twenty h., with suffocation, pain in head, and restlessness, so that she cannot remain quiet in bed ; copious sweat follows. After thirteen d. quotidian intermittent fever periodically for many days, beginning with slight rigor at 1 P.M., then burning heat and dyspnœa, and (in e.) great pulsating pains in uterus and its neighborhood, extending to thighs, increasing up to 11 P.M., when all terminates with a slight sweat, and she is free till 1 next day.

Without date, — heavy pain in head as if great weight lay on vertex, with great prostration and weariness, — pain diminished by pressure, increased by sound of talking or any other noise ; heavy pain in forehead lasting day and night for two successive days, increased by strong light and by sound of loud voices or noises ; pain and drawing in occiput, increased by moving head, relieved by bending head backwards ; painful drawings in muscles of l. chest, which extend to shoulder-joint and impede respiration and free motion of arm ; nervous palpitation of heart, much augmented on occurrence of catamenia ; constant and annoying pulsation in cœliac artery ; heavy feeling in stomach ; insupportable irritation in urethra as if she should make water constantly ; urine reddish, turbid, very abundant, on cooling depositing red sand ; painful constriction in groins extending round pelvis ; general weakness, so that she cares not to do any thing, speak, stand, or walk across room.<sup>1</sup>

<sup>1</sup> The symptoms without note of time were omitted in our former presentation of the drug, as we had no assurance that they were not clinical only (which forty symptoms in the list obviously and avowedly are). — EDS.

## STETHOSCOPES.

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

[Extract from a paper presented by Dr. N. W. Rand to the Homœopathic Medical Society of Western Massachusetts, June 16, 1886.]

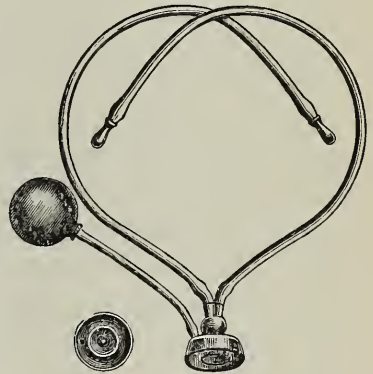
THE stethoscope is a modern invention. It marks one of those long strides in the advancement of medical knowledge, which have characterized the nineteenth century. There are men in active practice to-day, whose memories extend back to the time when the famous Frenchman Laennec took a quire of paper, rolled it up in cylindrical form, held it to his ear and the chest of a patient, and found that by this means he could hear the operations of the internal organs more perfectly than he had ever been able to do before. Indeed, he heard so clearly, that he was led to believe that the paper served not only as a conductor of the sounds, but intensified and increased them; and he advanced and published this erroneous view. That was the primal stethoscope, and then it took its name from the great inventor mentioned. Since then, a great variety of modifications have been devised, and as many instruments elaborated; but all have been designed for the same purpose, and depend upon the same general principle. All are presumably excellent in some respects, and certainly all share in more or less deficiencies. Take up Tiemann's catalogue of surgical instruments, and you will find descriptive illustrations of no less than twenty-five different stethoscopes. Without entering into any criticism upon their respective merits, I shall simply assume that you all agree with Professor Clapp in considering the Cammann's bin-aural stethoscope, with rubber band, the best in the market, and shall attempt to show you that there is a new instrument in nearly all respects superior to this, and incomparably ahead of all the rest.

This new instrument I call *the vacuum stethoscope*. All I can say of its history is, that I found it in use in the general hospital of Vienna during my study there two years ago. It seemed to be a general favorite among the students, and the professors spoke highly of it. I obtained one, and used it throughout my course. Have used no other since. The Vienna instrument-dealers said it was a French invention, and that they got their idea of its manufacture from Paris.

Since my return, several friends, having seen and been pleased with its action, have tried to procure others like it, but were unable to find any for sale, or any person who would undertake to make them. Now, as good luck orders, we have a young dentist in our town who can shape matter into "the likeness of

any thing there is in the heavens above, or the earth beneath ;” and at my special request he has undertaken to make a few of these instruments. How admirably he has succeeded, I shall soon show. But first let me briefly describe the stethoscope and its advantages.

It consists of a bell-shaped, pectoral extremity of hard rubber, one and one-quarter inch in diameter, and about the same in height. From the central portion of the concave, under surface of this, is thrown down a circular tube of the same material, seven-eighths of an inch in diameter. The edge of this tube extends to the exact plane of the edge of the bell, and divides its space into two complete and distinct compartments. That within the tube is cylindrical in form, and is the first portion of the stethoscope to receive the thoracic vibrations. That outside the tube, and concentrically situated around it, is the air-chamber. This communicates through a small, flexible rubber tube with a two and one-quarter inch rubber ball, by the compression and release of which, when the stethoscope is in position, the air is exhausted ; and, in consequence thereof, the instrument is held firmly in place by atmospheric pressure. The cylindrical air-space, within the tube first mentioned, communicates with a short piece of metallic tubing which bifurcates just above the bell into two equal branches. These diverge from each other by a gentle curve for about one inch. Flexible rubber tubes, some eighteen inches in length, are drawn over each of these metallic branches. In the aural extremities of the soft tubes are fitted hard rubber ear-pieces, which in turn make air-tight connections with the external auditory canals.



I claim for it the following advantages over all other stethoscopes : viz., —

First, It establishes a continuous *air-tight* passage from the chest-walls of the patient to the ear-drums of the practitioner ; and, since both extremities are tight, immovable, and need not be touched by the hands to be retained in position, *it precludes the possibility of any friction sounds whatever*. Hence, by its use, one is able to appreciate nicer distinctions of sound, and detect those which, with other stethoscopes, would be imperceptible.

Second, It is more comfortable for the patient, as no extra pressure is used in holding it.

Third, It is more convenient for the physician. His hands

are free to use as he pleases, and the flexible tubes allow him to hold his head in any position without disturbing the ear-pieces. He can even auscultate over one entire half of his patient without a change of position. And there are no springs constantly pressing the ear-pieces into his head, to annoy him. He can auscultate the entire thorax without once removing the instrument from his ears.

Fourth, It is especially advantageous in examining children. Being self-retaining, it is less apt to frighten a child ; and should he become restless, and shift about, the instrument is not easily disturbed.

I have found it of great value in detecting the foetal heart. It is by far the best instrument for this purpose, which is a matter of no small importance to the obstetrician. An obstetric bag without such a stethoscope is incomplete.

In a word, it answers all the purposes for which stethoscopes are made, more perfectly than any thing yet produced ; and the only thing that can be said against it is, that, in cases where the chest-walls are very irregular or hairy, the vacuum arrangement fails to work, and it must be held in place like any other. But even here it has the advantage of its flexible tubes and nicely fitting ear-pieces.

Of course, you all have plenty of stethoscopes, but that is no reason you do not want this. I have a good Cammann's at home, but no use for it. It is for sale, as all of yours will be after you have given this a trial. The price of this stethoscope is five dollars, — a sum within the reach of every man ; and the only place that I know of in the country, where they can be procured, is of the aforesaid dentist, Dr. P. W. Soule, Monson, Mass.

For a mere formalist, any other stethoscope will answer as well ; but whoever really wants to *hear* what goes on within his patient's physical structure, may well avail himself of this invaluable aid. It is a good thing, and destined to become popular. Personally, I should like to see the members of our homœopathic medical societies take the lead in its use.

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#### SOCIETIES.

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*INTERNATIONAL HOMŒOPATHIC CONVENTION, 1886,  
BÂLE, SWITZERLAND.*

[Through the kindness of Dr. J. H. Clarke, editor of "The Homœopathic World," we are enabled to present the accompanying report of the International Convention of Homœopa-

thists, recently held in Bâle, Switzerland, Dr. Clarke having generously forwarded advance-sheets of the "World" for September. Our thanks are due him for this fraternal service.—  
ED. GAZETTE.]

## PRELIMINARY MEETING.

ON Monday, Aug. 2, 1886, at the Schweitzerhof Hotel, between twenty and thirty members met for the preliminary meeting, at which the election of officers was held, Dr. Hughes, president of the last convention, occupying the chair. By an almost unanimous vote, Dr. Meyerhoffer of Nice was elected president, and Dr. Roth of London was elected vice-president. Before vacating the chair, Dr. Hughes proposed that an assistant secretary should be elected to aid the permanent secretary, and to undertake the duties of treasurer, in the unavoidable absence of Dr. Dudgeon. It was proposed by Dr. Léon Simon,  *fils*, seconded by Dr. Runnels, and carried, that Dr. John H. Clarke should be elected to this office.

Dr. Hughes then vacated the chair, and handed the president's hammer, first wielded by Dr. Carroll Dunham, in Philadelphia, in 1876, to Dr. Meyerhoffer, who took the president's chair amid loud cheers.

The president then called on Dr. Hughes to explain why the congress had been summoned to meet at Bâle instead of at Brussels, as decided upon at the congress of 1881. The reasons have been already explained in this journal, but Dr. Hughes's remarks may be briefly recapitulated. He said, that, in accordance with the resolution of the London congress in 1881, Brussels was chosen, subject to the approval of the homœopathic practitioners in that city. These having been communicated with, Dr. Martiny replied in their name, accepting the duties of hosts *avec impressement*. Every thing went on under this understanding, until, at the eleventh hour, Dr. Martiny and his committee issued their now famous circular, stating that the convention could not be held at Brussels, since the response to their invitation, and request for papers, had been so meagre, and proposing that it should be held in Paris in 1889. Dr. Hughes, as permanent secretary, immediately took action to carry out the resolution of 1881, and to prevent the quinquennial order of the congresses being broken. He conferred with his colleagues, and wrote to Dr. Martiny, pointing out that he and his committee had acted *ultra vires*, and offering to undertake all the responsibilities of the congress if the Belgians would agree to its being held in Brussels. But this, for some inscrutable reasons, they refused to agree to. No other course, therefore, was open to Dr. Hughes but to choose another meeting-place,

and the choice fell on Bâle; Dr. Hughes, as permanent secretary appointed by the previous congress, with a committee of assistance granted him by the British Homœopathic Society, undertaking all the duties of organizing the meeting. Dr. Roth then gave a *résumé* of this in French, for the benefit of those present who did not understand English. This office of interpreter, Dr. Roth continued to discharge throughout the convention.

Dr. Runnels, president of the American Institute of Homœopathy (which has just held its annual meeting at Saratoga for the present year), then moved that a hearty vote of thanks should be passed to Dr. Hughes for his persistence in carrying out the resolution of the last congress, in spite of the very great difficulties arising out of the action of the Belgian committee, and that his action be emphatically ratified by this meeting as having saved the quinquennial succession of these international conventions from being irretrievably broken. The motion was seconded by Dr. Wilder; and in putting it to the meeting, the president spoke warmly in its favor. The motion was carried unanimously, and Dr. Hughes expressed the satisfaction the vote gave.

The rules of procedure were then put and carried as follows:—

#### *Rules of Procedure.*

1. This convention shall be constituted of medical men duly qualified to practise in their respective countries, and of pharmacists and other friends of homœopathy as associate members.

2. Its officers shall be a president, a vice-president, and an assistant secretary, the latter to give aid to the permanent secretary, and to discharge the functions of treasurer.

3. The general meetings shall be held on Tuesday, Aug. 3, and on Wednesday, Aug. 4, from 9.30 A.M. to (if necessary) 1 P.M. On Thursday, Aug. 5, a similar meeting shall be held in the forenoon, and an additional one from 3 to 5 in the afternoon; the first business of the latter being the determination of the place of the next meeting, the election of the permanent secretary, and other matters relating to the convention.

4. That sectional meetings, on hygiene and on pharmacy respectively, be held in the hall of the meeting on Tuesday and Wednesday afternoons, from 3 to 5 o'clock, each meeting to elect its own chairman.

5. That the official language of the congress shall, owing to the preponderance of English-speaking members present, be English; but that any member shall be at liberty to speak in his own language, provided he secure (preferably in the chairman) an interpreter. The chairman may also, if he sees well, convey the substance of any thing said in English, in French, or other language.

6. That the subject of the first day's general meeting shall be, "General Considerations bearing on Homœopathy;" of the second day's, "Materia Medica;" of the third day's, "Therapeutics."

7. That no paper shall be read at the meetings, but the discussion shall be based on the *précis* in the hands of the members (who can also see any particular manuscript on application to the permanent secretary).

8. Before each discussion, the president shall indicate the *précis* on which it is based, and give (or cause to be given) the substance of these in any other language which may seem required.

9. Speakers in the discussions shall be limited (except by special vote of the meeting) to ten minutes each, save that the opener of each discussion shall have fifteen minutes.

10. When the president shall see that the time available for any discussion is running short, he shall close the same by calling on the writers of the memoirs discussed (unless they have already spoken) to address the meeting in reply.

Dr. Runnels asked if these rules would apply to the sectional meetings, and it was ruled that this would not be the case.

The proceedings of the preliminary meeting then terminated.

The following is a list of the members present, in the order of their signing the book:—

1. O. S. Runnels, M.D., Indianapolis, U.S.A.
2. Theophilus Bruckner, M.D., Bâle, Switzerland.
3. Richard Hughes, M.D., Brighton, England.
4. F. Meyerhoffer, M.D., Nice, France.
5. Alfred C. Pope, M.D., Tunbridge Wells, England.
6. Walter Wesselhoeft, M.D., Cambridge, U.S.A.
7. Robert T. Cooper, M.D., London, England.
8. Vincent Léon Simon,  *fils*, M.D., Paris, France.
9. Anathole Lambrecht,  *fils*, M.D., Antwerp, Belgium.
10. Louis de V. Wilder, M.D., New York, U.S.A.
11. R. B. Rush, M.D., Salem, O., U.S.A.
12. M. Masses, M.D., Ravensburg, Würtemberg.
13. Oscar Hansen, M.D., Copenhagen, Denmark.
14. John H. Clarke, M.D., London, England.
15. J. Black Noble, M.D., London, England.
16. M. Roth, M.D., London, England.
17. Guisepe Bonino, M.D., Turin, Italy.
18. J. Boniface Schmitz, M.D., Antwerp, Belgium.
19. Reuben Ludlam, jun., M.D., Chicago, U.S.A.

20. Charles Heerman de Hundersmack, M.D., Paris, France.
21. Eberard Focke, M.D., Freiburg, Baden.
22. Frederick Neild, M.D., Tunbridge Wells, England.
23. A. Midgley Cash, M.D., Torquay, England.
24. — Meschlin, M.D., Bâle, Switzerland.
25. Oscar Leseure, M.D., Detroit, Mich., U.S.A.
26. H. M. Hobart, M.D., Chicago, U.S.A.
27. Nathan Emmanuel Mossa, M.D., Hapsburg, Germany.
28. Robert Anken, M.D., Bern, Switzerland.
29. Ed. Syd Fries, M.D., Zurich, Switzerland.
30. V. Z. Heerman, *frs*, M.D., Paris, France.
31. George Scriven, M.D., Dublin, Ireland.
32. A. Pfander, M.D., Thun, Switzerland.
33. S. Schäder, M.D., Bern, Switzerland.
34. W. Y. Cowl, M.D., New-York City, U.S.A.
35. Baron Ferdinand von Heyer, M.D., Bern, Switzerland.
36. Émile Batault, M.D., Geneva, Switzerland.
37. Mme. Batault, M.D., Geneva, Switzerland.
38. W. M. Foster, M.D., Kansas City, U.S.A.

*Associate Members.*

John M. Wyborn, F.C.S., London, England.

William Vaughan Morgan, Major, London, England.

FIRST DAY. — *Tuesday, Aug. 3, 1886.*

The president having opened the meeting, Dr. Clarke proposed the names of two gentlemen as honorary vice-presidents. He said he felt that gentlemen would agree with him that it would be a graceful thing to follow the example of previous congresses in this matter. At the first congress in Philadelphia, Drs. Hering, Gray, Clotar Müller, and Hughes were chosen; and at the second congress in London, 1881, Drs. Meyerhoffer, Talbot, Breyfogle (president of the American Institute for the year), and Drysdale were elected. Dr. Clarke proposed that Dr. Schäder of Bern (president of the Swiss Homœopathic Convention), and Dr. Runnels (president of the American Institute of Homœopathy for 1886), should be elected honorary vice-presidents on the present occasion. These gentlemen were elected by acclamation.

The president then delivered his address. He said, —

GENTLEMEN, — It is a tradition that the president of the International Homœopathic Convention should address the meeting at the opening of the proceedings. This duty devolves on me at this third quinquennial convention. I much regret that the honor of presiding over this meeting has not been be-

stowed upon one much worthier and more able for the office than myself. [No.] However, I trust to your forbearance, and the shortness of the time granted, for the many unavoidable shortcomings inherent in my taking so unexpectedly the chair. What I now wish to bring before you, gentlemen, on this occasion, is the "Present Aspect of Homœopathy." In reading last night, or, more correctly, early this morning, the *précis* of papers presented for discussion at this convention, I was struck in its historical part by the underlying, not expressed, lament, notwithstanding that the authors endeavored to show the best side. The only very gratifying report comes from over the Atlantic. How is it that in Europe the only true principle and guide in medical therapeutics, the revelation and practical application of which we owe to Hahnemann's genius, and which has already rendered in its secular existence such immense services to suffering humanity, has not made more progress? Dudgeon, in his article "En Avant!" in the same paper, mentions several causes; but I miss one important one. It is that we, Hahnemann's disciples, do not fully agree on the interpretation of the *similia similibus curantur*. The immediate followers of Hahnemann, and those who still adhere to the literal interpretation of his teaching, devote their whole attention to the subjective symptoms, and neglect more or less the pathological condition of the organs. The more modern conception of Hahnemann's principle requests not only an external and subjective similitude between the drug action and morbid condition, but it requires, as much as possible, a perfect similitude between the pathological condition and the pathogenetic condition of the medical agent. Hence frequently a want of understanding, a want of unity of action among the members of our body which must necessarily injure our good cause in the eyes of the public. Both these interpretations of Hahnemann's principle are true; but both also are very liable, if exclusively practised, to lead to error. The purely symptomatic treatment, by neglecting the pathological condition of the organs, will often miss to exhibit the truly homœopathic remedy, whereas the physio-pathologist will not seldom commit the same fault by not taking into account valuable concomitant and contingent symptoms. There cannot be two homœopathic principles: there is only one. But these two interpretations of the application of the *similia* must merge into one in order to be complete; i.e., the totality of the symptoms, objective and subjective, must be a guide to the selection of the remedy. There is unity in the disease, there must also be unity in the similitude of the therapeutic action. Consider, gentlemen, that we are the representatives of the only true scientific principle, the principle which crowns the whole system

of medical science, that is the sure guide for the cure of disease. I know well that these things have often and much better been told. But it seems to me that they cannot often enough be brought forward. Let us not forget that "union is force," and that only by our unity we can promote the progress of our cause, and reduce in greater measure the common enemy of humanity, — disease. How is this goal to be attained? First of all, by the homœopathic press; and I need not say how much we are indebted in this respect to Dr. R. Hughes. Secondly, to our individual and collective influence in the profession. I have now to apologize, gentlemen, for the informality and shortness of this address. Nobody knows better than Dr. Hughes how little prepared I was to assume the honor of the president's chair. [Loud cheers.]

On concluding his address, the president quitted the chair; and the vice-president, Dr. Roth, took his place.

Dr. Roth introduced the subject of the "Histories of Homœopathy." He commented severely on the conduct of Dr. Lorbacher, editor of the "Allgemeine Homöopathische Zeitung," in refusing to insert Dr. Hughes's circular and Dr. Dudgeon's letter in reference to a letter by Dr. Weber.

The following is the *précis* of the history of homœopathy during the past five years in the

#### AUSTRIAN AND GERMAN EMPIRES.

BY TH. KAFKA, M.D., KARLSBAD.

I. On 23d April, 1882, Dr. George Schmid died. He was the author of several good medical works; e.g., "Cholera Poison;" "Has Homœopathy a Right to State Aid?" "My Medical Testament." He left by will a sum of money for the purpose of endowing a chair of homœopathy in the University of Vienna; but the authorities have not yet done, nor are they likely to do, any thing so sensible.

In 1884 Dr. Veith, professor in the Veterinary College of Vienna, died at an advanced age. He was a zealous homœopath.

In 1885 Dr. David Seegen died. He was one of the most successful homœopathic physicians of Prague, and he left a sum of money for the purpose of establishing a Children's Hospital at Prague.

In 1885 Dr. Franz Weinke died. He was a zealous contributor to the "Oester. Zeitsch. des Ver. der Hom. Aerzte Oesterreichs."

Dr. Würstel and Dr. Gerstel (of Vienna) and Dr. Jacob Kafka (of Prague) celebrated the fiftieth year (jubilee) of their medical degree.

Professor Bakody (of Pesth) published a work called "Hahnemann Redivivus," in which the scientific character of Hahnemann's doctrines was earnestly and successfully defended. He also published a reply to the attack on homœopathy of Professor Jürgensen of Tübingen.

II. The violent attacks on homœopathy of Jürgensen, Liebreich, and Koeppe were well answered by Sorge (of Berlin), Mayntier (of Zell), and Heinegke (of Leipzig).

Homœopathy has made great progress among the public of Germany. There is hardly a town in Germany where the allopathic druggists do not also keep a store of homœopathic medicines.

Funds have been collected in Berlin and Leipzig for the establishment of homœopathic hospitals, and it is hoped that they will soon be erected.

In 1884 the Berlin Homœopathic Society began the publication of a periodical, which is now regularly published, and well supported by the chief homœopathic physicians.

The "Pionier" is a society established by Dr. Oidtmann for spreading a knowledge of homœopathy among the people. It publishes a monthly periodical with the title of "Der Pionier," edited by Dr. von Eye, a very useful organ for the propagation of homœopathy.

The chief original works that have appeared during this period are, besides the polemical ones mentioned above, the "Experiences of an Old Physician," by Dr. Groos, and the "Origin of, and Opposition to, Homœopathy," by the late Dr. Ameke.

Burnett's work on "Cataract," translated by Goullon, and Johnson's "Domestic Physician," translated by Katz, are the principal translated works that have been published.

The Central Verein and the Berlin Homœopathic Society are in full maturity.

In Munich, the Homœopathic Hospital was closed after the death of Dr. Buchner; but, thanks to the assistance of Prince Dettingen-Wallerstein, it has again been opened; it is under the direction of Drs. Quaglio and Koeck. There is also in Munich a society for aiding poor medical students who are anxious to study homœopathy.

A similar foundation exists in connection with the Central Verein for assisting students and practitioners to study homœopathy in Buda-Pesth under Professor Bakody. They bind themselves in return to settle to practise in some German town.

In Berlin there is an examining board for practitioners who wish to dispense their own medicines in Prussia. Dr. Fischer of Berlin is the examiner in homœopathy of this board.

Death has removed a very well-known German homœopath, to

wit, Dr. Bähr, physician to the late King of Hanover, the author of the well-known prize essay on *digitalis*; Dr. Rückert of Herrnhut, one of Hahnemann's original disciples, author of many homœopathic works, the best known of which is his "Klinische Erfahrungen;" Dr. Borchers of Bremen; Dr. Ameke of Berlin; Dr. Rentsch of Wismar.

In Stuttgart there is a society, the "Hahnemannia," which assists poor students at the University of Tübingen. A deaconesses' hospital in Stuttgart has for many years been under the care of a homœopathic physician, Dr. Sick.

Dr. Rapp, who was forced to resign his professorship of pathology and medicine in the University of Tübingen on account of his homœopathic proclivities, now enjoys a large practice as a homœopathic physician, and for some years has filled the post of physician to the Queen of Würtemberg.

After referring to the above, Dr. Roth called on Dr. Mattes to give a few extra particulars respecting homœopathy in Germany.

Dr. Roth then translated Dr. Mattes's remarks (which were made in German) into English. Dr. Mattes said that ten per cent of all medical men in North Germany are homœopathists. They are obliged to undergo a special examination to enable them to dispense their own medicines. Homœopathy is in favor with the government and the wealthy. Prince Bismarck has been under homœopathic treatment, but his doctor was so strict that he gave him up. There is an association started in Germany, of which Prince Salm Horst is president, for the propagation of a knowledge of homœopathy among the laity. Dr. Sick had done much for homœopathy, and Professor Dr. Schmitz at Würtemberg. They have the inspection of homœopathic chemists. The beloved Queen Olga is a homœopathist, and Dr. Rapp is her body-physician. She gives legacies every year to the Hahnemannia, a society which assists students who are in favor of homœopathy.

Dr. Heermann of Paris said, if it was allowed to add a word, there are some populations in Germany, as at Kiel, who offer houses and money to homœopathic practitioners to come and settle among them. There are some towns where the inhabitants have declared war against old-school practitioners.

#### BELGIUM.

BY DR. LAMBREGHTS, FILS, ANTWERP.

Belgium is reported as enjoying during the past five years a period of calm in respect of attacks on homœopathy and its practitioners, of which the earlier history of our system there is so full. The only public events in connection with it are a discus-

sion at the Academy of Medicine of a paper on the subject (1881), and (1886) an attempt to obtain wards in the Brussels hospitals where our practice can be carried out. The former turned on the question whether the paper (whose conclusions were, on the whole, hostile to Hahnemann) should be printed in the archives of the Academy, and the proposal was rejected by two votes only. The latter is yet pending, but has fair prospects of success.

In Belgium, as elsewhere in Europe, homœopathy continues to gain favor among the laity, but the number of its practitioners does not greatly increase. Dr. Lambreghts, indeed, estimates it at 70; while Dr. Martiny, in 1881, gave it as 50, but he seems to have no definite evidence, such as a directory would afford. The Société Belge des Médecins Homœopathes, and its organ, "L'Homœopathie Militante," so valorously conducted by Dr. Gailliard, have ceased to exist; but the older society, the Cercle Homœopathique de Flandres, and the Association Centrale des Homœopathes, Belges, continue to flourish, as also does the "Revue Homœopathique Belge," now — as before — under the able editorship of Dr. Martiny. He has lost a valuable *collaborateur* in Dr. H. Bernard of Mons. It is noted with regret that several dispensaries have ceased to exist during the last few years; but those at Brussels, Antwerp, Ghent, and other places continue in full operation.

Dr. Roth, after referring to the above, called on Dr. Boniface Schmitz to add a few remarks on homœopathy in Belgium.

He said he wished to show the real causes of the failure to hold the congress at Brussels. He made a confession that it was the fault of the Belgian leaders, who were divided among themselves, and had done nothing for years to organize and unite their forces. He believed, however, that the congress, if it had been held at Brussels, would have done nothing but good to homœopathy. He expressed his admiration of Dr. Hughes's determination to hold the convention at any cost. He divided his further remarks into two parts, — what homœopathists *have* in Belgium, and what they have not. They have general progress amongst laity and professional classes; among the upper classes it spreads largely, but there are great hinderances to its spreading among the poor.

There are three societies: Cercle Homœopathique de Flandres, Association Centrale des Homœopathes, Belges, Société de Médecine Homœopathique. The Central Society, of which Dr. Martiny is president, is only central as having its location in Brussels. The third-named has Dr. Gailliard for its president. Each society has a journal of its own. In Belgium, homœopathists have *not* the power to enter the hospitals. Dr. Martiny is endeavor-

ing to obtain entrance to allopathic hospitals, to have a ward placed under homœopathic management. Dr. Schmitz was of opinion that great progress could be made if the three societies would unite. He sees no reason why this should not be, and would endeavor to bring it about.

#### BRITISH EMPIRE.

BY JOHN H. CLARKE, M.D., LONDON.

Dr. Clarke's history of homœopathy in the British Empire takes the form of a diary (or rather annuary), noting the leading events in each year connected with it. The establishment of the yearly Hahnemann Oration; the founding (thanks to the munificence of Mr. Henry Tate) of a homœopathic hospital in Liverpool; the extension of the work of the hospital in London; and the inception of a revised *Materia Medica* under the auspices of the national societies of England and America,—these are its encouraging features. On the other side stand the suspension of activity on the part of the school for lack of students; the discontinuance of the "British Journal of Homœopathy;" and the diminution rather than increase in the list of names contained in the directory. The sense of need of some further effort to make known the advantages of our method, and to dispel the ignorance and prejudice which obstruct its advance among the profession, has led to the formation of a "Homœopathic League," which may, it is hoped, do good work. Dr. Clarke notices some evidences of greater liberality towards homœopathic practitioners on the part of the men of the old school, and mentions Dr. Lauder Brunton's "Pharmacology" as another instance of wholesale, but unacknowledged, borrowing from homœopathic sources. A full obituary for each year is given; the death-roll including the names of Leadam, Bayes, Black, Hilbers, Madden, Chepmell, Holland, and Neville Wood.

The Australian Colonies are stated to show steady progress; and in Melbourne, Victoria, a handsome hospital has been built and opened. There has been no time to obtain direct reports from this quarter, but Canada and India will speak for themselves.

Dr. Roth remarked that great progress was being made in the Australian Colonies. Dr. Nichol sent a report from Canada, and there is a short report from Dr. Malunga of India.

At the request of the chairman, Dr. Hughes then read the following letter from Dr. Nichol in reference to the small-pox epidemic:—

DEAR DR.,—I had your letter one hour ago, and behold the reply! I trust I am in time. I was too busy to keep figures; but out of a large num-

ber of cases, I lost but one babe, unvaccinated, French Canadian, *of course*. I lost no unvaccinated adults, and my colleagues all had a like success. We had another large epidemic lasting from 1874 to 1881 (annual mortality, 600 to 900!), and I was busy then; but I lost only one adult, unvaccinated, suffering from constitutional syphilis of a severe type. Few die under pure homœopathic treatment, but *it must be pure*. I pay close, very close, attention to the therapeutics, and never alternate, never allopathize. My colleagues are like-minded. The allopathic statistics are shrouded in Egyptian darkness.

Yours, in great haste,

THOMAS NICHOL, M.D., LL.D., B.C.L.

140 Mansfield St., Montreal, July 20, 1886.

Dr. Pope said, —

MR. PRESIDENT AND GENTLEMEN, — In responding to the request to address the convention on the position of homœopathy in England, it is impossible to ignore the fact, that, among some of our senior physicians, those who have during many long years borne the burden and heat of the fight in defending homœopathy from attack, who have done more than any for its development, show a tendency to take a somewhat pessimistic view of the situation, to be despondent as to the future of homœopathy in England. However natural this may be after so long a period of struggling, I do not think that it can be justified when the facts of our position are fairly regarded. I trace this despondent feeling to two causes. It is due, I think, to weariness in the first place. These gentlemen have, whenever a discussion or dispute has arisen, been called upon time after time to reply to the same objections. Over and over again have the same arguments been brought to bear upon them, the same facts adduced to controvert them. These arguments are not replied to, these facts not disputed, but the objections they refuted are nevertheless again and again repeated. This, it must be confessed, is weary work. The hope inspired by the consciousness of the validity of these arguments and the character of these facts has been deferred, and the old-time result has followed, the heart has become sick, and the mind weary. Disappointment at the continued ostracism of physicians practising homœopathy has been enhanced by witnessing the professional advancement of men who, while denying the truth of homœopathy, are entirely indebted to the facts they have derived from the study of homœopathy for the position they have acquired. It is the triumph of dishonesty, and the ostracism of an open avowal of the truth, which have largely contributed to this weariness. Then, secondly, the very depth of conviction of the immense importance of homœopathy to the profession and to the sick has tended to develop this despondency when this is compared with slow advance it has made in professional esteem. It is depressing to see and to hear of disease being

protracted which the adoption of homœopathy would have shortened, of fatal results occurring which we have every reason to believe that the adoption of homœopathy would have averted. While, however, there is much to dishearten, when we look at the position as a whole, there is, at the same time, a great deal to encourage. First of all, look at the position of the great body of the profession. Roughly, it may be divided into two classes, — men who are especially anxious to make money, and those who are desirous above all things to acquire an influential position in it, — and the latter are dependent for their claim of advancement upon the former. Now, as a source of wealth, homœopathy is practically of no account: acute disease is so rapidly controlled through it, that, as compared with the effects of traditional medicine, an attendance is of small value. Dr. Pope here referred to a case of simple tonsillitis within his knowledge, where the patient had been confined to bed for three weeks, and was in very feeble health for as much longer; adding that he ventured to say that so prolonged a case of simple tonsillitis was not within the experience of any homœopathic physician present. How great must be the difference between the pecuniary results of an attendance of six weeks and one of ten days, he left them to estimate. The advancement of the hospital physician is dependent on his consultations; and these are in the hands of the great practitioners, who are hungering and thirsting after fees; consequently they are tongue-tied, and their efforts to promote the development of therapeutics are secret. Hahnemann is ignored, and homœopathy denied; albeit the work done by them is derived entirely from homœopathy. Hence it is that the conspiracy of silence has been successful in keeping homœopathy back. Hence it is that the degree of progress is no greater than it is.

Nevertheless, there is much to encourage us to persevere in propagating a knowledge of homœopathy, and also its practical development. The number of avowed practitioners is, it is within my personal knowledge, on the increase. This increase, during the last two or three years, may indeed be said to be considerable. Further, the extension of the appreciation of the therapeutic principle contended for is seen in the largely increasing number of the secret adaptations of the results of homœopathic experience. In the last work, Dr. Lauder Brunton's, these amount to about 60 per cent of all therapeutic hints given. In short, there has lived during this century no man, the influence of whose work on therapeutics has been so great as that of Hahnemann has been. Our opponents may sneer at homœopathy as much as they choose; they may ridicule the small dose, which alone is necessary to carry out homœopathic practice, to their hearts' con-

tent; and they may declaim against homœopathy until their vocal cords snap with tension, — but they cannot deny, that, in therapeutics, the crowning point of medicine, homœopathy is now being more practised throughout the profession than it ever was; they cannot deny that homœopathy is the *point d'appui* of therapeutic reform. This, gentlemen, is the work of Hahnemann and of his followers; and no one has done a larger share of this work in our day, or more important work in any day, than the president of the 1881 convention and the permanent secretary of our body, — Dr. Hughes. [Loud cheers.] Think for a moment of the time, now sixteen or seventeen years ago, when Dr. Ringer's "Handbook of Therapeutics" appeared, of our surprise when we found that some 16 or 20 per cent of his therapeutic hints were derived from homœopathy; and now turn to Brunton's with its 60 or 70! Here, gentlemen, is progress, — real, active, useful progress! Here is a preparation of the ground for the general adoption of homœopathy. What, then, do we need for its full cultivation? We need a purer desire on the part of the bulk of the profession to do the best they can for their patients irrespectively of all financial results. We need a greater amount of knowledge of what homœopathy means, and of how it is to be practised. The avenues for this purpose are two, — the professional journals, which are hermetically sealed to us; and the higher class of literary periodicals. These are in some instances open: wherever they are so, we should, as Hahnemann did, avail ourselves of them to make known the truth of which we are the trustees. We have lately in England obtained an opportunity for doing some little work of this kind in a journal of considerable circulation, — the "English Mechanic," — in which Dr. Clarke and myself have done what we could to hold up the standard of homœopathy. We need also increased care in practice, and this means increased study of the *materia medica*, increased care in individualization of our cases. There is no use in declaring aloud that homœopathy is true, if at the same time the practitioner, by neglecting the study of his *materia medica*, feels compelled, in order to find relief to his patients, to hark back on palliation. Care in prescribing is essential to success, and success in treatment is essential to the progress we desire. Very well, then, gentlemen, I maintain that we have no cause to despond. If we do but persevere in faithfully presenting homœopathy in the sick-chamber, if we persevere in making it known through every available avenue, we must triumph. Homœopathy is true; and truth will not, forever, be denied her rightful place. The time will come, must come, when homœopathy will be recognized as the basis of therapeutics throughout the profession. Be it ours to hasten this time!

## FRANCE.

BY DR. V. LÉON SIMON.

Dr. Léon Simon reports that the number of our adherents slowly increases. At Paris it remains about the same; but in the south, there is a sensible increase, thanks mainly to Dr. Chargé. Dr. Jousset has made several proselytes in Brittany. There are about seventy homœopathists in Paris, and one hundred and thirty in the rest of France. Homœopathy is also not unknown in the French Colonies: there are practitioners of it in Algiers, Tunis, and Martinique. The number of students promises well for the future.

There are in France at least fifteen special homœopathic pharmacies, — nine in Paris, two at Lyons, two at Bordeaux, one at Marseilles, and one at Nice. There are two societies, to one or other of which most of the French practitioners belong, — the Société Hahnemannienne and the Société Homœopathique de France. Both meet at Paris.

Dr. Léon Simon enumerates our colleagues who have passed away during the last five years, among them being Dr. David Roth, the Comte de Bouneval, and Dr. Espanet.

Homœopathy is taught by lectures, hospitals, clinics, dispensaries, and journals.

Lectures have made but little progress during the last five years. The hospitals show the most satisfactory results. There are two at Paris, and one at Lyons, all prospering greatly. The Hôpital St. Jacques has had a new and handsome building erected for it, and contains sixty beds. Next in importance to the hospitals is the Dispensaire Alix-Love. This institution has only been open five months, but is making rapid progress in its numerous branches of work.

The dispensaries are numerous and prospering. The three established journals still flourish. Two of our colleagues have joined the staff of the "Petite Revue du Midi" as scientific contributors, and have published several articles of great value to the cause.

Dr. Léon Simon notices the epidemic of typhoid-fever in Paris, in 1883, and the small mortality in our hospitals and among our private patients. Dr. Crélin's remarkable pamphlet, entitled "Fièvre Typhoïde: Hypothèses et Contradictions Académiques," is mentioned with high approval. He also reports fully on the epidemic of cholera in the South of France in 1884 and 1885, where our mortality was only 9.5 per cent. He also notes with satisfaction the growth of friendly relations between the old and the new schools, consultations being readily obtained in France. He appends a list of books pub-

lished since 1881, in addition to those mentioned in his full report.

Dr. Heermann of Paris said he belonged to the school of Hering. Popularly among high and low, rich and poor, there is in France a desire to have homœopaths amongst them; and this shows a great independence of character in the French, because there was much to dissuade them from it.

Again, there are two societies in Paris, one following Hahnemann, and one in which the teacher speaks lightly of Hahnemann, and goes in for hypodermic injections, and scorns individualization of remedies. These do great harm to homœopathy.

Summing up, he said there were a few accessions of young men, but quite out of proportion to the demand.

#### DENMARK.

BY DR. OSCAR HANSEN.

Dr. Oscar Hansen of Copenhagen said that in 1821 homœopathy was first known in Denmark. In 1836 there were three practitioners. In 1853 the cholera epidemic visited Denmark, and the allopaths lost seventy per cent, whilst the homœopaths only lost eight to ten per cent. This had a very marked effect on the public. In 1885 the homœopaths obtained the right to dispense their own medicines. There is a popular homœopathic society, and since 1880 a medical homœopathic society. Several eminent surgeons and *accoucheurs* are favorable to homœopathy. In the press, a journal which once attacked homœopathy, in consequence of cholera experience in Marseilles afterwards spoke in its favor.

#### ITALY.

BY DR. GUISSeppe BONINO.

Dr. Bonino of Turin said that in Italy the resurrection of the nation marked the resurrection of homœopathy. Five years ago the Homœopathic Institute was founded, and, by the help of Dr. Leoncini of the Marine, had obtained a government charter. Dr. Leoncini has also given forty thousand lira for the founding of a Homœopathic Hospital of Genoa. In the Institute, there are, besides medical men, chemists and veterinarians. There is also the Hahnemann Federation. There are fifty-five practitioners. There is one journal, "Revista Homeopathica," published for thirty years; and there is also a journal of the Federative Society. There is no animosity between allopaths and homœopaths in Italy. Homœopathy is in favor with the poor as well as with the rich. Dr. Bonino hopes himself to have a hospital in Turin.

The reports from Russia, Switzerland, the United States of

America, and Spain were then referred to, special attention being drawn to Dr. Bojanus's hint that homœopathic hospitals do best when there is no university.

#### RUSSIA.

BY DR. BOJANUS, PETERSBURG.

Dr. Bojanus is unable to give any statistical data about the progress of homœopathy in Russia, not having received any notice to prepare a paper until too late for the convention. He gives, however, a very detailed account of an attempt made by Dr. v. Dittman of Petersburg, to show the superiority of the homœopathic treatment in diphtheria, which was at that time raging in Petersburg. Dr. D. first recommended *mercurius cyanatus* (30th dilut.) as an infallible remedy and prophylactic against this terrible disease; and afterwards he entreated the emperor to let him have a hospital, in which he could treat the cases of diphtheria intrusted to his care according to the homœopathic system, under the supervision of an allopathic committee of physicians.

This request was granted to Dr. D., and a hospital of forty beds intrusted to his care. But, by the intrigues of the allopathic fraternity, he got but one patient to treat,—a child with *angina scarlatinosa gangrænosa*, which died. No other patient was intrusted to his care. It may easily be imagined, that, after this complete failure, Dr. D. was insulted and abused in the papers by the enemies of homœopathy, and the system of Hahnemann denounced as a fraud.

Dr. Bojanus therefore advises the German homœopaths not to establish a homœopathic hospital in a city where there is a university, but rather in a place like Görlitz, where there is a large population of workingmen.

Dr. B. is convinced, that, as long as homœopathic hospitals or dispensaries are under the control and supervision of allopathic authorities, they can never flourish. Only where such institutions are entirely independent, as they are in North America, they are in a prosperous condition.

Finally, Dr. B. states that in Moscow two allopathic physicians have become converts to homœopathy, and in Petersburg two sons of Dr. Bojanus are now practising homœopathy.

#### SPAIN.

BY DR. F. G. RUBIO, MALAGA.

Dr. Rubio states that there are 53 homœopathic practitioners in Madrid, 41 in Barcelona, and 43 in other parts of Spain,<sup>1</sup>—

<sup>1</sup> This list is probably imperfect, for it omits Bilbao, where there is certainly one homœopathist. — Eds. of the "Précis."

altogether 137. There are four homœopathic journals. The Hospital San José, at Madrid, continues to flourish; and the Medical School connected with it has between forty and fifty students. There are dispensaries in vigorous operation at Madrid and Malaga, and in most cities where homœopathy has a representative.

#### SWITZERLAND.

BY DR. BRUCKNER, BÂLE.

During the last ten years (when Dr. Bruckner reported to the convention of 1876), about ten homœopathic practitioners have passed away in various parts of Switzerland; but there are twenty-three now practising the system. They meet annually for conference in one of the towns of the confederation.

#### UNITED STATES OF AMERICA.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA.

Dr. James begins by giving the following statistics as to the present position of homœopathy in the United States:—

Of *Practitioners*, there are about 10,000.

Of *Medical Colleges*, 13; with about 1,000 fresh matriculants and 400 graduates annually.

Of *Hospitals*, 51; with 4,000 beds.

Of *Insane-Asylums*, 3.

Of *Dispensaries*, 48.

Of *Societies*, 143.

Of *Journals*, 22.

Of *Pharmacies*, 33.

Regarding the colleges, he notes a progressive elevation in the standard of medical education. The multiplication of capable specialists in our ranks is much aided by the special training provided in the New-York Ophthalmic College and Hospital, which is authorized to confer the diploma of "Occuli et Auris Chirurgus" upon its students.

Our hospitals are receiving large aid, both from private donations and from State subventions. Among the latter may be mentioned the assignment to homœopaths of the Westborough Insane-Asylum, with 180,000 dollars for its equipment. The State of Massachusetts, to which this grant is due, has also established the Newton Cottage Hospital, near Boston, and divided the medical and surgical staff equally between old-school and homœopathic physicians. A similar assignment has been made in the Cook-County Hospital, at Chicago. Providence, Washington, and Pittsburg have corresponding liberality to record from the authorities of their respective States; and the

Hahnemann Medical College and Hospital of Philadelphia, the oldest institution of its kind in the country, is about to take possession of a new and thoroughly equipped building.

To the national societies extant at the last report, is to be added a "Southern Homœopathic Association," which (it is hoped) will do much to promote unity and progress among the homœopathists of the Southern States.

Dr. James considers the great success of homœopathy in the United States due to the fact that it appeals directly to the people, with whom power resides; though he recognizes the greater freedom with which young societies are permeated by new ideas.

Dr. Runnels said, in reference to the United States, that the figures given by Dr. James were only rough. The old school is honeycombed by the practice of homœopathy. Aconite and belladonna in tumblers of water, singly or in alternation, was quite a common occurrence. The "omnibus prescription" has passed on. How soon the clandestine recruits will come openly into the ranks, he could not say. At present they continue to fight homœopathists. This is also manifest in the "Code of Ethics," in that the members of societies acknowledging that code are forbidden to meet homœopathists. This rule has been strongly attacked. The battering-ram of public opinion is fast knocking the code to pieces. Two other colleges have been founded since the report of Dr. James, making fifteen in all. Then, there is State aid. School-lands have been sold, and universities founded with the money. In Boston, Michigan, and other places, homœopathy has come in for a share of this, having schools of homœopathy in universities so endowed. Homœopaths have gained recognition from the government in the grant of 15,000 dollars to the establishment of a homœopathic hospital in Washington, and a further grant of 5,000 dollars, which may be expected to form a regular item in the budget. There are many other government donations to colleges. They possess land for the Insane-Hospital of Middleton; and the Massachusetts government have given land, buildings, and money, to the value of upwards of 500,000 dollars altogether, to the Westborough Insane-Asylum, which is in the hands of homœopathists. In Chicago the homœopaths have one-fourth of the whole hospital, which is one of the largest in the States. There has been a temporary loss of an insane-hospital in Michigan through the alteration of one word in the title-deeds. In Ohio a homœopathist has been appointed to the State prison. Homœopathists take great interest in hygiene. Every avenue of trade and science is feeling the effect of progress in homœopathy.

Summarizing, he said homœopathy had a fair measure of success, but it was not evenly successful all over. He was saddened

by the report from this side, but he believed the reflux would come.

Dr. Meyerhoffer, having resumed the chair, called on Dr. Clarke to open the discussion on Dr. Dudgeon's paper, of which the following is the *précis* : —

### ESSAYS.

#### “EN AVANT.”

BY R. E. DUDGEON, M.D., LONDON, ENGLAND.

The author asks, 1st, Why is homœopathy regarded with aversion by the medical profession ?

In its early days, there was sufficient reason for this in the complete opposition of homœopathy to established and traditional methods of treatment, and to all the current theories of disease and cure. The prejudices and interests of the profession were arrayed against it. It was also contrary to the interests of the apothecaries. By its greater success in the treatment of disease, by shortening the duration of the treatment, and by enabling patients to treat themselves for all the slighter ailments, it naturally diminished the funds derivable from practice. As the medical profession is overstocked, and the great mass can barely keep themselves, any proposal to diminish the profits of treatment would meet with the most vigorous opposition. Homœopathsists always assert that homœopathy cures diseases more quickly and with less outlay on the patient's part. But this, in place of being a recommendation, is just the reverse to the great mass of struggling practitioners. They welcome any new method that increases the work of the doctor, such as new and powerfully acting medicines, electrical applications, hypodermic injections, etc. ; but a system that diminishes the work of the doctor goes against their prejudices and material interests.

2d, What can we do to promote the general adoption of homœopathy? At its first introduction, homœopathy spread rapidly among the intelligent classes, because it was zealously propagated among the public by popular literature, lectures, and meetings, and because it offered a mild system of medication which contrasted strongly with the violent and often painful methods of the old school. But gradually the old school abandoned these rough methods, gave up bleeding and the painful and perturbing methods they had hitherto used; and homœopathsists, seeing this, trusted that the old school would go a step farther, and adopt homœopathy. Therefore, they left off appealing to the public, and addressed themselves to the profession only. The

public, no longer directly appealed to, ceased to interest themselves in the new system; and the profession, no longer influenced by the patient world, ceased to furnish new converts to homœopathy, but took from homœopathy its medicines and methods, while they continued to misrepresent and deride the doctrine from which they derived their remedies. Homœopaths found that all their appeals to the old school remained unheeded. In order to influence the profession, we must do as the earlier pioneers of homœopathy did, and resume the propaganda of our system among the public, who will, in their turn, force the old school to adopt the doctrine as well as the remedies of homœopathy, which they now only use empirically. The profession, on the whole, will gain by adopting homœopathy, as patients will then regain the confidence in medicine which they have in great measure lost; in consequence of the acknowledged uncertainty of treatment, and the open boast of medical men that they are guided by no therapeutic principle. When the profession is agreed on the adoption of the only true and rational homœopathic rule, and the public know this, they will cease to dread the haphazard treatment of a doctor, and will lose their love for quack medicines, whose use will thus appear to them irrational.

Dr. Clarke said that there were few men who had done more than his friend Dr. Dudgeon to convince the medical profession of the truth of homœopathy. For forty years he had directed all his efforts to this end, appealing to the profession in the most professional of ways; and he had now come to the conclusion that it was of no use. Practically it had had no result worth speaking of. Hence he had come to the conclusion, and others had come to the same, that it was time to make a change in our tactics, and appeal to the profession no longer, but to the public. Dr. Clarke referred to the action that had arisen out of this decision as embodied in the Homœopathic League. He briefly alluded to the origin of the movement, and drew the attention of the convention to the memorial presented to the board of management of the London Homœopathic Hospital by a deputation from the League on June 30, mentioning that a number of copies of the "Homœopathic World" containing that memorial were in the hall, and any member was at liberty to take one. He was happy to inform the members that the venerable Lord Ebury had accepted the presidency of the League, and that a lay secretary had been appointed. The movement was intended to be essentially a lay one. In the early days of homœopathy in Great Britain, when the appeal was made to the laity, medical men joined our ranks in numbers. When that was stopped, our numbers ceased to increase. Dr. Clarke then showed the

work of the League, the character of the work done, and the tracts already issued. He said that the general public were exceedingly ignorant as to what homœopathy really was, and if they were enlightened the strength of allopathy would be gone. He gave instances, and among others his own case, in which the enlightenment of lay homœopaths had led to the conversion of medical men. He was delighted to find a similar lay society started in Germany, and hoped that they might soon join hands, and that the movement might be placed on an international basis.

Dr. B. Schmitz desired to render homage to Dr. Dudgeon for his efforts to bring before the public and the profession the pilferings of homœopathy by the allopaths. Dr. Schmitz desired that official notice should be taken of these as preserving priority of discovery to those to whom it belongs.

Dr. Léon Simon, *frs*, said, The question we treat of at present is one of the greatest importance and of the greatest difficulty. We must act with the greatest prudence in addressing the laity. On the one hand we are open to the accusation of charlatanism; and I therefore recommend, that, where there is no absolute necessity, no name be appended to the articles or tracts, and, above all, that we never give our address. On the other hand, doctors deprived of their diplomas, or even legally qualified doctors, but really charlatans, can borrow our quality, and publish under the name of electro-homœopathy, or of homœopathy with some epithet or other added, pamphlets which are neither homœopathic nor even scientific. This will put us under an undeserved discredit, which would prove very injurious to us.

Dr. Roth said that we tried to aim at what Dr. Simon referred to. No authors' names are to appear appended to the publications, and nothing unworthy will be produced. He had a number of the tracts for any members who desired to see them.

Dr. Heermann asked if the right of translation was reserved, and was answered in the negative.

Dr. Runnels said this was an important matter. Our missionary work had suffered from practitioners not having been able to do that as well as their practices. It was on a right footing, being in the hands of the laity. The speaker was warmly in favor of it, and thought that something here ought to be done to spread the movement abroad. He would do all he could to spread it in his country.

Dr. Heermann asked that this be voted on, and that the motion of Dr. Runnels be seconded. The thing is good. Let the congress vote.

Dr. Wilder said one question occurred to him. How are

additions made to homœopathy in Great Britain if homœopaths have to go through the old school?

Dr. Hughes said, that, as we have no colleges, we depend on converts, or the sons of homœopaths. There is no hindrance to the practice of homœopathy, but all must pass through the same curriculum.

Dr. Clarke added a few remarks on what is incumbent on American graduates in order to enable them to practise in England, and stated that American graduates could *practise* in England without an English diploma, but they could not be in the British register, and did not possess the same legal standing as those who were registered.

Dr. Meyerhoffer said it was different on the Continent. No medical man, however high a degree he may have taken in his own country, can practise in another country unless he has gone through another examination in the country in which he intends to practise. The examination may be harder, or it may be much easier, than that he has already passed; but it cannot be avoided.

He then put to the convention the following resolution:—

“That this convention heartily approves of the movement initiated by the Homœopathic League, and recommends that steps be taken to make it international.”

Proposed by Dr. Runnels, seconded by Dr. Heermann.

This was carried unanimously.

The proceedings of the morning then terminated.

The report of the sectional meetings will be held over, and appear in our next issue.

#### SOCIAL GATHERING.

On Tuesday evening, at six o'clock, the members dined together in the large dining-hall of the hotel. The time passed most pleasantly, and after the dinner three official toasts were proposed: 1st, “The Swiss Confederation,” by Dr. Meyerhoffer, responded to by Dr. Meschlin of Bâle; 2d, “The Memory of Hahnemann,” proposed by Dr. Wesselhoeft, and drunk, as always, in solemn silence; and 3d, “*Floreat Homœopathia*,” proposed in a graceful speech by Dr. Léon Simon. Afterwards “The Ladies” (whose presence greatly enlivened the proceedings) were toasted by Dr. Roth, in English, French, and German; and Dr. Heermann, *filis*, in a witty speech, answered for them, also in all three languages.

#### SECOND DAY. — *Wednesday, Aug. 4.*

The president said that the subject of the discussion for the day was one of the greatest possible importance. He hoped

that gentlemen would take the liveliest part in the discussion. He called on Dr. Hughes to give his report.

Dr. Hughes said, that, as one of the editors of the new "Materia," he appeared before them to give an account of the "Cyclopædia of Drug Pathogenesis," and its claims to be considered the materia medica of the future. It had special claims, and was no individual venture of a single author or of a publishing-firm. It was the joint work of two national societies. Its commercial success was already assured. The judgment of the congress is asked on the first volume. The work purports to be a revision of the materia medica. It aims to be a pure record of pathogenetic effects. Formerly our materia medicas have been disfigured by the presence of clinical symptoms. The elimination of these is the first task. The next work is that of sifting. All recognize that provings are not all alike satisfactory. Dr. Allen admitted the unsatisfactory provings into his "Cyclopædia," though in the Index he ignored them. The authors have only given their sanction to what they have confidence in guaranteeing as perfectly satisfactory. Those less highly regarded are printed in smaller type, and this type has been used for those not regarded as authentic.

The next point is that of proving by dilutions. Without judging others, it has been deemed advisable to draw the line at the 6th centesimal dilution. This is merely a practical compromise.

Then has come the work of reconstruction. Hitherto it has been the practice to cut provings up into a schema. It was thought that the student ought to have the symptoms in their original relations. There are some provings only given in schema form, and these have been as far as possible reduced to harmony with the general tenor of the work.

Lastly, he said that all matter had been taken from its original source whenever possible. He invited the judgment of the congress on this work, and emphasized the importance of the judgment it would pronounce. He concluded by quoting the words of Dr. Runnels in his presidential address at Saratoga: "The purity and reliability of our materia medica is a consummation to be desired by all, but we have hardly yet begun to realize the great work that is here being accomplished for our science. To have the pathogenesis of every drug well authenticated, to have it freed from all error, to have it present the real truth of drug-ability in every instance, — is to plant the feet of every prescriber on the bed-rock of certainty, is to supply him with knowledge that will sustain him in the hours of extremity;" and Dr. Hughes hoped that this meeting would give its indorsement to Dr. Runnels's words.

The president having translated Dr. Hughes's remarks in brief, called the attention of the meeting to the *résumé* of the papers given below, and then opened the discussion.

### *Résumé.*

#### A CRITICISM ON THE "CYCLOPÆDIA OF DRUG PATHOGENESY."

BY DR. IMBERT-GOURBEYRE, ROYAT, FRANCE.

The author begins by pointing out that the name *φαρμάκων* indicates that all drugs are first of all poisons, and hence the importance of knowing their poisonous action. The "Cyclopædia" gives us for the first time an opportunity of studying the physiology of drugs by presenting their effects in the order of their evolution. It is also very valuable as bringing together in an accessible form all available knowledge derived from the four sources of (1) poisonings, (2) over-dosings, and (3, 4) experiments on men and animals. He is especially pleased with the classification of the arsenical poisonings. He seems to regard this work, however, rather as material for a future building than as an end in itself; though he does not indicate the manner in which he would have such building erected.

#### THE PRESENTATION OF THE MATERIA MEDICA.

BY RICHARD HUGHES, L.R.C.P., BRIGHTON, ENG.

The author observes that the presentation, in the "Cyclopædia of Drug Pathogenesis," of the provings and poisonings with drugs in narrative detail, has excited much attention on the Continent, and that some critics seem to consider the schema as at least as good a form. He, on the other hand, believes the latter to be unnecessary, misleading, and pernicious.

The materia medica may be used homœopathically either *à priori* or *à posteriori*.

1. On the first plan, it is studied beforehand; and for this purpose the author maintains the schema to be most prejudicial, as rendering pathogenesis uninteresting and unintelligible. It has thus operated injuriously (*a*) by robbing Hahnemann of his due credit as the father of experimental pharmacology; (*b*) by deterring many would-be inquirers from the study of homœopathy; and (*c*) by driving its practitioners to empirical use of remedies instead of fresh homœopathic selection.

2. When the materia medica is used by way of reference in presence of a case, the schematic arrangement is unnecessary for symptom-finding, as that is provided for by an index. On the other hand, it is misleading, as symptoms become falsely interpreted when divorced from their concomitants, and often as-

sume (when isolated) a prominence not their due. The author combats the doctrine that symptoms are susceptible of indefinite variations in grouping, as maintained by Drs. Allen and Farrington.

He finally pleads for the detailed provings and poisonings as the fundamental materia medica of homœopathy, to be studied by every learner, and referred to by every practitioner; all other arrangements of pathogenesis to be regarded as merely introductions and applications.

ON THE ADDITIONS TO THE CYCLOPÆDIA OF DRUG PATHOGENESY REQUISITE TO MAKE IT OF FULL USE TO THE PRACTITIONER.

BY J. DRYSDALE, M.D., LIVERPOOL, ENGLAND.

The author warmly approves of the work done by the "Cyclopædia" in sifting the matter of our pathogenesis, and presenting it in intelligible and connected form. To make it available for practice, however, there is needed an index to the symptoms, and a physiological and therapeutic commentary, with such general information about the drug as is given in ordinary works on materia medica. It is proposed to supply these in a companion volume. Dr. Drysdale argues here, that, for future volumes of the "Cyclopædia," it will be better to incorporate such matter with the pathogenesis of each medicine, so giving the practitioner less trouble in reference, and keeping him from the danger of falling into the easier way of empiricism.

Dr. Hobart moved that we do heartily approve of this work, and tender to Dr. Hughes and the other editors sincerest thanks for their earnest and arduous and successful labors.

Dr. Roth seconded this motion.

Dr. Hobart then said that the reference to the schema was very much to the point. When he commenced the study of materia medica, he was given Jahr. This was very confusing to the student. Medicines should be known individually. Clinical symptoms must be eliminated. Homœopathy cannot be advanced in any way better than by improving the materia medica. In America, the discussions had run too much on other things. The materia medica is the chief thing. In this work, going back to original sources brings within the reach of teachers and students material which they could not come across in other ways. There is a movement in America for making the meetings on materia medica, at the conventions, general instead of sectional meetings.

Dr. Heermann said it was the great wish of Dr. Hering to see this work done, because our materia medica is our basis and our apex. Hence, this is one of the grandest works we can wish

for, and the conclusions should be well weighed. There are criticisms upon the name "materia medica of the future," whether the eliminations have not been too great. The cures by the pellet have been put aside; yet this is some of the experience of the past, which we could have done badly without. This is not in place in the body of a "Materia Medica Pura," but it might be put at the foot of the page. Dr. Heermann met with a patient who had a symptom, outside the body, haunting her. He had found it in three instances as a result of *sepia*. He had found an individual who saw white with his right eye. Under *phos.*, he found there was white vision with right eye, and also the arteries were out of order. This led him to the arteries, and he found an aneurism. This experience he put at the bottom of the page. So he objected to the experience of the pellet being altogether put aside. Again, he found a line of demarcation had been agreed to: but some persons are so susceptible, that the 3d and 6th have no effect; but going to the 100th or 1000th, symptoms appear which you get in no one else. He would put these at the bottom of the page as an addendum. This work will be the basis of the "Materia Medica Pura," but it does not go as far as it should go. What is wanting, in all pure materia medicas, is the experience of our forefathers. This distinguishes some of the earlier works. The great desideratum is to know such medicines have such and such symptoms. Our materia medica some day will arrive at this. We shall see that certain symptoms belong to certain organs; e.g., *nux vomica* to the solar plexus and spinal cord. A medicine should be so studied in its outlines, and the organs to which it has relations should be specially noticed. He asked Dr. Hughes to read a case he had published, illustrating this point.

Dr. Hughes said his case was to show that symptoms may sometimes not correspond with actual conditions. It was the case of a lady who was suffering from gall-stones. The lady had, he said, had severe salivation in all her pregnancies, and now, when suffering from gall-stones, the same salivation appeared again. A medical friend prescribed *kali bichrom.* for the salivation. Dr. Hughes objected, on the ground that the salivation of *kali bichrom.* was only part of the general sickness and nausea produced by massive doses, and not a pure pathogenetic effect. No result followed. When *kali iod.* was given, cure speedily followed, this medicine having very decided power of causing salivation specifically.

Dr. Heermann resumed, If we have a materia medica without experience, a student will be apt to seize on a single symptom, as in this case, without getting at the real pathological condition of the case. We require for this, that the experience of

our forefathers should not be left out of view, and that the meaning of each symptom, pathologically, should be sought. Besides, we require the schema. The schema has this advantage: it is much easier to refer to than this book, and almost the whole of the symptoms are more easily reached.

Dr. Simon said he had received from Dr. Gailliard the following facts. Dr. Atomie told him that he had experimented with six drugs, and they had produced identical effects, — fever, erythema, etc. What can we conclude from this? That Dr. Atomie had a peculiar constitution. Therefore he requested all provers to note their temperament and susceptibilities. Dr. Hughes rightly does not allow that symptoms admit of indefinite groupings. For example, a pain at the lower end of the shoulder-blade generally accompanies liver disease, and *vice versa*; but the shoulder-pain must not be artificially separated from this relationship. The bizarre symptoms noted by some provers, Dr. Simon urged, should not be neglected. He instanced a case of facial neuralgia, in which cold water in the mouth relieved the patient, the pain coming back more violently when the water got warm. *Bismuth* has this symptom, and cured the case in forty-eight hours. He thought the schema necessary: it was to be compared to a dictionary in learning a language. We do not commence to learn a language by reading a dictionary, but it is indispensable.

Dr. Runnels gave his hearty support to this work. It was not final. [Hear, hear.] It is a fair beginning along the right way. It is somewhat in the nature of a compromise. But what is left out will not be lost. [Hear, hear.] We don't lose any thing. We are gaining ground. Speaking of symptoms from dilutions above the 6th potency, he thought the editors have done rightly to produce symptoms when observed from provings both above and below. In reference to the case of Dr. Simon, he said he had cured facial neuralgia of the head with *coffea* 30 with great rapidity.

Dr. B. Schmitz said that no materia medica could be perfect, and cited the materia medica of Hahnemann to show that there was a limit, the 30th dilution, beyond which no pathogenetic symptoms were taken. He showed that Hahnemann took many symptoms from diseased persons, thus indicating that Hahnemann's materia was not altogether a pure one.

Dr. Mossa said it is to be looked at in point of science, and in point of practice. From the scientific point of view, it is a great work; but the work is also practical. It offers to the medical student and practitioner a source of information of great importance, and it is also valuable for our colleges of the old school. He thinks that teachers will find in it a great treasure.

He thought the old school would prize it as soon as they knew that to know the positive effects of drug was to know its curative effects as well. He concluded by praising his teacher, Dr. Gross.

Dr. Pope said that it was very gratifying to all workers to see the way in which their work had been received. He said that the chief credit was due to Dr. Hughes. He referred to Dr. Heermann's criticism of the omission of clinical symptoms: their place is in therapeutic commentaries. It is highly important that clinical symptoms should be observed more than once. Dr. Drysdale would have the pure *materia medica* combined with commentary. Dr. Pope did not agree with this.

Dr. Clarke said that he had much sympathy with the remarks of Dr. Heermann. He felt the work was open to criticism on many sides; and he had a great desire, when possible, to have every thing in a single book. But it was not possible in such a case as this. Compromise was necessary; and, judged from the fallible human stand-point, the work was simply a magnificent one. There was no reason why those who approved of provings with the higher dilutions should not collect them, and no reason why those who approved of clinical symptoms should not also collect them. He regarded the "Cyclopædia" as a foundation-work. It was not the whole of our foundation, but it was a good half of it. Clinical experience was the other half. He did not look upon this as a work to be put into the hands of students already suffering from the effects of "over-pressure," but as a work for the teachers of *materia medica* to work upon and to digest (with the other works on therapeutics) for the benefit of their students, in the text-books they put into their hands. These text-books should be primers to introduce students to the practice of their art, to the proper use of the "Cyclopædia," the schema, and other works in constant use amongst us. He could not shut his eyes to the value of clinical symptoms, with the "Chronic Diseases" of Hahnemann before him, and the multitudinous confirmations of them. He joined with Dr. Pope in his admiration of Dr. Hughes, and the manner in which he had fought for the work, often against great opposition, on both sides of the Atlantic. He had watched Dr. Hughes for years; and the way in which he had overcome all obstacles, and made the execution of the work practicable, he regarded as wholly admirable.

Dr. Noble testified to the interest with which the younger members regard the recent work. He said it was not to be compared to schemas. He passed an encomium on Dr. Hughes for his work on "Pharmacodynamics," and compared the "Cyclopædia" with this.

Dr. Roth pointed out that Dr. David Roth was the first who

had the courage, forty years ago, to stand up against the corruption of the materia medica. Hahnemann's second wife called him "the poisonous serpent" on account of his fearless criticism. Dr. D. Roth's great work was "Médicine Clinicale," in which cases of cure by single remedies were collected. Among the provers of Hahnemann, one, Langhammer, was always ill: the symptoms he published were real symptoms, but they were the symptoms of his sickness, and not of the medicines.

Dr. Hughes, who was received with loud cheers, thanked the assembly for the appreciative reception accorded to this work. This would enable him to go back to it with renewed heart; and he hoped, that, at the next quinquennial meeting, the whole of the five volumes would be completed and presented. In answer to Dr. Heermann, he said that Dr. Runnels had anticipated his reply. When the work was complete, it was hoped to add an index such as Dr. Drysdale suggested, and a work embodying clinical experience. The work was only a foundation, but he hoped it was a strong and pure one. [Loud cheers.]

Dr. Meyerhoffer said he did not rise to criticise. In all pathogeneses, there is one point missing; that is, in the various experiments made on men, there is rarely an analysis of one of our most important excretions, the urine, which shows the variations in nutrition within us. This should be accurately attended to in future. The specific gravity and abnormal elements, these should all be accurately considered. He was led to this remark by the case of a patient whose urine exhibited a specific gravity of 10.30. There was sugar; but, on analyzing the urine, the salts were much below the usual standard. The use of arsenic in two or three days increased the quantity of the salts, and the sugar diminished. In this case, the specific gravity did not show the quantity of sugar, but the poverty of salts; and if no attention had been paid to the latter, error would have resulted. Hence, in all provings, the necessity of care in this respect.

The president then called on Dr. Clarke to read the *résumé* of his paper, which ran as follows:—

#### NOTES ON NICOTISM.

BY JOHN H. CLARKE, M.D., LONDON, ENGLAND.

The author maintains that all employers of tobacco are the subjects of poisoning, and that the comparative absence of symptoms during its habitual use is a "tolerance" analogous to that of arsenic-eating. Its sudden discontinuance often leads to "tertiary" effects similar to those resulting from its primary

adoption, and the same may occur from temporary excess or lowered resistance on the part of the "nicotist." The "intermediate stage" is one of saturation with the drug, kept up by recurrence to it as soon as a sense of craving shows that its influence is waning. Its evil effects here are shown in the eye, the heart, and the nervous system generally; and also by local action in the throat.

The author regards alcohol as too similar to tobacco to be a safe antidote for it in ordinary quantities. *Nux vomica* is, in his judgment, the great remedy for nicotism; while he finds camphor of much value in subduing the craving for the poison in those who are endeavoring to break off its use.

Dr. Clarke amplified this summary in some particulars.

Dr. Mossa mentioned that Professor Eilenburg, in his work on the sympathetic, has mentioned a form of angina pectoris due to nicotism, where the pain ceases as soon as tobacco is left off. In animals, the effects were similar to those of *digitalis*; but all the animals were first poisoned by *curare*, which interfered with the effects.

Dr. Runnels regretted that the meeting had not heard the paper in full. It was a very important subject, and one on which there was much to be said. We shall have to make a more definite record. Whenever we say any thing against the habit, we encounter the prejudices of large numbers of nicotists, who say we are fanatics: they have smoked for years, and it has never hurt them in the least. Close analysis will show that it has hurt them, and has left its mark.

The chief criticism he has to make on drug symptoms, was that they are often taken from provers under the influence of a much stronger drug (as tobacco) than the one they are proving.

Nicotists say it does not hurt them. He maintained they are generally affected by piles, liver or heart disease, or what is called in America, for want of another name, "malaria." You can often trace the effects of tobacco into the next generation. Many cases of anæmia, dysmenorrhœa, and epilepsy in children are due to nicotism in parents. This is only one example. Tea and coffee are others. Dyspepsia, functional disease of the heart, and other maladies, are induced by the use of these. We take black coffee to antidote opium; and, if it is potent enough for this, the habitual use of it must give us a proving. Let us never take provings from persons who are bound hand and foot to some poisonous drug.

Dr. Cooper had given consideration to the subject from time to time. He could say with all reverence, with Kingsley, that, when the Great Architect of all things created the world, he created nothing better than tobacco. He believed that the

human race had benefited by nothing so much as tobacco. He acknowledged the evil done by tobacco, but he thought the habit of expectorating was the chief evil. He said there was nothing that would not do harm. One of the most remarkable things was the enormous quantities that could be taken without visible effects. He mentioned a case in which a person who had taken enormous quantities of tobacco left it off without the smallest difficulty after taking it for fifty years. Tobacco was not so much used as it ought to be in medicine. Tobacco 3x did most good in one case. He hoped to give an account of the medicinal use of the drug, together with that of *lobelia*, some day. If given in high dilution, it would produce pathogenetic effects; but if given in the crude form, it did less harm than any herb under the canopy of heaven.

Dr. Schäder rather agreed with Dr. Cooper than Dr. Runnels: he was no friend of tobacco, but he mentioned that Hahnemann smoked continually. Dr. Schäder's grandfather lived to ninety, and smoked till within a week of his death. There are cases in which the effects are bad. A colleague at Thun suffered from terrible attacks of angina pectoris, and never had it from the time he left off smoking. He has seen sickness and giddiness caused by it. He is himself no smoker.

Dr. Heermann said there were great differences in different cases of tobacco-poisoning. *Staphysagria* was sometimes needed for the severe anæmia caused by it, sometimes *arsenic*. *Phosphorus* had to be used to cure one case of nicotism, in his practice, where there was intense anæmia of the brain.

Dr. Mossa mentioned, in reply to Dr. Cooper, that it is not a bad habit to expectorate if you smoke: as the smoke acts on the salivary glands, expectoration is necessary.

Dr. Nield said he was obliged to Dr. Clarke for introducing this subject. He indorsed his experience, and agreed with what Dr. Runnels had said. Dr. Cooper's argument was answered by Dr. Mossa. His arguments would apply equally well to the use of *arsenic*, *opium*, and *cannabis*. The case mentioned by Dr. Cooper was an exception. Most persons suffer much in giving up tobacco. Those who give it up, suffer from want of sleep or constipation.

Dr. Clarke (in reply) thanked the congress for the kind reception they had given to his paper, and said that if gentlemen had had the opportunity of reading the paper *in extenso*, they would have found that he had merely stated the facts of his experience, and had drawn no inferences as to the habit in itself; but if the facts were found to lead to the inferences condemnatory of the habit which Dr. Cooper seemed to anticipate, he had no objection. The points raised by Dr. Cooper were for the most

part anticipated by the substance of the paper. He had used the terms *nicotism* and *nicotist*, to avoid the use of cumbrous phrases, since all tobacco-takers did not smoke, some of them taking snuff, and others chewing. The case named by Dr. Cooper proved nothing, any more than the case of Professor Hamilton of Edinburgh, who could take enormous quantities of laudanum without experiencing any effect at all. Dr. Clarke said that in his paper he had specially mentioned that his observations were confined to the effect of the tobacco used in England, and by British subjects. He told a story of a German doctor (told him by a colleague, who was present at the consultation), who, whilst wrapping up powders for a patient, smoking all the while, and blowing clouds of smoke into the powders, was very particular to warn the patient to be extremely careful to keep the medicine out of the reach of any strong-smelling substances. When the patient had gone, the narrator of the story asked the doctor what was the good of his instructions when he was all the time smoking into the powders. "Oh!" said the doctor, "that is not of the least account: tobacco-smoke is the natural atmosphere of a German."

The president then put the following resolution:—

"That we do most heartily indorse the 'Cyclopædia of Drug Pathogenesis;' and that we also tender our sincere thanks to Dr. Hughes and his fellow-workers for their most excellent and indefatigable labors in preparing this great and exceedingly important work upon *materia medica*."

Proposed by Dr. Hobart, seconded by Dr. Roth, and carried unanimously.

This concluded the proceedings of the second morning.

## SECOND EVENING.

The official toasts of this evening were, as on the first evening, three in number: "Homœopathic Hospitals and Dispensaries the World over," which was proposed by Major Vaughan Morgan, and responded to by Dr. Hobart; "Homœopathic Societies," proposed by Dr. Heermann, and replied to by Dr. Runnels; and lastly, "Homœopathic Journals and Literature." Dr. Lambrecht, *filis*, proposed the last, and coupled with it the names of Drs. Pope, Clarke, Simon, and Oscar Hansen. Each of these gentlemen spoke in reply. The unofficial toasts were, "The Health of the Chief Editor of the 'Cyclopædia,' Dr. Hughes," proposed by Dr. Heermann; and "The Prosperity of Homœopathic Pharmacy," proposed by Dr. Hughes, and responded to by Mr. John Wyborn.

THIRD DAY. — *Thursday, Aug. 5.*

## THERAPEUTICS.

## I.

## DR. D. ANSEN OF COPENHAGEN ON SEPIA, AND ITS IMPORTANCE AS A REMEDY IN PULMONARY AFFECTIONS.

Dr. Hansen referred especially to three patients, all ladies. In cases which indicate *sepia*, there is chronic induration of the lungs sympathetic with uterine affection. In all these cases, the patients had had children, one a large family. In all there was infiltration about the apex. It is not enough to prescribe according to pathology, but the symptoms must be studied carefully. Stitches in upper part of the lungs under the clavicle, going along to the third rib, is a characteristic symptom. Dr. Heermann mentioned this to Dr. Hansen. Dr. Hale of Chicago had confirmed it. Another characteristic is hæmoptysis, which disappears on beginning to walk. A sensation of emptiness is also an indication.

In the family of one of the patients, there was a death from tuberculosis. All three recovered. There is another characteristic symptom, pain in the occiput. This is sympathetic with uterine affections. One of the patients suffered from ozæna, another from psoriasis. *Sepia* did good generally, and cured all the affections, though other medicines and cod-liver oil had before been used in vain.

Dr. Meyerhoffer added that one characteristic symptom was pain on the left side of forehead and eye, which is sympathetic with the uterus. It is one of the most interesting chapters in pathology. When ladies (whether married or single) coming of parents of tubercular tendency are affected with diseases of the womb for a longer or shorter time, you may conclude that there will be affections of the lungs; and then, as Dr. Hansen has said, *sepia* will be found one of the most effectual remedies; and remedies directed to the lungs themselves will fail to touch them. As to the particular pain on the third rib on the left side, this is corroborative, but only secondary in importance, and must not be insisted on. In chronic congestion of the lungs in ladies who suffer from leucorrhœa or other uterine affections, *sepia* is one of the most efficient medicines. Dr. Meyerhoffer generally used the second and third decimal tinctures.

Dr. Mossa mentioned that an additional indication for *sepia* is chronic peritonitis in ladies after gonorrhœa caught from their husbands. There is often congestion of the lungs as well, and *sepia* is better than *thuja*.

Dr. Cowl confirmed Dr. Mossa's observation of leucorrhœa consequent on gonorrhœa in married women, and much more severe than in unmarried. In one case it was fatal. *Sepia* he had used with considerable benefit in a number of cases, but he had seen more good from *pulsatilla*, and, where there was acidity, from *sabina*. He trusted more to general treatment and consideration of general symptoms than to local treatment. He used glycerine on a cotton tampon. He thought the limited use of pessaries was good, but that the abuse of them had done immense harm.

Dr. Runnels had had good results from *sepia*. He finds it more appropriate where reflex condition is present. Reference has been made to local applications. He would distinguish. It is not possible to cure all cases with *sepia* or internal remedies alone. He had had cases of illness recurring and recurring until the local affection was attended to.

Dr. Schäder confirmed Dr. Hansen's remarks, and pointed out Hahnemann's intuition in indicating the place of *sepia*, and also that it was from the effects of high dilutions that these were observed.

Dr. Hughes could not quite agree with Dr. Schäder. *Sepia* was in the first edition of "Chronic Diseases," and the symptoms were exclusively from patients from dilutions from 3-12 upwards. There is good reason to suppose the medicines were generally given from the second to the third triturations. In the second edition, four hundred symptoms were added, and these were from the thirtieth; but three-fourths were from the stronger.

Dr. Hansen, in reply, said that the first introduction of *sepia* in pulmonary affections was by Dr. Kunkel of Kiel. Carroll Dunham pointed out, that, in the early provings, no examination of the uterus was made.

#### DR. COOPER ON EAR DISEASE AND GOUT.

Dr. Cooper first read the *précis*:—

#### EAR DISEASE AND GOUT.

BY ROBERT T. COOPER, M.A., M.D., LONDON, ENGLAND.

- Dr. Cooper believes that gout causes deafness by affecting the lining membrane of the aural vessels with chronic inflammation, and brings forward a new remedy for such a condition in the shape of the *picrate of iron* (*ferrum picricum*). He relates the incidental pathogenetic effects of this salt, which led him to think it homœopathically related to gout, and adds

some clinical confirmations. He does not pretend that the drug is specific for gouty deafness, but that, given in the dilutions from 12-30, it will seldom fail to benefit. His only illustrations, however, are two cases, in neither of which is gout mentioned as a factor, and in the second of which the deafness is said to have been "climacteric." In one a distressing tinnitus disappeared under the 3x potency; in the other, deafness and headache under a solution of 1 to 50.

The paper ends with a description of the substantive changes sometimes induced in the ear by chronic gout. Either there is hypertrophy and stiffness with anæmia, or there is eczema, with much tenderness and irritability. In the former case, the deafness is said to be very intractable; in the latter, it readily yields to *chininum sulphuricum* in the 6x-12x trituration.

Dr. Cooper said that one of his objects was to put the meeting in possession of a knowledge of the use of *picrate of iron*. It has the singular property among iron salts of having a strong hepatic action. He did not wish to say much in regard to deafness. Last year he was engaged in a study of vascular deafness. There are three common forms of deafness described: (1) Obstructive, which is the only one really described by allopaths. When Dr. Cooper examined the cervical blood-vessels, he found they all had bruits. (2) There is the nervous deafness, and (3) the one he had described, *vascular deafness*. These three may be singled out by Hahnemann's method. The first goes and comes suddenly: the second comes suddenly, and may go away as suddenly. The third always comes on gradually, owing to an enfeeblement of the vascular system. Dr. Cooper has shown, in relation to noises in the head, that there are two kinds, — throbbing and musical: the former are produced by the condition of the arterial, the latter by that of the venous circulation. This form is curable, but takes a long time to cure. A slight degree of this deafness is very serious, but need not be in the other cases.

Dr. Meyerhoffer asked Dr. Cooper if there were no purely nervous noises with vascular derangement.

Dr. Cooper said it was difficult to say, but he did not think a pure affection of the auditory nerve could of itself give rise to noises. Dr. Cooper's argument is, that the auditory nerve cannot generate noises, but only register them. ("Hear, hear," from Dr. Hughes.)

Dr. Cowl asked Dr. Cooper if this kind of deafness was easily discovered.

Dr. Clarke thought there was much credit due to Dr. Cooper for working out this subject, but did not think it fully settled at present. He had hoped to have heard more about gout, but

he concluded that Dr. Cooper considered gouty affections to be of the vascular type. His experience did not always agree with Dr. Cooper's contention that nervous deafness always came on suddenly.

Dr. Cooper said, in reply to Dr. Cowl, that the diagnosis of obstructive deafness was easy. Dr. Clarke's criticism was just and appropriate. The really typical deafness comes on suddenly, and its nerves bar the uniform progress of vascular deafness. It comes by leaps and bounds. It is more irregular. He mentioned a case. A lady, left alone in a house, had a fright. She became perfectly deaf, but recovered hearing when the fright had passed. There are many cases that might seem to upset his thesis. A clergyman came, complaining of deafness of his left ear. He could hear four inches on the left side; and, when proceeding to examine the right ear, the patient objected, as he had been perfectly deaf on that side for twenty-five years. Dr. Cooper gave *picrate of iron* 3x, and in three weeks he heard perfectly well. He concluded there was gouty eczema in the meatus. He used the 3x, 6x, and 12x solutions in gouty cases. The indications are, gouty dyspepsia, dirty tongue, constipation, biliousness, great weight on the chest, gouty lameness, and corns present on the feet. He noticed this last in a patient to whom he was giving it. He has given it in cases of painful corns with great effect, finding it better than any thing else.

Dr. Batault asked Dr. Cooper if he did not think it would be better to divide nervous deafness into two forms, — hysterical and sclerotic. He thought the case of deafness after fright was a hysterical case. The case of sclerotic could hardly be called vascular.

#### MENINGITIS PSORICA, BY DR. SCHMITZ.

Dr. Schmitz referred to the following summary, and added a few remarks.

#### LA PSORE MENINGÉE CÉRÉBRALE, OU, LES MENINGITES PSORIQUES.

BY DR. BONIFACE SCHMITZ, ANTWERP, BELGIUM.

Dr. Schmitz believes that a form of meningitis occurs which comes under the category of neither "simple" nor "tubercular," and he calls it "psoric." He differs from Hahnemann, however, in disclaiming any connection between psora and scabies; the former being with him an expression denoting "morbid states resulting from accumulation and retention in the blood of excrementitious material of organic origin." They tend to

issue in critical evacuations, and often spring up without any, or any sufficient, cause. If their origin can be traced, it is generally to a suppressed eruption or evacuation. A meningitis of this kind presents features leading one to think of the tubercular form, but they are not so severe; and, under suitable homœopathic treatment, this malady ends in recovery. The principal remedies are *belladonna*, *agaricus*, *apis*, *aconite*, *pulsatilla*, *bryonia*, and *sulphur*.

Dr. Schmitz states that he has collected twenty cases illustrative of the malady: but on the present occasion he relates one only, in which the symptoms were sufficiently grave, but good recovery ensued under *aconite*, *bryonia*, *sulphur*, and *agaricus*, all in the 6th dilution; the last seeming to have the most decisive effect. He adds the case reported by Dr. J. G. Blackley in the "Monthly Homœopathic Review" for July, 1885, which he considers of this nature, and several others from homœopathic literature.

Dr. Simon agreed with Dr. Schmitz on the psoric origin of many cases of meningitis. He gave psora a more general meaning than Hahnemann. He mentioned the case of a child, between eight and nine months old, suffering for a long time from eczema of the scalp. There was great itching, much secretion. *Viola tric.* 6 and 12. The infant was cured rapidly, but became comatose at once, and remained drowsy all the day. He gave *opium* and *sulphur*, and the baby improved; and at the same time the eruption came back, but not so severe as before. After a month it was cured of both. The eczema did not completely disappear under the *viola*. He did not dare give this remedy again.

Dr. Mossa asked if the cases were acute or chronic, and was answered that they were acute.

Dr. Cash asked Dr. Schmitz if he did not find *calcareo* and *silica* of use in the acute meningitis. Dr. Schmitz said there was one case in his paper in which *calcareo* was used in a high dilution.

Dr. Cash had come to look upon *calcareo* in rachitic subjects as one of the surest things in homœopathy. The 30th dilution he preferred.

Dr. Hughes asked if Dr. Cash spoke of inflammatory cases or chronic hydrocephalic cases. Dr. Cash said, in the early stages of inflammatory cases and also in hydrocephalic.

Dr. Hughes spoke on the use of the term psoric. Dr. Simon would retain the term, and divide it into three classes, — herpetism, arthritis or gout, and scrofula. Dr. Hughes thought it unfortunate to retain psora as the generic term, since it cannot be disengaged from scabies. The sooner we drop the name,

the better : while allowing for the insight of Hahnemann and the truth in his doctrine, we must admit that in this respect — its supposed relation to itch — the doctrine is ill-founded. Dr. Schmitz is to be congratulated on giving us a very useful classification of these cases. Are there any signs by which we may discover the hopeful cases? If we can from Dr. Schmitz gather which they are, it will be a great gain.

Dr. Cooper frequently met with meningitis connected with ear diseases, especially in children, in whom there are many tubercular indications. They generally recover. Two remedies he has had good results from, — *kali iod.* 30 better than lower, and *terebinth* 3x and 12x. When there is diarrhœa or mesenteric affection, *arsenic iodide* is the best.

As regards psora, he had instituted an inquiry into the action of *sulphur*, especially in West-Indian fever. By looking at Hahnemann's "Chronic Diseases," in search of a remedy for this disease, he came on *sulphur*, and used it with great success. He thought then, that it was only by its relation to the symptoms : now he believed it had to do with the chronic dyscrasia indicated by Hahnemann's term. In Hahnemann's theory, there are two diseases, — those diseases connected with skin affections, and those connected with suppressed discharges.

Dr. Noble was glad Dr. Schmitz had drawn our attention to this form of meningitis, but he objected to the name "psoric." Dr. Schmitz's cases would all come under the herpetic variety. Dr. Noble had had two cases of eczema impetigo rapidly cured by *hepar*, but in which meningitis came on, and with fatal result.

Dr. Cowl believed there was a kind of meningitis distinct from tuberculous, and yet not simple. Regarding the term psora, he had been much opposed to it, but had inquired into the doctrine, and had found the term less objectionable than he at first thought. Psora was a wider term, and included in Hahnemann's day other skin affections besides itch, especially eczema, which was attended with much itching. He thought the theory was well founded, and supported by the new discoveries respecting the tubercle bacillus. He said the itch-insect was not known in Hahnemann's time.

Dr. Pope pointed out, that Hahnemann was perfectly well acquainted with the itch-insect, and published a pamphlet, in which the *acarus* was accurately figured ; but he believed that it was only in certain persons, in certain conditions of health, that the insect could produce the eruption, and it is this condition to which Hahnemann attached so much importance.

Dr. Schmitz (in reply) said, that, in using the term psora, he did not mean to refer to the itch, and in future would prefer to call it "excrementitial."

Dr. Meyerhoffer said he would prefer to call the disease "diathetic," as "excrementitial" is too artificial a term.

REPORT OF A CASE OF MEASLES, FOLLOWED BY DIPHTHERIA, AND COMPLICATED WITH WHOOPING-COUGH. — POST-DIPHTHERITIC PARALYSIS. — RECOVERY.

BY A. MIDGLEY CASH, M.D., TORQUAY, ENGLAND.

Dr. Cash thought he ought to apologize for his simple clinical paper. He would divide the case into two parts, and speak of its complications. The throat symptoms pointed at first to scarlet-fever, and the skin was measles. The throat was explained by the diphtheria, which seems to run parallel with the measles. Excessive prostration came on early, and paralysis affecting the heart, causing fits of syncope. The following is the epitome:—

Dr. Cash in this paper gives a detailed report of a case in which, after several weeks of whooping-cough, measles supervened in a child living in a poor, overcrowded neighborhood of the town of Torquay. The cervical glands were greatly swollen. On the fifth day extensive diphtheria of an exceptionally adynamic type was developed. On the twelfth day the soft palate was paralyzed, the face cyanitic, and syncope threatened. Up to this time the medicine chiefly relied upon had been *aconite*, *kali bich.* 3x, *merc.-biniod.* 3x, *arsenic* 3x, and *digitalis* 1x, as the symptoms had indicated. She was now apparently sinking: any attempt to raise the head from the pillow was followed by fainting. The *cyanuret of mercury* was now given, in the 30th potency, for forty hours. After twenty-four hours she began to rally, and, in another day, was able to swallow milk, and sit up in bed. *China*  $\phi$  and *gelsem.* were now given; and three days later, the whooping-cough gradually increasing as the diphtheritic symptoms disappeared, *drosera* 1x and *bellad.* 2x were prescribed. For a month, food had been chiefly given by enemata: now she was able to swallow, and only one enema *per diem* was required, and in two or three days this became unnecessary. On the fortieth day fetid otorrhœa was marked, and *pulsatilla* and *causticum* were given. This gradually passed away; and after a period of great weakness and much emaciation, she made a complete recovery.

In some remarks on this case, Dr. Cash points out that the complication of rubeola with diphtheria rendered the diagnosis by no means simple at first, but that presently a typical picture of diphtheria was presented. The addition of whooping-cough greatly added to the danger from exhaustion. Dr. Cash also refers to the decline of the whooping-cough during the time of the

rubeoloid rash and its subsequent return. The post-diphtheritic paralysis occurred much earlier than it usually does. Dr. Cash further notices the threatened paralysis of the heart and the importance of insisting upon the horizontal position being maintained during convalescence. He also attributes the speedy recovery of cardiac power to the influence of the *cyanuret of mercury. Causticum*, he thinks, had more control over the paralysis than any other remedy. The completion of the recovery ending in robust health without a trace of any nervous disease, shows, he thinks, how even through the most formidable complications, nature may yet find her way to health, aided by mild, unreducing, specific treatment.

Dr. Meyerhoffer asked about the diet.

Dr. Cash said for a week it was supported by nutritive enemata of beef-tea and milk : otherwise it had milk, beef-tea, and a little port-wine.

Dr. Simon thought the congress much indebted to Dr. Cash for bringing forward the case. The patient evidently had two distinct diseases. The cure amply justified the treatment.

Dr. Nield indorsed Dr. Simon's expression of thanks. He wished to add his testimony to the value of *cyanide of mercury*, especially when there was much adynamia. The 3x trit. had done most for him. One case was interesting as being watched by an allopathist. It occurred in a child living at a considerable distance from Dr. Nield, who was called in when the allopathist had given the case up. The allopathic doctor sent reports to Dr. Nield after Dr. Nield's first visit, when they consulted together. *Merc-bin.* was given at first. There was no improvement. The next morning the pulse was 120, respiration 80, temperature 105. He sent *merc.-cyan.*, and in a very short time the child was convalescent. Some time after this, the child had typhoid-fever ; and the allopathic doctor, who was in attendance, was very anxious to give the same medicine !

Dr. Pope thought one of the most satisfactory things in the case was the action of *merc.-cyan.* on the adynamia. It is difficult to know how long the danger from this may exist. He mentioned a case in which death occurred during convalescence, though there had been no symptoms of danger for ten days. It is necessary to keep convalescents from the disease much longer than they are disposed to be. Dr. Pope would use the *biniodide* when the tonsils are large and the coating is slimy ; the *cyanide* when the membrane is leathery ; *merc.-iod.* when there is much ulceration. The serpent poisons are of great importance for the adynamia.

Dr. Hobart also commended the paper as highly practical. He was much pleased with the attention given to the food. One

food found of great use in America is the expressed grape-juice. Regarding the remedies, *lachesis* in high dilutions is the one he has seen most valuable. *Merc.-cor.* in certain seasons (i.e., in certain years, which cannot be specified) has been the best remedy for diphtheria. He has used a spray of the same remedy, one part to four thousand or five thousand of water, or of alcohol and water. In the latter case, it is to keep the throat clean. The matter of rest, where there are symptoms of paralysis, is of the greatest importance; and he mentioned a case in point, in which lifting the child about contrary to his instructions led to fatal results.

Dr. Simon spoke of *phosphorus* as a remedy for diphtheritic paralysis; also *lachesis*, the characteristic symptom being when the patient is suddenly wakened by suffocation.

Dr. Leseure said nourishment was to be prescribed in this disease, like medicines. He thought (in opposition to Dr. Hobart) that the grape-juice unfermented differed from wine. The question of the hybrid between measles and scarlatina has caused much confusion in the States, and he wished to know what was the experience in Europe.

Dr. Runnels mentioned the case of a child which he had diagnosed to be a case of what they called in America "Dutch measles," though the parents doubted his diagnosis. Within nine months it had most severe scarlatina; and six months later it had genuine measles, thus confirming his diagnosis.

Dr. Hughes emphasized the great importance of the *cyanide of mercury*. It really reflects great credit on Dr. Beck of Monté in Switzerland, and Dr. Villars, late of St. Petersburg, now of Germany, who brought it forward in practice. Dr. Beck noticed the effect of the drug in producing diphtheritic conditions, and Dr. Villars put it into practice. Dr. Villars wrote an essay for the prize offered by the Emperor of Germany after the death of the Princess Alice; but it was not recognized, since it came from a homœopathic source. This was a lamentable instance of allopathic bigotry. Another point was the evidence of its value in all dilutions.

Dr. Meyerhoffer answered Dr. Leseure in reference to the relation of rotheln to scarlatina and measles. On the Continent when measles prevails, whooping-cough, rotheln, and scarlatina always prevail at the same time, showing a relationship, if not an identity, between the poison of each.

Dr. Cash (in reply) said he expected criticism for the irregular treatment of the case, but the case was irregular. The whooping-cough was a very serious element. It was often necessary to rouse the mother to a sense of the need to prolong her exertions. She became almost apathetic.

The president then adjourned the meeting till the afternoon.

## AFTERNOON MEETING.— Aug. 5.

The president having opened the meeting, letters from Dr. Ludlam of Chicago, and others, were read by Dr. Hughes, wishing success to the meeting, and regretting their inability to be present.

Dr. Gallivardin reported by letter that he had followed out his investigations in respect to the influence of homœopathy on the temperament, and had met with much success.

Dr. Villars writes, requesting information on epilepsy, which he is studying. He resides near Leipzig.

A German physician wrote a letter protesting against the action of the editor of the "Allgemeine Hom. Zeitung" in snubbing this congress. Another is from Dr. Weiner of Alhalsbad. The last letter was from Dr. Gallard of Brussels, writing to excuse himself from attending on account of family affliction, and protesting against unjust accusations to the effect that the Belgian homœopaths were not able to carry the congress to a successful issue.

Dr. Hughes then read a communication he had received from India, from Dr. Mahundra, showing the great advances being made by homœopathy in that country.

## SELECTION OF PLACE OF MEETING.

Dr. Pope proposed that it should be in one of the Eastern States of America, in 1891.

Dr. Runnels seconded the resolution, but would suggest that they should leave the selection of place to the Americans, as the term "Eastern" referred only to a small strip of the country. "Eastern" was omitted from the motion, it being understood that the meeting-place would be as near Europe as possible; and the motion was then carried without a dissident.

## PERMANENT SECRETARY.

The president put it at once to the vote that Dr. Hughes should be re-elected, which was done by acclamation.

Dr. Pope said there was no necessity for the re-election, as the office was perpetual.

Dr. Hughes, in accepting, said he thought it better that the secretary should be elected at each congress.

A question from Dr. Bonino: Whether there is only one single remedy for a given pathological condition at the time of the physician's intervention; in other words, whether there are homœopathic substitutes?

Dr. Meyerhoffer said Dr. Bonino had put a question that often puzzles a practising physician, when two medicines seem equally indicated. He wanted to know how the differences may be recognized, or if one may take either the one or the other.

Dr. Hughes suggested that there was not time to discuss this interesting question, though he would be happy to publish Dr. Bonino's paper in the Archives.

Dr. Leseure asked about the finances.

Dr. Hughes said that we were in a peculiar position. The doctors of the country who invited the others usually took upon themselves all the expenses. It was felt best to leave it open to those who wished to subscribe, to do so. The treasurer reported £8 as having been received, and £30 from America. Dr. Clarke had received £5, and promises of £3 more. The expenses of this meeting would not be great. The proprietor had given the use of the room. The only expenses have been for printing, and the future expenses will be those of publishing the Transactions. Dr. Roth had suggested that they should appear in the "Homœopathic Review" first, which would further reduce the expenses.

Dr. Runnels said he would like to ask a question, — whether those who subscribed in America would be entitled to a copy of the Transactions?

Dr. Hughes said every subscriber would receive a copy of the Transactions.

Dr. Hughes reported resolutions passed at sectional meetings regarding over-pressure in schools, and the desirability of an International Homœopathic Pharmacopœia, and the appointment of a commission, Dr. Cowl, Dr. Giesecke, and Mr. John Wyborn being nominated. Both resolutions were passed unanimously.

There being no other miscellaneous business, the meeting proceeded to Dr. Kafka's paper on "Diabetes Mellitus."

#### DIABETES MELLITUS: ITS HOMŒOPATHIC AND BALNEO-THERAPEUTIC TREATMENT.

BY THEODORE KAFKA, M.D., KARLSBAD, AUSTRIA.

The author commences with a summary of the views held as to the nature of diabetes in former and later times. For himself, he prefers to look for a true conception of the disease to its etiology. As predisposing causes, he dwells mainly on heredity, diet (the immoderate use of saccharine and farinaceous matters), and inactivity (leading to deficient oxidation). Among exciting causes, he places in the first rank derangements of the nervous system, resulting from strong emotional disturbance, though he

does not attach so much importance as is often given to continued grief or worry. Trauma, alcoholic excess, and repeated chills are other starting-points of the malady, which he evidently regards as a general disorder of nutrition rather than as seated in any organ or definite nervous centre.

Proceeding to therapeutics, he surveys the German and French homœopathic literature for cases and recommendations, without any definite results. The older writers made no chemical examination of the urine, so that their diagnosis must remain uncertain. Among the later German practitioners, *arsenicum*, *acidum phosphoricum*, and *kreasotum* have acquired most repute, while *uranium* has done best in French hands.

The author's own experience is derived from an almost exclusive use of the Karlsbad waters ; and he relates fifteen cases in which cures, more or less complete, seem to have resulted. He keeps his patients on an anti-diabetic diet, but allows a little Graham bread.

Dr. Hansen referred to the use of *syzygium jambolanum*, and wished to know if our American colleagues could give any information.

Dr. Runnels confirmed the reports of its value.

Dr. Cowl mentioned that there was an account of it in the "Homœopathic Recorder."

#### DR. OZANAM'S PAPERS.

CASES FROM PRACTICE BY DR. CH. OZANAM, PARIS, FRANCE.

(1) Dr. Ozanam first treats of polypus occurring in the rectum and larynx. For those of fibrous or cancerous kind, he urges operation as the only practicable course ; but for the mucous and papillomatous varieties, he thinks we have resources in medicine. He relates cases illustrative of these statements. In two of these, papilloma of the rectum in children disappeared or came away under *kali bromatum* ix, 3 to 5 grams daily. Next come five cases of laryngeal polypus, chiefly treated by operation, but in one case disappearing under *berberis* in various dilutions. The instruments used in one of the operations were invented by Dr. Ozanam himself, and he has sent engravings illustrative of them.

(2) The author next calls attention to the value of *guaiacum* in acute angina tonsillaris. He admits that it is from the old school, and in substantial doses, that its reputation has come, but thinks it homœopathically indicated by the symptom in its pathogenesis, — "burning pain in the throat," — and finds it perfectly effective in the dilutions from ix to 3. He gives three cases illustrative of its action, in one of which its happy effects

appear in contrast with the ordinary treatment pursued in another instance in the same subjects.

(3) Dr. Ozanam finally records a case in which a chronic dysentery occurring during pregnancy, but then checked, re-appeared after delivery with a yet greater intensity, and refused to yield to any treatment for a month. Then supervened a purpuric condition, with scorbutic gums, syncopes, etc. At this point, *ergotin* 1st was prescribed, a drop every two hours: immediate improvement set in, both dysenteric and scorbutic symptoms disappeared. A proctalgia which had complicated the case remained behind, but yielded readily to *æsculine*, the alkaloid of *æsculus hippocastanum*, which Dr. Ozanam finds more effective than the matrix substance.

Dr. Hughes said that Dr. Ozanam's paper came to him late. The cases were of great interest, especially the one on the action of *guaiacum* on the throat. They would all be read with interest in the Transactions.

Dr. Runnels moved a hearty vote of thanks to our worthy president (loud cheers), and also to our worthy vice-president (loud cheers), whose achievements had reminded them of the day of Pentecost—every man hearing in his own tongue—more than any thing he had ever experienced. We were indebted to both alike, and they were as inseparable in our thanks as the Siamese twins.

Dr. Hughes put the vote, which was carried by acclamation.

Dr. Meyerhoffer said he could only thank the meeting most heartily for the vote. He had greatly enjoyed the congress: solid work had been done, and he felt that all must carry away pleasant recollections of their association. He concluded by again expressing his thanks, and sat down amidst continued cheering.

Dr. Schäder wished to express his personal thanks, and those of all his countrymen and colleagues, who regretted that they had not been able to be present. In choosing Bâle, the hon. sec. had done great honor to Switzerland. At the same time, Bâle was appropriate. Bâle had produced men of mark in reform and medicine,—Erasmus, Vesalius, Ecclampadius, and Paracelsus, the precursor of Hahnemann in the search for specifics in medicine.

Dr. Roth (after translating Dr. Schäder's remarks) added his thanks to those of Dr. Meyerhoffer, and said he wished he could have added more to the proceedings of the congress than he had done. He was loudly applauded, both on rising, and resuming his seat.

Dr. Schmitz moved a vote of thanks to Dr. Hughes for his great labors in this congress, and also to Dr. Clarke, who had worked so closely at his post of assistant secretary.

Dr. Meyerhoffer said he had already thanked Dr. Hughes, and he heartily wished him long life and health to complete his great work.

SOCIAL GATHERING. — *Thursday Evening, Aug. 5.*

The members of the convention sat down to dinner on the last evening of the session, in undiminished numbers, and with an increased number of lady guests. As on the previous evenings, the proceedings were marked by the greatest cordiality and good-fellowship. After the dinner, two official toasts were proposed: "Our American Visitors," proposed by Dr. Pope, and replied to by Dr. Foster of Kansas City; and "The President and Vice-President," proposed by Dr. Hughes, who compared them to twin stars, around whom the rest circled as a planetary system. Both toasts were drunk with great enthusiasm, and the president and vice-president were cheered long and loudly when they rose to reply. Dr. Meyerhoffer expressed the great pleasure it had been to him, to be present at the gathering, and concluded by wishing all a happy holiday. Dr. Roth said he had been very glad to assist in the proceedings of the congress, and at the same time was pleased to have had the opportunity of airing his pet hobbies. He wished prosperity to all.

After other informal toasts had been proposed, including the health of Dr. Hughes, chief editor of the "Cyclopædia;" of Dr. Pope, proposed by Dr. Runnels; Dr. Clarke, by Dr. Léon Simon; Dr. Hansen and our Danish colleagues, by Dr. Runnels, and responded to severally by these gentlemen,—one of the most pleasant and most successful of meetings was brought to a close, and most of the members took leave of each other, to meet again, let us hope, one and all, with many others, five years hence, on the other side of the Atlantic.

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*BUREAUS AND COMMITTEES OF THE AMERICAN  
INSTITUTE OF HOMŒOPATHY.*

THE following is a list of the bureaus and committees appointed to report at Saratoga in June, 1887, together with the subjects selected, as far as known. The success which attended our efforts last year in publishing to the profession, at an early date, such a list, encourages us to repeat the work this year. Yet one unacquainted with the way in which such matters are conducted in medical societies, would be astonished at the difficulty of an early publication of this list. It has required more

than a hundred letters, together with the willing aid of the secretaries, to so far complete this work. We are happy to learn that many of the bureaus are even now busily at work for the next session.

### I. CLINICAL MEDICINE AND SPECIAL THERAPEUTICS.

J. W. Dowling, 313 Madison Avenue, New York, *Chairman*.  
 Clarence Bartlett, Philadelphia, Penn., *Secretary*.

J. S. Mitchell, Chicago, Ill.	Asa S. Couch, Fredonia, N.Y.
George M. Dillow, New York, N.Y.	W. J. Martin, Pittsburg, Penn.
Charles Dake, Hot Springs, Ark.	R. F. Baker, Davenport, Ia.
A. L. Kennedy, Boston, Mass.	G. H. Wilson, Meriden, Conn.
Frank L. Vincent, Troy, N.Y.	

Subject: "Diseases of the Kidney and Bladder."

### 2. MATERIA MEDICA AND GENERAL THERAPEUTICS.

H. M. Hobart, 402 Centre Street, Chicago, Ill., *Chairman*.

A. C. Cowperthwaite, Iowa City, Ia.	A. W. Woodward, Chicago, Ill.
S. Lilienthal, New York, N.Y.	Charles Mohr, Philadelphia, Penn.
T. F. Allen, New York, N.Y.	C. L. Cleveland, Cleveland, O.
G. W. Winterburn, New York, N.Y.	

Subject: "Remedies Causing Disturbed Sleep."

### 3. SURGERY.

L. H. Willard, Allegheny City, Penn., *Chairman*.  
 J. E. Jones, West Chester, Penn., *Secretary*.

W. T. Helmuth, New York City, N.Y.	S. B. Parsons, St. Louis, Mo.
G. A. Hall, Chicago, Ill.	A. Boothby, Boston, Mass.
I. T. Talbot, Boston, Mass.	C. E. Walton, Hamilton, O.
J. H. McClelland, Pittsburg, Penn.	John E. James, Philadelphia, Penn.
N. Schneider, Cleveland, O.	E. H. Pratt, Chicago, Ill.
W. L. Jackson, Roxbury, Mass.	W. E. Green, Little Rock, Ark.
C. M. Thomas, Philadelphia, Penn.	W. D. Foster, Kansas City, Kan.
H. L. Obetz, Ann Arbor, Mich.	M. R. Hunt, Delaware, O.

Subject: "Hip-joint Disease." "Etiology, Diagnosis, and Prognosis," N. Schneider; "Pathology," W. L. Jackson; "Mechanical Treatment," G. A. Hall; "Therapeutics," J. E. James.

### 4. ORGANIZATION, REGISTRATION, AND STATISTICS.

T. Franklin Smith, 2064 Sixth Avenue, New York, *Chairman*.

I. T. Talbot, Boston, Mass.	C. E. Fisher, Austin, Tex.
W. E. Leonard, Minneapolis, Minn.	Millie J. Chapman, Pittsburg, Penn.

Subjects: (1) "Statistics of Institutions;" (2) "List and Present Status of Elected Members;" (3) "Autobiographies of Present Members;" (4) "Photographic Group of Present Members."

## 5. OBSTETRICS.

Millie J. Chapman, 916 Penn Avenue, Pittsburg, Penn., *Chairman*.  
G. B. Peck, Providence, R.I., *Secretary*.

R. N. Foster, Chicago, Ill. C. E. Fisher, Austin, Tex.  
Emily V. D. Pardee, S. Norwalk, Conn. C. G. Higbee, St. Paul, Minn.  
Phœbe J. B. Waite, New York, N.Y. W. Wesselhoeft, Cambridge, Mass.  
J. N. Mitchell, Philadelphia, Penn. Hugh Pitcairn, Harrisburg, Penn.

Subject: "Accidents and Diseases that complicate Gestation and the Puerperal State."

## 6. GYNECOLOGY.

S. P. Hedges, Central Music Hall, Chicago, Ill., *Chairman*.  
Phil. Porter, Detroit, *Secretary*.

L. A. Phillips, Boston, Mass. O. S. Runnels, Indianapolis, Ind.  
R. Ludlam, Chicago, Ill. B. Frank Betts, Philadelphia, Penn.  
M. T. Runnels, Kansas City, Mo. S. J. Donaldson, New York.  
J. C. Wood, Ann Arbor, Mich. Edward Blake, London, England.

Subject: "Uterine Disorders: Methods of Treatment and Medication." "Hot Water as a Topical Application," R. Ludlam; "Intra-uterine Medication," L. A. Phillips; "The Local Action of Iodoform, Iodine, Iodized Phenol, Tannin, Calendula, and Hydrastis," O. S. Runnels; "Topical *vs.* Internal Medication," J. C. Wood; "Dilatation as a Curative Measure," E. Blake; "Uterine Deviations," M. T. Runnels; "Electricity: its Application," B. F. Betts; "Postural Treatment," S. J. Donaldson; "Intra-uterine Stems," S. P. Hedges; "Pessaries: their Application," Phil Porter.

## 7. PÆDOLOGY.

C. D. Crank, 106 Auburn Avenue, Cincinnati, O., *Chairman*.  
B. F. Dake, Pittsburg, Penn., *Secretary*.

B. Frank Betts, Philadelphia, Penn. J. R. Kippax, Chicago, Ill.  
P. E. Arcularius, New-York City. W. H. Bigler, Philadelphia, Penn.  
W. A. Edmonds, St. Louis, Mo. William Owens, Cincinnati, O.  
W. von Gottschalck, Providence, R.I. M. O. Terry, Utica, N.Y.

Subject: "Skin Diseases of Infancy and Early Childhood." "General Considerations," C. D. Crank; "Infantile Eczema: its Etiology, Pathology, and Diagnosis," B. F. Dake; "Internal Therapeutic Treatment," B. Frank Betts; "External Treatment," P. E. Arcularius; "Hygienic Treatment," W. A. Edmonds; "Relations of Food, and Feeding," William von Gottschalck; "The Relation of Vaccination, Dentition, and Eruptive Fevers," W. H. Bigler; "Suppressed Eruptions," M. O. Terry; "Clinical Experiences and Observations," J. R. Kippax; "Review and Criticisms," William Owens.

## 8. OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY.

C. H. Vilas, Central Music Hall, Chicago, Ill., *Chairman*.  
F. Park Lewis, Buffalo, N.Y., *Secretary*.

T. P. Wilson, Ann Arbor, Mich. D. J. McGuire, Detroit, Mich.  
J. A. Campbell, St. Louis, Mo. G. S. Norton, New York, N.Y.  
W. H. Winslow, Pittsburg, Penn. E. H. Linnell, Norwich, Conn.  
B. W. James, Philadelphia, Penn. J. H. Buffum, Chicago, Ill.  
H. C. French, San Francisco, Cal. E. W. Beebe, Milwaukee, Wis.  
H. P. Bellows, Boston, Mass. H. K. Bennett, Fitchburg, Mass.  
H. C. Houghton, New York, N.Y.

Subject: "Tumors of the Eye, Ear, and Throat."

9. SANITARY SCIENCE.

H. E. Beebe, Sidney, O., *Chairman.*

Charles E. Jones, Albany, N.Y., *Secretary.*

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| B. W. James, Philadelphia, Penn. | William Owens, Cincinnati, O.       |
| E. U. Jones, Taunton, Mass.      | W. B. Chamberlain, Worcester, Mass. |
| R. F. Baker, Davenport, Ia.      | A. S. Everett, Denver, Col.         |
| D. H. Beckwith, Cleveland, O.    | A. K. Crawford, Chicago, Ill.       |
| Joseph Jones, San Antonio, Tex.  | G. M. Ockford, Lexington, Ky.       |
| G. H. Wilson, Meriden, Conn.     | H. R. Stout, Jacksonville, Fla.     |

Subject: "Climatology."

10. PSYCHOLOGICAL MEDICINE.

Henry B. Clarke, New Bedford, Mass., *Chairman.*

H. E. Russeque, Hartford, Conn., *Secretary.*

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| S. H. Talcott, Middletown, N.Y.       | Julia H. Smith, Chicago, Ill.         |
| J. D. Buck, Cincinnati, O.            | N. Emmons Paine, Westboro', Mass.     |
| Helen M. Bingham, Milwaukee, Wis.     | M. S. Williamson, Philadelphia, Penn. |
| W. P. Wesselhoeft, Boston, Mass.      | W. H. Holcombe, New Orleans, La.      |
| E. H. L. McClure, Philadelphia, Penn. |                                       |

Subject: "Habits."

11. ANATOMY, PHYSIOLOGY, AND PATHOLOGY.

(Including Microscopy and Histology.)

John C. Morgan, 108 South 17th Street, Philadelphia, Penn., *Chairman.*

W. H. Dickinson, Des Moines, Ia., *Secretary.*

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|--------------------------------------|----------------------------------|
| W. von Gottschalck, Providence, R.I. | C. Mohr, Philadelphia, Penn.     |
| C. Wesselhoeft, Boston, Mass.        | A. A. Whipple, Quincy, Ill.      |
| Sophia Penfield, Danbury, Conn.      | Phil Porter, Detroit, Mich.      |
| John A. Rockwell, Norwich, Conn.     | N. Schneider, Cleveland, O.      |
| William Owens, Cincinnati, O.        | W. A. Edmonds, St. Louis, Mo.    |
| G. W. Winterburn, New York, N.Y.     | A. Wanstall, Baltimore, Md.      |
| F. Park Lewis, Buffalo, N.Y.         | H. R. Arndt, Grand Rapids, Mich. |
| A. R. Thomas, Philadelphia, Penn.    | George M. Dillow, New York, N.Y. |
| H. B. Fellows, Chicago, Ill.         |                                  |

Subject: "Malarial Pathology."

STANDING COMMITTEES.

12. DRUG PROVINGS.

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|---|--|
| E. M. Hale (one year), Chicago, Ill.          | A. W. Woodward (five years), Chicago, Ill.     |
| Charles Mohr (two years), Philadelphia, Penn. | T. F. Allen (six years), New York, N.Y.        |
| C. Wesselhoeft (three years), Boston, Mass.   | H. R. Arndt (seven years), Grand Rapids, Mich. |
| L. Sherman (four years), Milwaukee, Wis.      |  |

13. PHARMACY.

C. W. Butler, Montclair, N.J., *Chairman.*

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|-------------------------------------|---------------------------------|
| Lewis Sherman, Milwaukee, Wis.      | C. Wesselhoeft, Boston, Mass.   |
| A. C. Cowperthwaite, Iowa City, Ia. | G. M. Dillow, New York, N.Y.    |
| T. F. Allen, New York, N.Y.         | Edw. Rushmore, Plainfield, N.J. |

## 14. MEDICAL EDUCATION.

T. Y. Kinne, Paterson, N.J., *Chairman.*

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|------------------------------------|----------------------------------|
| J. P. Dake, Nashville, Tenn.       | C. A. Bacon, New York City, N.Y. |
| A. I. Sawyer, Monroe, Mich.        | H. B. Clarke, New Bedford, Mass. |
| R. W. McClelland, Pittsburg, Penn. |                                  |

## 15. INTERCOLLEGIATE.

I. T. Talbot, 66 Marlboro' St., Boston, Mass., *Chairman.*Pemberton Dudley, Philadelphia, Penn., *Secretary.*

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|--|---------------------------------------|
| 1. W. Boericke, San Francisco, Cal.    | 7. S. B. Parsons, St. Louis, Mo.      |
| H. C. French, San Francisco, Cal.      | J. A. Campbell, St. Louis, Mo.        |
| 2. G. A. Hall, Chicago, Ill.           | 8. B. L. Paine, Lincoln, Neb.         |
| W. J. Hawkes, Chicago, Ill.            | 9. T. F. Allen, New York, N.Y.        |
| 3. J. S. Mitchell, Chicago, Ill.       | J. W. Dowling, New York, N.Y.         |
| R. N. Tooker, Chicago, Ill.            | 10. F. H. Boynton, New York, N.Y.     |
| 4. A. C. Cowperthwaite, Iowa City, Ia. | P. J. B. Waite, New York, N.Y.        |
| W. H. Dickinson, Des Moines, Ia.       | 11. J. C. Saunders, Cleveland, O.     |
| 5. C. Wesselhoeft, Boston, Mass.       | N. Schneider, Cleveland, O.           |
| 6. H. L. Obetz, Ann Arbor, Mich.       | 12. J. D. Buck, Cincinnati, O.        |
| H. R. Arndt, Grand Rapids, Mich.       | C. D. Crank, Cincinnati, O.           |
|  | 13. A. R. Thomas, Philadelphia, Penn. |
|  | C. Mohr, Philadelphia, Penn.          |

## 16. MEDICAL LEGISLATION.

A. I. Sawyer, Monroe, Mich., *Chairman.*

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| W. J. Murrell, Mobile, Ala.       | O. S. Wood, Omaha, Neb.              |
| A. S. Everett, Denver, Col.       | H. M. Paine, Albany, N.Y.            |
| J. B. G. Custis, Washington, D.C. | J. R. Flowers, Columbus, O.          |
| T. S. Verdi, Washington, D.C.     | Hugh Pitcairn, Harrisburg, Penn.     |
| R. Ludlam, Chicago, Ill.          | W. von Gottschalck, Providence, R.I. |
| R. F. Baker, Davenport, Ia.       | J. P. Dake, Nashville, Tenn.         |
| G. H. T. Johnson, Atchison, Kan.  | C. E. Fisher, Austin, Tex.           |
| H. E. Spalding, Hingham, Mass.    | J. V. Hobson, Richmond, Va.          |
| A. A. Camp, Minneapolis, Minn.    | Lewis Sherman, Milwaukee, Wis.       |
| L. S. Ordway, St. Louis, Mo.      |                                      |

## 17. MEDICAL LITERATURE.

Pemberton Dudley, Philadelphia, Penn., *Chairman.*

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|--------------------------------|-----------------------------------|
| L. A. Falligant, Savannah, Ga. | H. Packard, Boston, Mass.         |
| A. K. Crawford, Chicago, Ill.  | J. B. G. Custis, Washington, D.C. |

## 18. FOREIGN CORRESPONDENCE.

T. M. Strong, Homœopathic Hospital, Ward's Island, N.Y.

## 19. RAILROAD FARES.

A. C. Cowperthwaite, Iowa City, Ia.

## 20. LOCAL ARRANGEMENTS.

Edward S. Coburn, Troy, N.Y., *Chairman.*

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| S. J. Pearsall, Saratoga Springs, N.Y. | L. M. Pratt, Albany, N.Y. |
| H. M. Paine, Albany, N.Y.              | C. E. Jones, Albany, N.Y. |

THE  
New-England Medical Gazette.

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No. 10.

OCTOBER, 1886.

VOL. XXI.

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IN the death of Mr. OTIS CLAPP, the senior member of the firm of Otis Clapp & Son, not only *The Gazette*, but homœopathy, and the cause of science and of progress, lose a powerful, a loyal, and a beloved friend. Mr. CLAPP'S name is inseparably connected, for all time, with the cause of homœopathy, primarily in New England, but none the less certainly of homœopathy the world over; and the vital and generous service he has rendered to that cause will forever be held in grateful remembrance. The sorrow of the profession at large, in his death, can only be paralleled by the personal sorrow of those who had the happiness to share his personal friendship.

## EDITORIAL.

## A FEW QUESTIONS ANSWERED.

THE MEDICAL ADVANCE, in the editorial department of its August issue, in that portion of it devoted to "Comment and Criticism," published a communication signed "H. M. C.," and entitled "Why?" Under this interrogative caption, "H. M. C.," in a somewhat Chadband-ian "spirit of love," while nominally replying to an imaginary query as to the *raison d'être* of the International Hahnemannian Association, asks, on his own account, a few questions which have been asked before by others of his obvious way of thinking, and to which, therefore, a few words of reply may not be out of place. H. M. C. deploras the laxity of certain homœopathic physicians in "conscientiously following the law;" and instances "some of the papers presented to the Institute at its late session by New-England members," and the discussions following. "Can we find any thing homœopathic in them?" he sternly demands. "And not a New-England member to make an objection." "One of the speakers was formerly a teacher in Boston University. Must we infer that that is the kind of homœopathy taught there? If so, is it any wonder that the number of graduates has declined from forty-five to eighteen? That school ought to be the leading school in the world, backed as it is by the leading religious denomination in New England, and that again by its gift of a million dollars. Has the evident desire to discredit Hahnemann's teachings any thing to do with it? Is that why physicians who believe in homœopathy send their students elsewhere, or to allopathic colleges? Is it not true that all our colleges are a little guarded in what they say about the Organon?"

Such are some of H. M. C.'s questions, to which we set ourselves to make brief reply. It is well known that THE GAZETTE is the organ of no college or society; but as the journalistic representative of New-England homœopathy, it is bound to let no crass misunderstanding of the present status and work of the homœopathic medical college of New England stand uncorrected. As to the backsliding from the faith by the homœo-

pathic physicians of New England, we can afford to pass the point by in the certainty, that, to any unprejudiced and intelligent judge, it were enough to but name those New-England leaders who have made homœopathy the stable and wide-spread and honored thing it is in New England to-day, and who from year to year are leading it to still greater heights of private popularity and public honor,—it were enough to but mention to such a judge these names, coupled with the query as to how far their lapse from homœopathy was likely to cripple its cause; to have him, “smiling, put the question by.”

And now, as to the Boston University School of Medicine. Concerning it, H. M. C., apparently for the sake of forcing an “inference,” states a “fact.” But a fact half stated—that is, stated apart from other facts which give it place and significance—is, practically, mis-stated; and any “inference” drawn from it is proportionally untrustworthy. Let us see what inference naturally suggests itself from H. M. C.’s “fact” stated fully, and in its proper connection. In 1877 the Boston University School of Medicine graduated a class of forty-five; in 1878, a class of forty-three. *This was the last year in which graduation was permitted to a two-years’-course student.* Immediately thereafter, a full three-years’ course was made compulsory; a compulsory entrance examination was instituted; the standard for graduation was raised; and in lack of endowments—which “H. M. C.” so generously and erroneously counted on—to meet the necessary expenses of the school, the fees were increased. The result of these very radical changes was a foregone conclusion, and quite explains itself without any forced inference as to retrogression in true homœopathy being dragged to its aid. To somewhat misquote, it is as true of would-be students as of the immortal Mrs. Gilpin, that, “though on [learning] they are bent, they have a frugal mind;” and, moreover, they seek “the maximum of learning with the minimum of grind.” If one doubt this, let him call to mind the experiment in raising the standard of medical education, not long ago made by a certain famous college of the Middle States. We are tempted to wonder whether H. M. C. and his class of reasoners, loyal to their own logic, are prepared to consider the increased number of students which rewarded the action of the aforesaid college in lowering

its standards, as a decreased number had rebuked it for raising them, as subject for felicitation. Be that as it may, the graduating classes of the Boston University School of Medicine, since in 1879 it *permanently* raised its standadrs, have stood as follows: 35, 35, 26, 29, 30, 34, 26, and 18. When one adds that these numbers have obtained in face of higher fees and greatly lengthened courses; that the *quality* of students has perceptibly bettered, as evidenced by the increasing number of matriculants with names already dignified by college titles; and that the middle class for 1886 contains 26 and the junior class 36 members, while 14 students are entered for a full *four-years' course*, — one has an array of facts from which the most determined pessimist, as to the deservedly waning popularity of the school, will find it difficult to make "inferences" supporting his position.

A word in conclusion as to the attitude of the Boston University School of Medicine toward the "Organon." It is hardly to be supposed, that, in a school numbering among its faculty the maker of a late and standard translation of the "Organon," the study of that work should be either neglected or superficial. In point of fact, it is neither. As to "being a little guarded" with respect to Hahnemann's great work, the University may perhaps plead guilty, if by "being a little guarded" is meant encouraging its students to approach the "Organon" as investigators and not as devotees; and to use it as students a text-book, and not as Moslems the Koran: believing that, as Hahnemann was before all things a seeker after truth and fact, the University in so doing works in, and honors, and in no sense belittles or desecrates, the spirit of the founder of homœopathy.

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#### EDITORIAL NOTES AND COMMENTS.

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THE USE OF FATS as a means both of prophylaxis and cure of disease, and their employment with children to correct certain dyscrasias which early manifest themselves, are subjects which have, of late years, been coming to the forefront in medi-

cal discussions. They are subjects, moreover, on which the laity are, perhaps, as densely ignorant as on any matters connected with hygiene; a regrettable ignorance which often, even in our day, results in withholding from children substances which would be vastly helpful to their healthy growth. Not a few of us could name, on challenge, households where — through some traditionary conviction as to its evil effects on the digestive functions, or on the delicacy of the complexion — butter was withheld from the children, a given amount of pocket-money per week rewarding abstinence from its use; said money being subsequently employed, perhaps, to the glory of hygiene, in the purchase of the deadly ice-cream peculiar to Sunday-school picnics, or of a toy-pistol wherewith to blow up themselves and their friends and relations. Such parents wofully need the instruction, easily obtainable just now from scientific sources, of the absolute necessity of fats to the maturing organism, and the best means of their administration. Considering the nervous irritability which we justly lament as a national tendency, Americans should be grateful for any teachings which point out that the popular connection of the words “fat” and “jolly” has a foundation in solid fact; well-fed nerves materially conducing to cheerfulness and good humor.

Many excellent chapters of instruction, which physicians no less than laymen may study with profit, are to be found on this subject in such works as those by Milner Fothergill and Lauder Brunton, — referred to elsewhere in the present issue, — and that by Anstey on “Neuralgia, and the Diseases that resemble it.” To hygienists themselves, who have not kept fully abreast of the current of modern thought, certain recent statements on the use of fats will come with something of a surprise; such as the entire digestibility and dietetic usefulness of pork-fat, and the recommendation of fat foods in certain forms of liver difficulties.

The use of fats is not, in short, a mere medical “fad,” but a discovery and a reform solidly founded in physiological, chemical, and clinical facts. The sooner physicians master the subject in its practical applications, the sooner will their possibilities of usefulness be not inconsiderably enlarged.

HOW NOT TO DO IT, in the way of making and recording the provings of a drug, is so strikingly and admirably exemplified in a communication to a recent number of a homœopathic contemporary, that we cannot resist reproducing the article in full, and calling to it the unprejudiced attention of those who resent the omission of any proving whatever, from whatever source derived, from the cyclopædia which strives to set forth a trustworthy and well-founded materia medica.

#### PROVING OF FURFUR IRITICI (WHEAT BRAN).

(1) A woman proved a potency. It produced spasmodic drawings of the chin.

Pain at base of brain.

Wakes with headache, principally frontal, occasionally occipital.

For some days after commencing the remedy, aching in thighs.

Until the last few days, she has had bloating in the lame foot since commencing the remedy.

Frequent and urgent desire to urinate.

(2) Mrs. M. B. P. took 1 m. (Swan) every hour till symptoms appeared, beginning Oct. 23. She was menstruating at the time.

Nov. 1. — Headache in left side of vertex.

Sensation of fluttering at heart, as if frightened. Both hips at each side of spine (region of dimples) are lame; better when walking, worse when sitting still. In hollow of left foot, sensation as if of a dislocated bone or strained muscle, or rheumatism (never had rheumatism).

Nov. 7. — Muscles of throat inside are all sore to touch, and when washing round neck.

The gum in right upper jaw, back of molars, swollen and hanging down on lower jaw, and a little sore. On swallowing, muscles of pharynx and throat are sore.

Since Nov. 28. — Soreness on top of foot, inside, as though the bones were sore when walking. — S. SWAN, in *Hom. Phys.*

It would assuredly seem that no unbiassed reasoner, after perusal of the above, could for an instant claim that the “proving,” from its delightful opening sentence, “A woman proved a potency,” — which in brevity and incomparable indefiniteness and remoteness is worthy an Æsop’s rather than a pathogenetic fable, — to its closing one, presents a single symptom which might not, which most naturally would not, have shown itself without the intervention of the “potency.” And yet it is just such “provings” as the above, that, sooner or later finding their

way from magazines to ponderous encyclopædias, strive to make of our materia medica a sort of pathogenetic lunatic-asylum, where, the madder the claims of a candidate for admission, the more eligible and welcome an inmate he is looked upon as being.

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THE GOOD EFFECTS OF MUSIC IN THE TREATMENT OF THE INSANE are strikingly and interestingly set forth in a paragraph from Dr. Talcott's late report of the State Homœopathic Asylum for the Insane, at Middletown, N.Y. We quote the paragraph entire, and recommend it to our readers' careful consideration, as affording food for thought to the student of general psychology, as well as to the alienist. Dr. Talcott's whole report, ably presenting, as it does, the records of a year's faithful and successful work, should be sought out and read by every one having the interests of homœopathy at heart:—

“It is said, that, before Moses dwelt upon the banks of the Nile, the Egyptians erected temples and altars for the treatment of the insane; and, among the most notable measures for the accomplishment of the cure of lunatics, music took an exalted rank. There can be no doubt that music exercises a potent influence in producing calm and restfulness in minds which are disturbed by cerebral disease. Musical instruments have been provided in nearly every ward, and the results have been most favorable. Even turbulent patients will subside when the pleasures of music are afforded to them. One of the most effective attendants we ever had upon our disturbed wards was a good musician. After his work was done, he would sit down among his patients, and play upon the violin. Immediately the most excited persons in the ward would group themselves about him, and listen with profound attention so long as he continued to play for them. Where good music can be provided for the turbulent insane, there exists but little necessity for restraint of a physical nature.”

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THE INFLUENCE OF VARIOLA ON TUBERCULOSIS.—The discussion of the influence of one form of germ on another lends interest to the following statement made at a recent meeting of the Cincinnati Academy of Medicine by Dr. Davy (“Lancet and Clinic”), who stated that he had a case of advanced tuberculosis, who was attacked with variola, and on recovering from this acute attack, all lung-trouble was gone, and he has since remained well.—*Louisville Medical News.*

## COMMUNICATIONS.

*THE THERAPEUTICS OF SMALL-POX.*

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[Continued.]

CAMPHOR is a remedy of undoubted value if the eruption of small-pox suddenly disappears, or if the case suddenly becomes malignant.

It is, of course, evident that camphor is not a remedy for small-pox in its entirety; but when the pustules suddenly dry up, when the swelling of the face suddenly disappears, and general collapse sets in, then no remedy is so often indicated or so often successful.

The collapse sets in suddenly, with coldness of the skin and excessive prostration. The swelling of the face suddenly disappears, and the pustules rapidly dry up, and all the forces of life fail at once. The pulse is small, weak, and so thready as to be hardly perceptible. Dyspnœa is very common; and if the attending physician will use the stethoscope, he will find that this dyspnœa is the result of a determination of blood to the lungs, while at the same time the heart partially fails in its functions. There is, at the same time, a feeling of constriction around the throat, with rattling in the windpipe. Lilienthal gives us the keynote: "The patient, though cold, cannot bear to be covered."

It has always seemed to me, that in these cases the brain was threatened with paralysis; and when this formidable state threatens, no remedy is to be compared with camphor. Drury tells us of an urgent case treated by Dr. David Wilson of London, England, where a child was suffering from cerebral disturbances in the course of small-pox, in which a rotatory movement of the arms was the keynote symptom.

All experienced practitioners advise that camphor be given low and frequently repeated. Thus Dr. Freeman of Cardiff, Wales, perhaps the best of the English writers on the treatment of small-pox, advises as follows: "If the rash is driven in, with sudden failure of strength, give frequent doses of camphor: two or three drops of tincture on a lump of sugar if the patient can chew it; if he cannot, break down the sugar in a spoonful of warm water, and give it thus. This dose must be repeated frequently, that is, every ten or fifteen minutes or even oftener, according to the urgency of the case." Ruddock gives "two or three drops in a little tepid water, every ten or fifteen minutes,

for several times, till the skin becomes warm, and the eruption re-appears."

Hartmann advises the external use of the same remedy ; and it must be noted, that these writers had actual experience of the efficacy of camphor in this very serious state. Hartmann writes : " If the exanthem should dry up suddenly and collapse, and the whole body, especially the extremities, become cold, means should be used to restore the eruption to its former condition of efflorescence. This sudden collapse seems to be owing to a paralytic state of the vital force, which may perhaps be accompanied by incipient decomposition of the blood. Under these circumstances the use of internal medicines is insufficient, and we have to employ external means for the purpose of restoring the sinking peripheral action. There is nothing better for this purpose than to repeatedly bathe various parts of the body's surface with the *spirits of camphor* until the skin has got warm again."

Personally, I have never had occasion to use camphor externally ; but I have had a number of cases in which its internal use saved life. I give a drop of the Rubini tincture every fifteen minutes, and four or five doses suffice.

CHINA. — No one thinks of giving china at the commencement of small-pox ; but it is almost indispensable in the remarkable debility and prostration which follow a really severe attack of this disease. It is of especial value in the debility resulting from excessive discharge from the pustules ; indeed, it is the chief remedy for extreme weakness occurring at any stage of the disease or during convalescence.

Hempel tells us that "arsenicum is undoubtedly the best remedy when the eruption seems to have invaded the internal mucous surfaces, the patient's skin becomes cold and clammy, foul and involuntary discharges from the bowels set in, and the patient seems to be in a state of unconsciousness, in a state of stupor." Hempel proceeds : "China is indicated by conditions similar to those of arsenicum. If, after giving three or four powders of arsenicum, there should be no symptom of improvement, china may be substituted."

Now, this once-favorite practice of drawing up a list of remedies, and directing one to be given, and if that don't go then give another, is entirely wrong and unhomœopathic. Better far discriminate sharply in the first place, and, having fixed on the remedy, give that remedy *singly and alone*, weighing well the preparation in which you give it. Thus, instead of giving arsenicum first, and, on the failure of that, then china, draw a most careful differential diagnosis between the two, and then give the one you consider indicated. There are well-known

characteristics of these remedies, which at once guide to a decision. Thus the arsenicum patient is inclined to lie still, while the china one is decidedly restless. The arsenicum pulse is quick, small, and *weak*: the china pulse is quick, small, and *hard*. Both remedies have a partial sweat; but the partial sweat of arsenicum is on the lower part of the body, while that of china is on the upper part. Next, the sweat of arsenicum is diminished by motion, while that of china is increased. The arsenicum patient is better from the warmth of the bed, while the china one is worse. Arsenicum has remission during the day and before midnight: china has remission in the afternoon and evening. The arsenicum patient desires warm food, but the china patient has a very decided aversion to it. Lastly, the arsenicum patient is marked by mental dulness, while the china patient is marked by mental excitability.

Pulte advises the alternation of these two remedies; but, as they antidote each other, that is even worse than the succession of remedies of which Hempel is so fond.

China is the great remedy for the exhausting diarrhœa with copious and painless stools occurring in the suppurative stage or in the course of the hemorrhagic variety of small-pox. The stools are yellowish and watery, often containing undigested food; they are always frequent, and often involuntary. They are aggravated at night and after eating.

Rückert reports the following case from the "Allg. Hom. Zeitung," II.: "China 12, one drop, three doses, one every three hours, removed the diarrhœa which occurred during the suppurative stage in malignant black small-pox, together with the oppression and anguish in the chest."

I prefer triturations of the bark (Otis Clapp & Son's) to any fluid preparation. Give one grain of the third or fourth decimal trituration every two or three hours.

CANTHARIDES is to be considered in hemorrhagic small-pox, especially when the hemorrhage takes place from the urinary and genital organs as well as from the nose, mouth, and intestinal canal; almost simultaneously the eruption becomes hemorrhagic; the patient passes bloody urine, with cutting and burning pains; later, the urine is distinctly albuminous, with cylindrical casts. Cutting and burning pains are felt through the entire intestinal canal, accompanied by intense thirst, yet with aversion to all fluids. The throat is always congested, with difficulty in swallowing. Drury tells us to use this remedy if the ovary is affected as a sequel of small-pox.

As to the dose, I prefer the sixth decimal trituration; but I have at times been compelled to go up to the twelfth decimal.

CIMICIFUGA is highly recommended by the late Professor B.

L. Hill. In his "Epitome of the Homœopathic Healing Art," published in 1859, he writes: "From the great similarity, the almost absolute identity, of small-pox *headache* and *backache* with the same symptoms developed by the *macrotys racemosa*, as well as the nausea and restlessness produced by the drug, I was led several years ago to the conclusion that this, or the *macrotin*, was valuable in small-pox. Not only so, but during the prevalence of small-pox in Cincinnati to an extraordinary degree, in the winter of 1849-50, I treated about one hundred cases, including both sexes and all ages, from infants a few weeks old to very old persons, giving the *macrotin* to all, and had the good fortune to see *all* my patients recover. Since that time I have used it in every case successfully." Drs. Holcombe of New Orleans, and D. S. Smith of Chicago, concur in stating that it decidedly modifies the disease, preventing pitting in many cases, and often checking the development of the pustules.

In the "Medical News and Library" for 1871, Dr. G. D. Norris is reported to have stated at the meeting of the Alabama State Medical Convention, that, during the prevalence of small-pox in Huntsville, certain families, at the instance of some one unknown, had resorted to the free use of the tea of the *cimicifuga racemosa* as a preventive of small-pox. In the families using the *cimicifuga*, there occurred no case of small-pox, though some were exposed to the disease. In the same families, Dr. Norris vaccinated the members, but without effect so long as they continued the use of the cohosh: after ceasing to use the tea as a prophylactic, he again vaccinated them, when the specific effects of the vaccine virus were produced.

*Cimicifuga* is indicated in the precursory stage of small-pox, by the characteristic dull, heavy, aching pains in the small of the back, relieved by rest and increased by motion, precisely like *bryonia*. This muscular soreness almost amounts to rheumatism, and is accompanied by prickling and itching of the whole surface. During the eruptive stage there is obstinate sleeplessness, with mental excitement as if the brain would burst out; delirium with strange illusions is often present; severe headache, with pain in the eyeballs, aggravated by movement; sore throat, with increased secretion of thick viscid mucus.

*Cimicifuga* is always used in the form of material doses of the lower dilutions. Hill recommends us "to give *macrotin* at the first trituration, in one-grain doses, once in two hours while the fever, headache, and backache continue; after which, during the whole course of the disease, give it three times a day."

PULSATILLA. — The older homœopaths recommended *pulsatilla* for confluent small-pox, when an efflorescence resembling measles preceded or accompanied the specific eruption of small-

pox. Such cases are usually accompanied by nausea and vomiting; colic with diarrhœa, worse at night, is often present. Hartmann recommends this remedy for colliquative diarrhœa, and Drury advises it for inflammation of the testes following small-pox. In such cases I have used pulsatilla with success, but only when the patient was of a mild, phlegmatic temperament.

HYDRASTIS.—Dr. Richard Hughes thus writes of the use of *hydrastis Canadensis* in small-pox: "Dr. Wilkinson thinks hydrastis a specific antidote to small-pox, capable of arresting the disease at its outset, of extinguishing the infection by its local application, and of securing immunity to the healthy by its prophylactic use. Dr. Wilkinson must adduce much more evidence than he has yet brought forward, ere he can establish these positions. But those who have, at his recommendation, dabbed the swollen faces of their variolous patients with an infusion of the plant, have testified to much relief of itching and reduction of œdema having been thereby obtained." But the pathogenesis of the remedy corresponds fairly well with the symptoms of the disease; and even the peculiar eruption is imitated, as will be noted in a most interesting accidental proving narrated by Dr. A. L. Cleveland of Atlanta, Ga.

The hydrastis small-pox is marked by great swelling, itching, and redness of the skin, with a tingling of the skin, which is said to be characteristic. The pustules are dark-colored; and the throat, which is excessively sore, is studded with dark pustules, which extend to the buccal cavity. The pulse is slow and labored, with palpitation of the heart. The patient complains of dull, heavy, dragging pain and stiffness in the lumbar region; intense aching pain in the small of the back. The limbs feel very weak, and faintness and prostration are present. Obstinate constipation.

Dr. A. L. Cleveland contributed the following cases to the "American Homœopathic Observer," vol. iii. pp. 265, 266:—

"A few days since, I was consulted by Dr. R. S. Pomeroy relative to a case he considered very doubtful. He had been called to the case very late on the seventh day after attack. The patient was about forty years old, an engineer on one of our railroads. For several days he had appeared to be doing well. A change took place: the family and friends became alarmed. The friends called in, without the knowledge of the family, two allopaths, who pronounced the case incurable.

"Dr. Pomeroy described his case thus: 'His face very much swollen; eyes closed, nose enormously large, entirely stopped up, throat very sore; pustules dark, and the patient almost unconscious, having given up all hopes of recovery.' I had just been reading Dr. E. M. Hale's review of Garth Wilkinson's works on small-pox, etc. From my knowledge of the action of *hydrastis* externally and internally, having used it much in my practice the last six years, I advised him to use it in his case. I furnished him with the remedy, He had it prepared, and applied it at about one o'clock

P. M.; and on visiting his patient next morning, about ten o'clock, was surprised to find that the swelling had subsided, and his face looked natural, and his patient comfortable. From this time his recovery was rapid and complete, with no other remedy but the *hydrastis*.

"My first case in which I tried the *hydrastis* was a beautiful boy six years old, very light complexion, light curly hair, who had never been vaccinated. I was called the morning the eruption made its appearance, and found him very sick, and covered with a fine rash, which proved confluent small-pox. I had him moved to an up-stairs room, and nursed by his mother. Not having had experience enough in the use of *hydrastis*, I put him under the usual treatment, *tartar emetic*, etc. He did well till the eighth day, when I found him very much worse. His face had swollen so much during the night that his eyes were closed; his throat sore, and his mouth worse than any case I ever saw. I put him on *hydrastis* 6th, three drops to a half-tumbler of water; and had the cold infusion made, and applied warm three times per day. In twenty-four hours all the swelling was gone, eyes all right, mouth and throat well, pustules all drying up; and on the seventeenth day I had him brought down stairs, and put to play with the children; and now, nearly two months, you would not know that he had had small-pox.

"Since then I have treated many cases of small-pox and varioloid with nothing but *hydrastis*, with perfect success, — patients of all ages, children from seven months to adults of seventy years. In no case have I had any secondary fever; and very little pitting.

"I was called on the morning of the 12th of March to see Hulda, a colored woman about thirty years old. She had been confined in the night, by a colored midwife, of a healthy child. I found her broken out with the small-pox. She stated that she had been frequently vaccinated, but it had never taken. Her father thinks he vaccinated her when a child. I at once put her on *hydrastis* 3d, three drops to half a tumbler of water, dose one teaspoonful every two hours, and continued it during treatment; also an infusion made of the powdered *hydrastis* and cold water, a portion warmed and applied to face and hands three times a day. Her case proved a bad one of distinct small-pox. She continued to nurse the child as long as it lived. Commenced scaling off on the tenth day; was up and about the room on the seventeenth day; and now, not a month from attack, you would not suppose she had had small-pox.

"The infant, a healthy, smooth-looking one, was in the usual condition of children of its age; no sign of an eruption. I waited till the 13th, when I vaccinated it. On the 16th the vaccine gave evidence of taking, and went through the usual course of vaccine up to the tenth day, when an eruption made its appearance, more resembling hives than varioloid. I was compelled to leave the city for an important call, and left instructions to call Dr. Pomeroy if either got worse, which they neglected to do. The child grew worse, had a very sore mouth and throat, which continued till the 26th, when it died. I returned on the 27th. On examining the child, I could not discover any eruption resembling small-pox or varioloid; and think it died from the want of care, as it had a very poor nurse."

The following interesting proving is also contributed by the same observer:—

"I was sent for in the night of the 28th of February, to consult with Dr. R. S. Pomeroy on a case of threatened miscarriage, which terminated favorably. The patient, Mrs. P., about thirty years old, of a bilious, encephalic temperament, and a scrofulous diathesis, subject to frequent attacks of sore throat, from which she is very deaf. On the second day (second day of March), after a very severe inflammation of the throat and entire buccal cavity

made its appearance, Dr. Pomeroy prescribed an infusion of *hydrastis* as a gargle, and directed it to be used three or four times during the day. Mrs. P., not understanding the directions, and the application feeling grateful, used the whole tumblerful in about five hours, at the same time applying a cloth saturated with the infusion over the mouth and chin. Next morning (March 3), the mouth, lips, and nose were very much swollen; and pimples made their appearance during the day around the mouth and chin, resembling the early stage of small-pox or varioloid, and the next morning (the 5th) they commenced vesicating. At this stage Dr. Pomeroy called on me to see the case with him, and, had I not known the previous history of the case, I would have pronounced it small-pox. On the 6th the pustules began to sink in the centre, and turn dark, and commenced drying, and went through the various stages of small-pox or varioloid, and scaled off on the 10th; and on the 15th the patient was up, attending to her household duties”

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### ATTENUATION, REPETITION, AND ALTERNATION.

BY G. W. BOWEN, M.D., FORT WAYNE, IND.

How can our aid most efficiently be given?

The question is one that, to a careful and conscientious physician, has very much in it; and its answer would seem to be the key to the success we desire. Many times I have stayed my hand while waiting for some inspiration to guide me to the best remedy and attenuation; calling to my aid, to help solve the difficult problem, the apparent susceptibility of the patient, the severity of the attack, the contending force to be combated, and the possibility of a latent or hidden cause, an unknown quantity ready to enter the contest against my efforts. Reason as much or carefully as we may, it is not always in the possibilities of any one to say that some obscure causes may not combine to thwart our efforts for an easy victory.

For the last ten years this question of how to decide on the attenuation of the drug chosen, how often to repeat the dose, or if best to use two weapons, is and has been ever present to me; and a solution of the problem has been sought by many and repeated experiments, in hopes of finding a safe guide for the future. I first made myself conversant with most of the literature on the subject, especially the journalistic; and found, to say the least, that it was not successful in furnishing a tangible guide, that could be followed. I hoped and believed, that, if the many would contribute each his mite in that direction, an elucidation of the seemingly mysterious subject could be obtained.

My first experiments were made on one of the simplest forms of affliction, yet to a patient a very trying one, and one in which effects could be easiest and soonest noticed by both parties, — that of neuralgia. It is most generally cured by aconite. I found, if I gave this in the first centesimal (in pills, for I almost invariably

give medicines in that form), to moderately susceptible persons, it made them materially worse in from five to fifteen minutes, and in from twenty to sixty minutes they got better; much improvement was made. In two or three hours, another dose was needed, as a relapse was evident. This would produce an aggravation not so severe as the first, nor so long lasting. It would help the satisfactory progress of the case, but not effect a cure. And so on, until it is effectually cured with aconite in about three days.

My next year's cases were treated with aconite in the two-hundredth centesimal, giving one dose, and after one or two hours a dose of neutral globules, as the pain was only slightly mitigated. After three or four hours, aconite was again given; and so repeating it every four, six, or twelve hours, a cure was generally effected in about three days.

My next cases were all treated with aconite in the third or sixth centesimal, which only in very sensitive persons ever caused a perceptible aggravation; yet it invariably cured them in from one to two days. For years this plan was tenaciously adhered to and followed, with the three forms of attenuation, in all cases of neuralgia, in the hope of arriving at some degree of exactness in regard to potency and the frequency of a needed repetition. But a mathematical certainty cannot be arrived at, from the variability of the susceptibility and unknown latent causes or hidden dyscrasias.

My next effort to obtain exactness was with congestions and inflammations, in which the same plan of treatment was followed in regard to the attenuations and the repetition of doses. A dose was never repeated while a reasonable progress was being made. Similar results generally followed, with the exception of a less frequent evidence of an aggravation from a low potency. A dose would apparently accomplish so much, and then its force or energy would seem to be exhausted. A relapse would often take place, and the cause or disease would seem to be nearly as bad as ever; which was evidence that my dose was either not potent enough to do the work designed, or was not re-enforced by a second dose soon enough to help hold the vantage gained. In all of these cases, the lower forms of attenuation seemed preferable, gaining for my patients the cure so much desired. Hence I came to the conclusion, that, in recent or severe cases, the nearer we can get to the crude drug, without causing marked aggravations, the better for us and our patients.

The next forms of affliction selected, in which to settle for myself the mooted points, were dropsical and pleuritic effusions. In such cases no apparent improvement was visible to patient or physician, from the use of the two-hundredth, in less than

three or four days time ; and then the progress was so slow, that, with the average American, murmurs were liable to be heard, and loss of faith was visible in the distance. But with the first, third, or sixth centesimal, a satisfactory result could both be felt and seen in a much shorter space of time ; first, in the stopping of the production ; next, by the re-absorption of the mal-deposit. In such cases, the effect of medicine can be easily marked. Here one can almost define the line where the effect of the medicine stops, and where the work of restoration by Nature begins, if you have arrived at the point in the case where her efforts can be seen in action. After the selection of the remedy or remedies, it is an actual pleasure to mark the action of a single dose of either arsenicum or causticum, to note its commencement, duration, and its cessation, even to waiting until a re-formation begins, and you find your patient going back toward the starting point. Here one can almost become mathematical in his calculations of the amount of work to be accomplished by a single dose, and when to repeat.

But in old or chronic cases, much better results have been obtained from the two-hundredths than could be secured by the first or sixth potency. For a long time I entertained the fallacious idea, that a low potency could be given, and after its primary effect had been exhausted there would remain an action equivalent to that of a higher potency ; but such is not the fact. It is absolutely necessary to have the remedy potentized outside of the human system, not in it.

When to re-enforce the effort by another dose, is not possible to determine, except from personal observation. Many a time a determination has been made and adhered to, that only the single remedy which was, if such a thing is possible, the true similar, should be given, and nothing else ; but the time required to restore the patient was almost invariably longer than it would have been if means appropriate to the occasion had been employed intercurrently. As we must often reason from analogy, and draw conclusions from the observation of natural laws, we are forced to believe that the dream of the single remedy will never be fully realized, except to the few who may find patience personified in their patients. This idea cannot find corroboration in any of the mechanical arts ; no, not even in surgery.

Take a case of embarrassed action of the stomach, — call it, if you please, congestion, indigestion, or dyspepsia of any form, — where, in eight cases out of ten, *nux vomica* (judiciously selected in regard to the potency appropriate to the patient) will cure, but the question of time will be the unknown factor. If *belladonna* is first given to relieve the overburdened capillaries, and scatter the excess of blood, or equalize

the circulation in the parts, then the nux vomica can and will start the mucous membranes and glands into a healthy and normal action, and a restoration is more speedily and easily effected. True, this takes into consideration pathology which it is impossible to ignore, except by a book-and-case doctor, or a pure symptomatologist.

The condition must be considered, and the past, present, and future must be grouped together, before the educated physician makes the decision of what is best to be done to restore the lost harmony. What one has done, another may do. I have given the single remedy with success, but in so doing it has sometimes been to the loss of patronage: for with the average business man the loss of time is of considerable importance, and is often computed (sometimes from expectations) at sums too large to be risked, if there is a possibility of saving it; and the conclusion has often been forced upon me, that what has been gained to science in the demonstration of a fact has been at the expense of a confiding patient. With this view of the case, which the facts seem to sustain, it would not be consistent with a sense of honor, to have confidence misplaced for the demonstrating and verifying of what might be called an idealistic fact. If the belief obtains that time is saved, and the same restoration made, by the alternation of remedies, it should be not only a pleasure but a duty to so use them, taking care that there is no clashing of action by interference, which can be duly avoided by a reasonable lapse of time between their several introductions. Of course this selection must be to a certain extent harmonious, so as to act in the same line devoid of divergence. If you dissolve or dis sever by one remedy, another one can be given to eliminate or help to excrete the waste and useless products, and so aid materially in the establishment of a normal condition.

Where remedial aid ceases in its desired work, and where the restorative efforts of nature begin, is, and ever must be, a mooted point. Too often we claim as ours the work of the recuperative powers; unjustly (prompted by vanity) we claim progress made by the patient long after our agent has become exhausted. Force, as evinced in every other department of nature and mechanics, has not only a beginning but an ending. The one extreme is easily marked, and the other not so discernible; but it always exists nevertheless. There is to be met always a resistance that eventually overcomes the primitive energy. That our small and silent energy should be at variance with natural laws, is, to say the least, improbable. That a dose of our attenuated remedies should last and continue to act for weeks and months, would seem too chimerical for reality.

We ought not, in justice to ourselves or to the science we

claim to be representatives of, to ask even the most credulous to indorse the view that the action of our remedies, and the length of their duration, is so far beyond the scope of reason. This has been to our school of medicine a detriment, and embarrassing, as we cannot demonstrate it by comparison. There is a limit to drug-action, and it should be placed within the realm of human comprehension. That it is lost by resistance, neutralization, or exhaustion, is unmistakably evident; but, if the desired progress goes on, let the credit be properly made, and do not claim what does not justly belong to us. If we place the system in a condition so that the repairing or restoring goes on, by, if you please, its self-assumption, then we have the right to claim that we helped it to assume that position, and should be willing to admit that the recuperative powers inherent have now the contract in hand.

This is our work, our duty — this and nothing more; and it can only be achieved by doses repeated until we have gained that point where our aid is not needed. Hence let us cease to ask our patrons hereafter to place credence in the action of a medicine for so long a time after it has been taken; as by so doing we are inculcating a faith that has no reasonable ground for support, — a faith that cannot bear the test of scrutiny, or sustain them in their daily contact with a world of doubt and practical infidelity. We by its inculcation leave ourselves liable to be regarded with doubt, and suspicion of being prone to traverse the fields of imagination. Our tenets must be such that it will require only an ordinary comprehension to trace effect to cause, and be within the pale of reason.

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### ECZEMA.

BY JOHN L. COFFIN, M.D.

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

“An acute or chronic catarrhal inflammation of the skin, characterized by diffuse redness and exudation, or by the formation of isolated or closely seated papules, vesicles, or pustules, followed by weeping and scaling, and attended generally by much itching.” — ROBINSON: *Manual of Dermatology.*

THIS definition, as you will see, embraces within its scope a number of lesions, and thus has been made to include a number of conditions heretofore considered as different diseases; but we shall find that these various lesions are but different manifestations, or, rather, but represent different degrees, of the same morbid process. This definition emphasizes, obviously, two things, — inflammation, and polymorphous character of the eruption; the latter, as we shall see, depending on the duration and

intensity of the former, and the susceptibility of the part affected.

Hebra has shown that all forms of eczema may be produced at will upon the cutaneous surface by several external irritants, notably croton oil. If a small amount of croton oil be rubbed on the surface, a slight amount of inflammation will result, which will vary according to situation: if upon a sensitive portion, as the flexure of joints or neck, a diffuse redness will ensue; if upon an extensor surface, where the skin is thicker, only points will be affected, notably those points around hair-follicles, and we will have a crop of papules. If nothing further is done, these symptoms rapidly disappear, slight desquamation ensues, and the part returns to its normal condition. If, however, more croton oil be rubbed in, or the rubbing be longer continued, the erythematous blush will become deeper, the inflammation greater in depth: the part will become hot and swollen, and exudation will take place, which may be so great as to destroy the superficial layer of the epidermis, and expose a raw, weeping surface. In the case of the papular form, increased inflammatory action would result in increased exudation, with the production of the *vesicle*; or, still further pushed, the exudation will contain an increase of formative elements, and the vesicle will become a pustule. These being ruptured, their contents will escape, and, drying, form scales or crusts. Under these, if the irritation is discontinued, the cutaneous surface will re-form, the scales and crusts drop off, and the part return to its normal state.

Here we have passed hastily, in review, the course of a simple dermatitis characterized by many lesions, the polymorphous character depending upon the extent, duration, and intensity of the irritant, and the special susceptibility of the part involved. Examining these lesions, we note that the primary effect of the inflammatory process was the production of either erythema or papules; the secondary, vesicles and pustules, the latter always succeeding, never preceding, the former; and finally we obtained, you will remember, crusts or scales, these belonging partly to the reparative stage, and being wholly results, or rather products, not so much lesions as lesion relics.

Eczema, as ordinarily observed, presents the same phenomena as the dermatitis above described. It may present all of the lesions noted, and may present them at the same time, and upon the same individual. As in the dermatitis from croton also, the primary lesions of eczema are always either erythematous or papular; although many cases present themselves before us wherein this stage may have been succeeded by the later one of vesiculation or pustulation. According as one or the other form of lesion

predominates, we may have an erythematous, a papular, pustular, squamous, or weeping eczema. We will now briefly describe in general the different forms above noted, and consider variations in these appearances, due to situation, later on.

ECZEMA ERYTHEMATOSUM. — The lesion in this form is essentially macular. Spots varying in size from a split pea to an extent covering large areas on the surface of the body appear. They are red, slightly swollen, therefore frequently raised somewhat above the surface, illy-defined as to margin, the edges gradually fading into the adjoining skin, and very *itchy*. The redness may vary from a pink to a deep red or even violaceous hue, and in some cases is not evenly diffused, but presents a more or less mottled appearance. In general, there is no history of moisture, the disease remaining an erythema, gradually subsiding, and slight scaling taking place. Should, however, the affection be very acute, upon close observation, minute poppy to millet-seed sized papules may be discovered; and these may rarely become pin-point vesicles. This form of eczema may be acute or chronic; may always remain as an erythema, or be merged into one of the other forms.

Its most common location is on the face, neck, palms, soles, and genital region: occurring where two surfaces come in contact, it is very apt to cause abrasion of the skin, and produce an eczema *intertrigo*.

Any excitement of mind or body, special indulgence in food or drink, exposure or fatigue, tend to aggravate. This form is often difficult to cure, and is especially liable to relapse.

PAPULAR ECZEMA. — In this form of the inflammation, small, acuminate papules, in size from a millet-seed to a pin-head, appear in various situations on the surface. They may be discrete or confluent, isolated or closely seated, of a red or violaceous color, and *intensely itchy*, often causing the patient intolerable discomfort. When closely seated or confluent, there is generally considerable infiltration; and if, from much scratching, the summits have been torn off, we will get a blood-incrusted patch. If the patches are of small size and circular, they may much resemble ring-worm; but close examination will seldom fail to find new papules around the periphery of the patch, and in a doubtful case these are always to be looked for. These lesions may continue papular throughout their course, old ones being replaced by new, or may become vesicles, or both may exist in the same patch. It is this transition from one to the other that proves the identity of the morbid process, and shows this "lichen simplex" of the older writers to be virtually an eczema. This form is found mostly on extensor surfaces, on the scrotum, and round hair-follicles. According to

Robinson, this form is very persistent, and especially liable to relapse.

VESICULAR ECZEMA consists in the appearance of minute pin-point vesicles, isolated, or more often closely seated, upon an inflammatory œdematous and swollen base, accompanied by severe itching. When closely seated, they may coalesce, forming large vesicles or blebs, filled with yellowish serum. From scratching or over-distention, the epidermis may be removed, when we have a free exudation drying into a yellowish crust; new vesicles form about the periphery, and the process goes on: or if, as is not uncommon, the epidermis is removed from a large patch, and the inflammatory process severe, there is no time for the formation of a vesicle; but we have a moist, exuding, weeping, inflamed surface, constituting the so-called *Eczema madidans*. These patches are never sharply limited in outline, but gradually the inflammatory base merges into the surrounding skin. According to Robinson, these vesicles always begin as papules, although the primary condition is sometimes so rapid as to escape observation. Duhring, Hyde, Bulkley, Tilbury Fox of London, describe the lesion as a vesicle from the first, preceded only by redness, and a sensation of heat and tension in the part. The vesicles, if unruptured, may disappear by absorption, desquamation take place, and recovery ensue; but this is rare. Ordinarily, the vesicles burst, crusts are formed, and under these the exudation gradually subsides: the epidermis is renewed, and the part is restored to health. Still again, the vesicle may pass on to a pustule, and oftentimes a lesion may be found which occupies a middle ground; i.e., a vesicopustule.

ECZEMA PUSTULOSUM consists in the presence of numerous pustules situated much as the vesicles above described. It may supersede either the erythematous, papular, or vesicular form. The pustules easily burst, pouring out sero-purulent matter, which dries into thick yellow-greenish or black crusts, beneath which may be seen a red, angry, inflamed surface, secreting a sero-purulent liquid. This constitutes what is known as an *Eczema impetiginosum*,—the “Impetigo” of the older writers. A frequent location is the scalp and face of children, the “crusta lactea,” familiar to you all.

The four forms above described are, in general, types of the disease; but their limits are by no means sharply defined; on the contrary, the one form may pass into another, or all exist at the same time upon the same person.

One or two other forms may be noted, not as types in themselves, but as being the sole appearances sometimes presented by the patient. They are *squamous eczema*, *eczema rubrum*,

and *eczema verrucosum*. These forms are mostly relics, and denote generally extreme chronicity.

SQUAMOUS ECZEMA consists in a scaliness, more or less profuse, of the skin. Beneath these scales is generally a thickened, red, itchy surface, slightly moist or dry. If it presents minute, very red pin-points exuding a thin liquid, we have an *eczema rubrum*. If the skin presents a warty appearance, due to hypertrophy of the papillæ of the corium, we have an *eczema verrucosum*.

The above are the forms in which this protean disease more generally presents itself. There is not space in a paper of this character to note the different appearances and variations which different parts of the body present. A few of the more important and common will, however, now be touched upon.

ECZEMA CAPITIS. — Eczema of the head and face may be either acute or chronic, and of the erythematous, vesicular, pustular, or squamous form. An acute eczema may resemble very much an erysipelas, the face rapidly becoming red, swollen, œdematous, and vesicular, with fever, thirst, and a sense of heat and tension in the part. The eyelids and ears may swell very much and be painful. After a day or two, papules or vesicles appear upon the œdematous surface, giving a rough, uneven sensation to touch, unlike the smooth, shining surface of erysipelas. The vesicles burst, crusts form, and the disease finally becomes cured, or merges into the chronic stage. When it becomes chronic, it is especially liable to leave cracks and fissures, especially behind the ears. The chronic form is more common in the face, and is generally either of the pustular or squamous variety. It may be seen as spots of slightly scaly, scurfy, itchy redness on the cheeks and foreheads of adults, or as crusts and scabs on the cheeks and foreheads of children. This form may last for months without ever invading the skin around the eyes and nose.

Eczema of the scalp is usually either of the impetiginous or squamous form. When of the impetiginous, the exudation from the blood-vessels is generally combined with the secretions from the sebaceous glands, which gives a greasy appearance and disagreeable odor. The hairs become matted together in a filthy mass, beneath which is a red, moist, secreting surface. The vertex is the most common location; and from here it may cover the whole scalp, extending down on the face in front of the ears. When you find isolated patches of impetiginous eczema upon the vertex and occiput, especially with a papular condition of the neck, and swollen glands, always suspect pediculi.

If the dry, scurfy, branny dandruff which falls, leaves a red, smooth surface beneath, it is in reality a chronic squamous ec-

zema, the "pityriasis capitis" of some writers, and may, if long continued, lead to serious falling of the hair.

ECZEMA BARBÆ is common, and often mistaken for sycosis. It may be acute or chronic. When acute, there is often a good deal of swelling, redness, and pain: the exudation may mat the hairs of the beard together, or crusts may form. Around the hair-follicles, pustules may form, very much resembling sycosis.

Eczema of the beard often extends to surrounding parts. Chronic squamous eczema of beard is characterized by redness and scales, with itching. The differential diagnosis from sycosis will be noted later.

Eczema of the nipples is not infrequent, especially in fleshy and nursing women. It is also a frequent concomitant of scabies in women. Is generally either rubrum or impetiginosum, and liable to result in flattening of the nipple, with thickening and fissures.

ECZEMA GENITALIUM may be either acute or chronic. When acute, there is much swelling of the prepuce in males, the glans never being involved: in females the swelling involves both labia; and the eczematous process may involve the mons veneris and perinæum, or, extending to the mucous membrane of the vagina, cause leucorrhœa. It is often associated with uterine disturbance. In the male, the scrotum is the part more often affected; and the exudation, mixing with the secretion from the abundant sebaceous glands, which soon decomposes, gives a most disgusting odor. The itching in these cases is most intolerable. Chronic eczema of these parts is more often confined to the male, and is limited to the scrotum, resulting in thickening and fissure. These eczemas of the genitals are among the most distressing and intractable of all forms.

Eczema of the palms and soles is quite common. It may be any of the types above noted, and is quite apt to result from occupation, and to be very chronic. In these situations, the vesiculæ, owing to the thickness of the skin, do not burst, but present themselves as grains of boiled sago under the skin. On the soles, the skin, from maceration, often becomes soft and doughy, peeling off in large flakes, leaving a raw and exceedingly tender surface. Squamous eczemas of the sole and palm are often mistaken for the squamous syphilides.

PATHOLOGICAL ANATOMY.—This I shall touch but lightly upon, as it is in general but the histological appearances accompanying any superficial inflammation.

In the erythematous form, all the vessels of the corium are congested, the blood-supply is increased, and we get redness and heat with perhaps slight exudation. In the papular form, only the blood-vessels around the follicles are congested: exudation

takes place, pushing up some of the rete and epidermis, giving the papule. Should this engorgement of the blood-vessels continue, we have more exudation; the cells of the rete become pushed aside; some of them, absorbing the exudate, undergo a sort of dropsical degeneration; the epidermis is pushed up by this excessive exudate, and we have the vesicle. In pustular eczema the exudation and cell-changes continue. Emigration of cells takes place to a greater extent: some of the rete cells and connective tissue corpuscles undergo degeneration, and we have the formation of pus in the vesicle previously existing. After this has continued for some time, we can, and in fact do, get thickening of the tissues from the exudate, and, to some extent, formation of new connective tissue. The lymph-glands may become enlarged, and, in long-standing cases, the sweat and sebaceous glands be destroyed.

In a chronic *eczema rubrum*, there is thickening of the corium and papillæ, often improper formation of the corneous layer, together with other more or less permanent changes due to the persistence of the inflammatory process.

In chronic squamous eczema, the structure of the corneous layer seems to be normal; but there is proliferation and free desquamation of the cells, due to the increased nutrition brought about by the blood-vessel increase in the papillary layer of the corium.

This disease attacks equally all classes, sexes, and ages, neither the "lean and slippered pantaloons," nor "the infant mewling and puking in its nurse's arms," being exempt from its annoyances. The causes may be external, acting as direct irritants from without; or internal, depending upon certain conditions within the system.

External causes may be mechanical or chemical. Among the first may be mentioned the rubbing together of two surfaces, especially if moistened from sweat or other secretions; scratching; parasites, etc. Among chemical causes may be counted acids, potash preparations, croton oil, and various medicaments, as rhus, arnica, ung. hydrarg., turpentine, etc. Venous stasis, due to varicosis, is also an exciting cause.

Among the internal causes are dyspepsia, jaundice, diabetes, derangements of the kidneys, constipation, etc. These may act through the changed condition of the blood, either by causing the blood to act as a direct irritant on the tissues, or by causing the tissues to become more sensitive to external irritants. As to what we consider constitutional causes, i.e., scrofula, tuberculosis, chlorosis, etc., having any effect, opinions differ, the German authorities denying that they are a cause any more than they act by generally lowering the vital tone. On

this point, Dr. Robinson, who follows the German pathologists closely, says, "We do not think that at any time such conditions as scrofula, anæmia, chlorosis, etc., produce eczema, except in an indirect manner by increasing the irritability of the elements of the skin, or by lessening their power to withstand direct irritation either from within or without." Duhring also objects to such expressions as "constitutional debility," "nervous debility," "nutritive debility," and "struma, or scrofulous diathesis," being assigned as causes of eczema, believing that they tend to generate the disease only as they always tend to lower the general health. The latter writer, however, does mention "a certain inherent peculiarity of constitution in some, which, under favorable circumstances, encourages the appearance of the disease."

DIAGNOSIS. — When we remember that the lesions of eczema are eminently polymorphous in character, are more or less evanescent, that all forms of the disease may be mixed up on the same person, that the disease runs no definite course, that large or small areas may be affected, and that it may co-exist with other cutaneous affections, we readily realize that to positively decide whether any given eruption is an eczema or not, is by no means an easy matter. Let us glance at some of the differences between this and other more common diseases with which it may be confounded, premising some general appearances always to be remembered regarding eczema—such as the fact that the patch of eczema is never sharply limited, the boundary being irregular, and the inflammatory redness gradually fading into the surrounding skin. Always remove all scales and crusts, and look for moisture, or history of moisture, eczema being pre-eminently a moist disease. Look for thickening and infiltration, or any of the signs of a diffuse inflammation more or less superficial in character, and remember that the lesions of eczema never leave any scar. *Wherever you find cicatricial tissue, you may exclude eczema.*

The affections which may resemble eczema are lichen ruber, lichen planus, herpes, papular or vesicular syphilides, erythema, lupus, psoriasis, seborrhœa, syphilides of palms, pityriasis ruber, erysipelas, scabies, sycosis, tinea tonsurans, tinea barbæ, pemphigus foliaceus, and urticaria. Time will not allow a differentiation from each of these various disorders. I shall, then, present only the differential points of the more common affections, realizing that I must already have taxed your patience and courtesy.

An eczema capitis may be mistaken for a seborrhœa, a psoriasis, a tinea tonsurans. In seborrhœa the lesion is apt to cover the whole scalp; in eczema, not to so great an area. In sebor-

rhœa the scales are fatty, and may be in quite large flakes. In eczema the lesion relic is more of a crust than scale, or crust mixed with scale showing signs of being a dried exudation. In seborrhœa, removal of the scale shows either a normal surface, or a scalp very pale and white, or pale red, but perfectly dry. In eczema, removal of the crust shows a red, inflamed surface, with perhaps some exudation.

In psoriasis of the scalp, psoriasis will generally exist elsewhere on the body; lesions will be along the frontal border of the hair, and down the sides of forehead, a site of predilection for this disease, but not of eczema. The general differences between psoriasis of the body and eczema are, in psoriasis, the lesions are sharply defined, may be more or less isolated, and sometimes healing begins in the centre of a patch. In eczema the lesions are not sharply defined, tend to coalesce whenever in proximity, and *never* heal in the centre. The scales of psoriasis are pearly white in color, and, being shed, leave a dry surface, which, being scratched, causes an oozing of blood from several minute points.

Psoriasis is not eminently an itchy disease: eczema itches very much.

To diagnose an eczema of the scalp from tinea tonsurans is by no means an easy matter, the best experts being puzzled sometimes; yet it is a necessary and desirable thing to do, as tinea tonsurans is a most intractable disease, and one in which early neglect may result in more or less disaster. A patch of tinea is usually more or less circular in form,—an eczema irregular in shape. The tinea extends by peripheral growth; the eczema not. The tinea is covered by grayish scales; the eczema, by a dirty, greasy, yellow crust. In tinea the hairs are broken off; in eczema, hair not affected.

Eczema barbæ may be confounded with sycosis and tinea barbæ. In sycosis the inflammation is a perifolliculitis; and the centre of each papule or pustule will be seen to be pierced by a hair, and the patch never extends to the surrounding non-hairy skin. In eczema the inflammation is diffuse and general, the tissue between the follicles being involved, as well as the follicles. The crusts are larger in extent, and the patch often extends to non-hairy parts.

In tinea barbæ the inflammation is limited and sharply defined, and after a little time causes cherry-sized nodules, from extension of the parasite into the hair-follicle.

In a papular syphilide the papules are larger and firmer: the redness does not disappear on pressure. There is a tendency to grouping. Papules are apt to be generally diffused over the body, and other signs of syphilis are to be looked for. A small,

flat, fissured papule at the corner of the mouth, especially if the fissure is deep, is always to be viewed with distrust.

A pustular syphilide of the scalp is very like an impetiginous eczema; but, on removal of the crusts, ulceration with a dirty base will be found; while eczema *never* causes ulceration.

Palms and soles affected with a squamous syphilide often present a knotty problem to the practitioner, a squamous eczema looking very much the same.

In syphilis, both hands and feet are apt to be involved; in eczema, not so much. In syphilis, one may find evidences of deep, firm infiltration; in eczema, not so deep seated nor so firm. In syphilis, a circular or serpiginous border; in eczema, border more irregular. In syphilis, tendency to heal in the centre; in eczema, never.

Herpes — In herpes, lesions are all of same age, and present same appearance. In eczema they are of different ages, and present different appearances. In herpes, vesicles tend to dry up; in eczema, to rupture, and form crusts. In herpes, lesion more burning in sensation; in eczema, more itching.

From eczema, lupus may be distinguished by the extreme chronicity and slow growth of the lupus, it often requiring years for the growth of a patch an inch in diameter. Lupus is covered with small, adherent crust, having on its under side plugs of sebum extending into orifices of the glands. Eczema has nothing of the kind. Crust of eczema is not adherent, and causes not much pain in its removal.

Such are the differential diagnostic points of some of the more common diseases resembling eczema.

TREATMENT may be local, or general, or mixed, advocates of each method being many. Broadly I may say, that the German school rely very largely, indeed almost entirely, on local external applications, except in those infectious diseases of which syphilis may be a type. The French school rely greatly on internal treatment. The English and American authorities use largely a mixed treatment.

Fox of New York says, Diagnose carefully your eruption, and decide on your local application; then carefully examine your patient, and prescribe for him as though he had no eruption at all; i.e., treat the patient, and, in so doing, you will treat the cutaneous lesion. The relative merits of these differing opinions, it is not the province of this paper to discuss. Many are waiting, I understand, to speak to you on the internal homœopathic treatment of this disease. It only remains for me, then, briefly to outline what is done locally at the present time. Tersely it may be stated thus: In acute eczema, soothe; in chronic eczema, stimulate. In acute eczema, cooling lotions, as

cold water, or alkaline solution of soda or potash  $\frac{1}{2}$ ʒ to Oj, applied by means of linen strips, laid over the part, and kept constantly wet. When there is much itching, a one-per-cent solution of boracic or salicylic acid is very grateful. Carbolic acid also tends to ameliorate itching. In intertrigo, after applying lotion, the parts should be kept apart by borated cotton. The local application of hot water, followed by some dusting powder, has proved very efficacious in some cases under my own observation. As a dusting powder, lycopodium starch, talc powder, etc., are the best. Finely powdered starch, for most uses, is the purest and best, and may be easily medicated by whatever we wish. If there is pretty free exudation, gypsum incorporated with the starch, in proportion of one part to eight, is very serviceable. As the acuteness of the symptoms subsides, bland ointments may be used. An ointment should be smooth, non-irritating, and not liable to become rancid. The unguentum zinci, either alone, or in combination with benzoic acid, or glycerine and mucilage acacia, is extensively used by the old school.

The local treatment of chronic eczema would fill a paper in itself; and here I can but hint at a few of the multitude of applications in vogue at the present day, and recommended by different authors. The general indications are, first, to remove crusts and scales; second, lessen the infiltration. To remove crusts and scales, the means employed will depend somewhat on the location of the trouble. If upon the scalp, some bland oil, such as almond or olive oil, should be employed, the scalp being thoroughly saturated; or strips of soft linen or cotton, dipped in the oil, bound on to the head, and allowed to remain over night. In the morning, by the use of a shampoo with some mild soap, — preferably Pear's Glycerine, — the crusts and scabs will easily be removed. If now we find a freely exuding surface, the dusting powders mentioned above would be in order: on the contrary, if there is comparatively little exudation, especially with a considerable degree of inflammation, apply some paste or unguent. Often simple protection of the part is all that is necessary; and for this there is no better application than the Lassar Paste, so called, consisting of equal parts of precipitated zinc oxide and starch, and double the quantity of vaseline. If astringent effect is desirable, five to ten per cent of bismuth subnitrate may be added; or, stimulation being sought, oil of cade or some of the tar applications; or salicylic acid may be incorporated with the Lassar.

In old cases of squamous eczema, removal of the scales may be obtained by vigorous rubbing with hot water and Tr. green soap. A lather formed with the *sapo viridis* itself is often effi-

acious, a stimulating effect being obtained, as well as the desired removal of the scales and crusts.

To remove infiltration, especially when — as often occurs upon the palms and some other regions — there appears to be great thickening of the corneous layer, the local application of a ten-per-cent solution of salicylic acid in flexible collodion, or of unguentum acidi salicyl., is very serviceable, this medicament apparently having some elective action on the corneous layer of the epidermis. Better than all else, however, in the majority of cases, for the purpose of removing infiltration, is the application of rubber cloth, or the rubber dam used by dentists. This should be accurately applied to the part (rubber surface in contact), but should *not* be stretched so as to exert any pressure on the part. Every twelve hours this rubber should be removed, the surface thoroughly washed, and the rubber again applied, the cutaneous surface meanwhile having been gently wiped, but *not washed*, with a soft cloth. The effect of this often is to produce the abstraction of a large amount of serum from the part, the thickened epidermis thereby being macerated, thinned, and softened.

Among the stimulating applications in use, time-honored tar still holds an honorable place. The oil of cade seems to be the favorite preparation, and is used, in strength, from one to one hundred per cent. The salicylic acid preparations, above referred to, are also often used when stimulation of the corneous growth seems to be especially desirable. Balsam Peru, in zinc oxide unguentum, proportion of one part to five, or Tr. benzoin in combination with same, are frequently used. The latter is especially desirable when the part is exposed, as upon the hands. Chryso-robin, two to ten per cent solution, is used when quite decided stimulating effect is desired. It cannot, however, be used upon the face, and must always, at first, be applied with caution, some skins being excessively sensitive to its action.

Such are some of the local applications, alone or in combination, in use at the present day in the dispensaries and hospitals more especially devoted to the treatment of cutaneous affections. To those of us who have looked over the recently published list of cerates manufactured by Messrs. Otis Clapp & Son, many preparations will suggest themselves, as promising much in the local treatment of this protean disease. In closing, I have to suggest for your thought, and, if you please, discussion, the question as to how far the purely local effects of a medicament, applied to the external surface, are to be received as guides for its internal administration in diseased conditions.

*TREATMENT OF ECZEMA.*BY J. H. SHERMAN, M.D., BOSTON.<sup>1</sup>

It appears to me, that, in order to treat eczema intelligently and understandingly, it is necessary to first determine whether it is a constitutional or a local affection. According to the German school, eczema is a local disease. The French school has always been the champion of the constitutional nature of eczema. The English lay great stress upon its dependence on gout, rheumatism, and dyspepsia. From the limited information I am able to get from reading, the preponderance of evidence is decidedly in favor of considering the disease as a local disorder, depending upon no particular blood state; that the essence of the disease is a misbehavior of the cell elements of the rete and the epidermis; that this misbehavior is due to perverted innervation,—a lowered nerve-tone being essential for eczema to exist. The eczematous subjects, as a rule, are thin, with little subcutaneous fat; their skins are dry; the pores are closed; they are not robust and vigorous, and they become easy subjects to causes acting from within and without.

If, then, eczema depends largely upon a want of nerve tone, it is manifestly necessary to address our treatment to the upbuilding of the nerve-tissue; and how can we better do this than by first attending to the sanitary condition of our patients, including diet? This I would call the groundwork of treatment. Considering the disease as local, the local treatment is essential, and should be of a soothing character. Water-dressing, lime-water, and olive-oil, so effective in a similar form of dermatitis caused by burns, makes a suitable dressing: powdered starch is another suitable application where there is free oozing from the skin; it serves to protect the inflamed surface from the air, which acts as an irritant. But the starch should be removed as often as twice in twenty-four hours by means of flaxseed emulsion, or a slightly alkaline bath.

There are internal conditions which oftentimes serve as factors in eczema, and tend to perpetuate it, which require internal treatment. These conditions are defective liver or kidney action. I would not expect to cure a case of eczema where bile products were circulating through the blood, and fouling its current, nor where uric acid was freely circulating throughout the system. Ascertain, then, if these conditions exist, and meet them by timely administration of podophyllin,

<sup>1</sup> This paper was prepared for the Boston Homœopathic Medical Society by Dr. Sherman, in the anticipation that the discussion of the subject would be resumed at its next meeting. This was not done, and the paper therefore is now for the first time presented to the profession.

or the effervescing citrate of lithia, unless you know of a better way of accomplishing the result. Briefly, I believe all there is valuable in medicine in this disease consists in its power to restore tone to the nervous system, and rid the system of the excreta circulating in the blood-current, and acting as a local irritant to the skin. I am faithless as to the curative action of any medicine internally administered to cure a dermatitis caused by a burn, and equally faithless in the action of medicine internally administered to cure a dermatitis caused by the sun's rays, lime, soap, blacksmith's forge, or baker's fire. If any want to immortalize themselves, let them go into the business of proving remedies that will show us any thing like a true eczema. I consider it no argument for the use of croton-oil, that it has the power, when externally applied, of producing a pustular eruption which has hardly a resemblance to the disease under consideration. It acts as a local irritant, like nitric acid, and might be taken internally until doomsday without calling into existence a single vesicle. I will contend as strongly for the honor of the homœopathic flag that I have fought under for more than a quarter of a century, as any one; but I believe in calling things by their right names, and not claiming that which is not true.

I do not believe in the theory that has been advanced here, that the disease is repelled from the external to the internal surface of the body. Fox, on "Skin Diseases," says, "The question as to whether the rapid cure of eczema may be prejudicial to the patient has been freely discussed. The experience of nearly all dermatologists answers this with an emphatic negative." Those cases that seem to favor this view are cases of substitution. An attack of intestinal, gastric, or bronchial catarrh is often relieved by the appearance of eczema, and *vice versa*. These cases occur naturally, and are not dependent on any treatment. As an illustration of this view, I will relate my experience in two cases: the first was my own child; and you may be sure, if I had had any doubt about the expediency of this treatment, I should not have made my only child a test case for the experiment. The child was six months old, and nursed by her mother; was fairly nourished and tolerably healthy, suffering only from attacks of wind colic. The mother one day, while combing the child's head, observed a small cluster of shining vesicles; the following day the patch had increased, and two other patches had sprung into existence; and in a very few days a considerable portion of the scalp and forehead became involved, those vesicles first appearing having broken, and already there was considerable crusting. With a weak solution of bicarbonate of soda, the crusts were removed, and the surface

rendered as dry as possible by pressing upon it a soft towel. I then, with a camel's-hair brush, applied a solution of nitrate of silver, twenty grains to the ounce, to all the diseased parts. This apparently gave very little pain, and the inflammation seemed subdued as by magic. A slight crusting formed on the diseased surface, which was easily removed a few days subsequently, and a clean, healthy surface was brought to view. Well, did the child die of convulsions? was it thrown into consumption? or did it have meningitis? I am happy to report that it had no disease whatever. She is now three years in the Girls' High School, Boston; never has been absent but one day in consequence of illness; has never had any disease, except measles, chicken-pox, whooping-cough, and scarlet-fever, all occurring in one year; and is as healthy a girl, and with as fair a skin, as is usually seen.

Case No. 2 was the child of an intimate friend from my boyhood, who had spent hundreds of dollars, as he told me, for the treatment of this child, who had been under the care of a noted homœopathic physician from its early infancy. The attacks seemed to be recurrent, though never fully cured of any one. The eczema was limited to the scalp; and when I was called, the disease had re-appeared with its original freshness. I painted the scalp with the nitrate of silver, and the disease was cured; for it has never re-appeared, and the child is now eighteen years old; was six at the time of treatment; had been before treatment subject to asthma, and has been since otherwise perfectly healthy.

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#### *A CLINICAL EXPERIENCE.*

BY H. M. POTTER, M.D., GARDINER, ME.

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

THE following case illustrates the mischief arising from the indiscriminate use of pessaries in uterine deviations and displacements. In my opinion, a pessary should be used only as a temporary support, — very much as a lame man uses crutches. When properly fitted, they undoubtedly give great relief; but in a large proportion of cases I get better results, when local treatment is necessary, from the application of the tampon, or cotton pessary, properly medicated. Yet we cannot altogether refuse to use pessaries, as in cases of prolapsus in old ladies, displacements occurring in pregnancy, and scirrhus.

Jan. 5, 1885, Mrs. P.—, aged thirty-three, came to my office, saying that three months before a physician had fitted a pessary, telling her she had “procentia.” The pessary had not been removed during the menstrual periods, and, upon removing it,

found it in a disgustingly offensive condition. The cervix uteri was abraded, ulcerated, and greatly swollen. The patient complained of great fatigue when standing or walking, constant pain in the lumbar and sacral regions, a persistent, offensive leucorrhœa, severe frontal headache, no appetite, and what little food was taken disagreed. Internal remedies given were *bell.* and *ant. tart.* Locally applied a large tampon of absorbent cotton saturated with glycerine, and glycerole of bismuth and hydrastia.

Two weeks later, upon local examination, found the abraded cervix healing, and the swelling reduced. Leucorrhœa still profuse. Gave *nux vomica* and *ant. tart.*, directing the patient to use vaginal injections of hot water and *pinus Canadensis*. Applied tampon as before, to be removed in twenty-four hours.

Two weeks later, found the cervix uteri entirely healed, although still somewhat tumified; the patient looking and feeling much better. Prescription locally and internally same as before.

Jan. 31, — the last time I saw her, — she said she felt better than she had for two years. The cervix uteri was normal in size, leucorrhœal discharge very slight, appetite good, and the headache and gastric symptoms had entirely disappeared.

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#### BAPTISIA FOR DYSENTERY.

TO THE EDITOR OF THE NEW-ENGLAND MEDICAL GAZETTE.

There have been a number of severe cases of dysentery in this place during the past season. While there has been a high fever, pulse from 100 to 120, and temperature 103° or more, there have been no characteristic typhoid symptoms. I have generally commenced treatment with the seemingly indicated remedy, with no very marked result; but have changed to *baptisia* with improvement at once. It has helped me out in severe cases of this disease heretofore, though the symptoms have not especially corresponded to the provings of it found in the books. I believe *baptisia* has virtues not generally known, or ascribed to it, and that it will prove to be one of our most valuable remedies in dysentery as well as typhoid-fever.

Should any of your readers have a troublesome case, I hope they will try this remedy, and report the result.

C. H. COLGROVE, M.D.

## OBITUARY.

HON. OTIS CLAPP, publisher of THE NEW-ENGLAND MEDICAL GAZETTE for two-thirds of the period of its existence, died at the residence of his son in Brookline, Mass., on Saturday, Sept. 18, 1886, aged eighty years and six months.

He was born in Westhampton, Mass., March 8, 1806; his father being Elisha Bascom Clapp, and his mother Sally Hale Clapp, sister of Hon. Nathan Hale, formerly editor of the "Daily Advertiser." When seventeen years of age he came to Boston, and entered the counting-room of the "Advertiser," living in the family of his uncle Nathan Hale. After leaving that place, he published for a while the "New-England Galaxy," which had then just been relinquished by James T. Buckingham. A partnership was subsequently entered into with Charles Stimpson, under the firm name of Stimpson & Clapp, booksellers and publishers, Mr. Hale being a silent partner. They published a series of volumes under the name of "The American Library of Useful Knowledge," the first of which contained a preface by Nathan Hale, and lectures by Judge Story, Daniel Webster, Edward Everett, and Lord Brougham. They also published annually the Boston Directory. This partnership was dissolved in 1832, and Mr. Clapp became the publisher of New Church works, including those of Swedenborg; also of the "New Jerusalem Magazine" from 1832 to 1858, and the "Children's New Church Magazine" from 1843 to 1858. He had served the city as ward inspector of elections, warden, member of the Common Council in 1844, 1845, and 1846, from Ward 6, when Hon. Peleg W. Chandler was president of the Common Council and Hon. Martin Brimmer was mayor; member of the Board of Aldermen in 1859 and 1860, being chairman in the latter year; member of the Board of Land Commissioners; the Board of Assessors; and for eight years one of the board of visitors of the Boston Lunatic Asylum. In 1851 and 1854 he was a Representative in the State Legislature.

He had been connected with several associations for charitable objects. At the time of his death he was president of the Washingtonian Home, a charitable inebriate-asylum of this city, having held that position since 1862. At the dedication of the new building of the Home on Waltham Street, in 1873, he delivered the address. Mr. Clapp has been actively connected with the Home for Little Wanderers since its organization, and at the time of his death was one of its directors. This has been

one of the most beneficent of the many charities of Boston. Every Sunday morning, for many years, he attended the service at the Home, and talked to the children, with whom he was always a great favorite. On Sunday evenings, also for years, he could be seen at the meetings of the Washingtonian Home, with a little Bible in his hand, reading and commenting on the different portions of the Scriptures, and addressing the inmates and others who might be present. He was one of the earliest and most earnest workers, many years ago, in the cause of cheap postage, and was also in favor of the construction of the Hoosac Tunnel. During more recent years he has publicly spoken and written in favor of a reform in the rates of railroad transportation. He has been a prominent advocate of most of the public movements for the improvement of the morals or the material well-being of the community during the last quarter of a century.

From 1862 to 1875 he was assessor and then collector of the United-States internal revenue for the Fourth District in Massachusetts. On his retirement from that office, on account of the reduction of the number of districts in the State, the presentation of a gold-headed cane from his assistants testified to their regard. From a statement made by himself at the close of his twelve and a half years services as assessor and collector, we learn that the total amount of internal revenue collected in the Fourth District, which was under his supervision during the whole time of its existence, was over twenty-one and a half millions of dollars. The amount in all Massachusetts, during the same time, was \$162,722,562; and in the whole country, \$1,812,495,336. The cost of collecting these large amounts for the time between Sept. 1, 1862, and June 30, 1867 (nearly five years), was, in the whole country, 2.83 per cent; while in Massachusetts it was but about 1.5 per cent.

Mr. Clapp was most active in conducting the gatherings of the Clapp family, and was chairman of the Committee on Publication, which had charge of the printing of "The Record of the Clapp Family in America." He took great interest in statistics, and possessed the rare faculty of deducing useful and interesting data from figures.

He married, first, Aug. 29, 1833, Ann Withington Emery Porter, daughter of Sylvanus Porter of Boston. She died Oct. 27, 1843; and he married, second, Oct. 2, 1844, Mary Hadley, daughter of Deacon Moses Hadley of Boston. She died Dec. 10, 1871. By his first wife, one son, Joseph, of Chicago, survives him; and by his second wife, two daughters and one son, the latter well

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known to the readers of THE GAZETTE as the junior partner of the firm of Otis Clapp & Son.

Mr. Edwin Thompson recently wrote to the "Traveller," that "Mr. Clapp was the only acting mayor of Boston who ever protected an anti-slavery meeting against a pro-slavery mob. In December, 1860, the Parker Fraternity invited Wendell Phillips to occupy their pulpit at Music Hall. It was a most trying time in the history of the abolition movement. The excitement was so great against the abolition cause, that the trustees of Music Hall, fearing the mob might burn or tear down the building, were in doubt whether to allow Mr Phillips to speak there, although they had consented to do so.

"Mr. Lincoln, the mayor, being absent from the city at the time, Mr. Clapp, as chairman of the Board of Aldermen, was the acting mayor. He said the directors of Music Hall called upon him for advice upon the subject late Saturday evening; and he told them, if they had agreed to the lease, there was only one course to pursue, and that was 'to go ahead,' and he would furnish sufficient police force to protect Mr. Phillips. The city government, that Sunday, was a government indeed, under the direction of a true, faithful, and brave man. The meeting was held on Sunday, Dec. 16. In accord with his promise, Mr. Clapp had furnished a sufficient number of police, and was on the platform himself, sitting near Mr. Phillips, with the city solicitor next to him. The chief of police was also on the platform, with other policemen; and members of the detective force were also present, watching the movements of the mob.

"Although the meeting was held in broad daylight, being the regular service, yet the mob made many noisy demonstrations, as Mr. Phillips made one of his most bold and most exciting speeches. About a hundred friends walked home with Mr. Phillips, and he was surrounded by a strong police force under direction of Deputy Chief Ham. The mob completely blockaded Winter Street; and after Mr. Phillips arrived at his home, Mr. Ham requested the crowd to disperse, and all was quiet. Mr. Phillips stated in his address, that some time previously certain men, supported by the mayor, had broken up an anti-slavery meeting. This was not Mayor Lincoln. The course pursued by Mr. Clapp shows that where a city government is what it ought to be, free speech will be protected. If Mr. Clapp had done nothing else, this one act of faithfulness to duty should make his memory precious to every friend of good government."

The following testimonial to the worth of Mr. Clapp in public affairs appeared in the "Hingham Journal" of Sept. 24:—

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“The death of Otis Clapp removes from the circle of the eminent men of Boston one of its most brilliant names. I hardly mean by this, that he was the greatest orator, or the greatest statesman; but I do mean to say, that for clear-headedness, and for a correct idea of what Boston should be in the future, so far as her Western connections were concerned, Otis Clapp, next to P. P. F. Degrand, stood first. He, like Degrand, was willing to take the obloquy of what fifty years ago was considered the acme of absurdity. Degrand said in Faneuil Hall, ‘You will want for the Boston and Worcester Railroad fifty acres of land,’ and he was hissed. Years later, Otis Clapp, in his quiet way, said to the committee of the Massachusetts Legislature, ‘Gentlemen, the time is not far distant when you will bring coal and cotton to your great manufacturing centres, such as Lowell and Lawrence, by rail;’ and they *hissed him even in the committee*. He held his own; and though such men as Frank Bird of Walpole, Chester W. Chapin of Springfield, Hon. Daniel L. Harris of the same place, attempted to laugh him to scorn, he held on. He had a belief in the Hoosac Tunnel, because he believed at that time that the Hoosac Tunnel route was the only route that could with a certainty overcome the Erie Canal, and restore to Boston her prestige. He fought the battle on this line; and it was due to him, more than to any one else, that the Tunnel loan of 1854 was carried through. But it would be injustice to his memory if I should stop here.

“It was said, and said truly, that great bribes were offered to secure the passage of this loan act; but Otis Clapp never touched the value of a penny. It was said that Emory Washburn, the nominee for Governor the year previous, and who *as* Governor signed the loan act, was bribed. No such idea ever existed in the minds of the friends of the tunnel. This much, however, must be admitted: Emory Washburn, *as* the nominee, *did say*, that if the people through the legislature did desire that the State should loan its credit, he, if elected Governor, would not interpose his veto. This was Otis Clapp’s opportunity, and with a zeal and fervor rarely witnessed in the lower branch he urged the claim for the loan; and it was carried, and I might say *solely*, through the convincing arguments of Otis Clapp.

“Did he receive any compensation? No! emphatically no! Contrast his course with the others. Judge Welles of Greenfield presented his bill for three thousand dollars, for an opinion that was worth nothing; Elias H. Derby presented his bill for thirty-five hundred dollars, for an opinion worth nothing; the treasurer of the corporation, Wendell Thornton Davis of Greenfield, drew his salary regularly. In 1854 Colonel Serrell was selected by the directors as contractor. He proved to be a fraud of the first water — ran the corporation in debt to the amount of nineteen thousand dollars. Otis Clapp put his hand in his pocket, and paid more than his share to relieve the corporation. Then came the advent of Herman Haupt; and Otis Clapp believed in him, and consented to be the president of the corporation. Haupt’s failures, his dodges and subterfuges, are a matter of history. He was a disciple of Simon Cameron; and he came to this State with an engineering certificate, hoping to push Massachusetts as Cameron had pushed Pennsylvania. Whether for better or worse, Haupt’s plans were exploded. Still Otis Clapp stuck to the idea of the tunnel, and lived to see this great engineering problem solved. He also adhered to Haupt up to the time when the State purchased the franchise of the Troy and Greenfield Railroad. When Haupt turned to him, and said, ‘Mr. Clapp, you are entitled to so much money,’ Clapp turned to him with as much scorn as his nature would admit of, and said, ‘Sir, what I have done I have done because I believed it was right, not for the hope of gain;’ and he never touched a dollar,

though he had expended thousands in time, cash, and labor. Contrast this with the other members of that clique who drew hundreds of thousands of dollars from the State treasury without a shadow of reason, either for services rendered or money advanced.

“In the death of Otis Clapp, Boston and the State both lose an honest man, a conscientious man, and a man whose elaborate study of the future prospects of Boston has, more than any one else, brought Boston to its present status.”

Otis Clapp was best known to the readers of this journal as a HOMŒOPATHIC PHARMACIST, and the publisher of homœopathic books. The late Dr. Samuel Gregg was the pioneer of homœopathy in New England, and he commenced its practice in the winter of 1837-38. Then followed Drs. Josiah F. Flagg, Charles Wild, and John P. Spooner. Next, and therefore almost as soon as homœopathy was established here, Otis Clapp's pharmacy, the first of the kind in New England, and, with one exception, the first in America, was opened at No. 121 Washington Street, Boston, in 1840, in a very small way. It arose from his acceptance of the agency for obtaining subscribers to the “Homœopathic Examiner,” published in New York, and edited by Drs. Gray and Hull, which he advertised, obtaining six subscribers.

Homœopathy soon became more widely known, partly through the “kind” efforts of Dr. Oliver Wendell Holmes, in delivering his lecture on “Homœopathy and its Kindred Delusions” in various places. Mr. Clapp has since often referred to his first acquaintance with Dr. Holmes, which was just before the delivery of this lecture. A little man called at the store one day, and, after spending some time looking over the collection of homœopathic books, asked permission to borrow what he wanted, promising to return them in a few days. Permission was granted, and the promise fulfilled.

In 1842 the English literature of homœopathy consisted only of a few small volumes, and a few pamphlets. About this time Dr. Luther Clark visited Philadelphia, and, becoming acquainted with Dr. Hering and a few other physicians, arranged with them to send Mr. Clapp some books and medicines. Mr. Clapp purchased a fifty-dollar case of tinctures and triturations; and from this “infinitesimal” beginning arose his present pharmacy.

He began to make his own dilutions, and to medicate and put up cases; and his room became, and has continued to be, a kind of exchange for the whole profession in New England.

“The aversion to this system,” writes Mr. Clapp, “was at this early time intense; but there were always influential families that had full confidence in it, and were unmoved by all assaults. One of these was the late George F. Farley, Esq., of Groton.”

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He purchased the 'Organon,' 'Materia Medica,' etc., at an early period, and studied them profoundly; and nothing suited him better than to try conclusions with his legal and medical brethren, on the principles and merits of the two schools. There were other gentlemen holding the highest positions in science, literature, and the various professions, that did good service with the pen, the tongue, and by example, to create a healthy public opinion on the subject of the new system. Persons of the present day cannot realize the intensity of the opposition, and constancy of assault, both in public and private, which homœopathy had then to contend with."

In 1841 the pharmacy was moved to 12 School Street, and afterwards to No. 23 School Street. In 1856 it was moved to its present location, No. 3 Beacon Street, near the Tremont House. In the summer of 1880 extensive additions and improvements were made to the premises, so as to make it one of the largest and most complete pharmacies in the world. On Jan. 1, 1874, James Wilkinson Clapp was admitted as junior partner, and the firm became Otis Clapp & Son.

A list of the earlier homœopathic publications of Otis Clapp can be found in Vol. I., Transactions Mass. Hom. Med. Soc., pp. 93 *et seq.*; and the later publications of the firm are well known to most of the readers of THE GAZETTE.

He took great interest in all homœopathic institutions. He was the first president of the Boston Homœopathic Dispensary, and vice-president of the Massachusetts Homœopathic Hospital, which offices he held continuously till the year preceding his death; and scarcely a meeting was held at which he was not faithfully present.

Mr. Clapp, as a business man, was successful; and, what is of far greater importance, everybody bears testimony to the fact that all through his life his business methods were strictly *honest*. He would rather live and die a poor man, and deprive himself of luxuries and comforts, than gain riches at the expense of others, or by any questionable transactions. Young and old seem to agree, that, to a remarkable extent, he merited and received the respect and approbation of all with whom he came in contact; and so amiable was his disposition, that those who saw much of him rarely failed to love him. The genuine grief at his loss, of a little girl only six years old, who had seen him and talked with him at his store a few times, may be given as an illustration. On being told of his death, she exclaimed spontaneously and with much feeling, "I am real sorry Otis Clapp is dead. He was such a nice old man, a lovely old man."

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Genial, kindly, cheerful, always ready and happy to do one a service, although quiet in his manners and never boisterous, he yet had energy, perseverance, and moral courage enough to accomplish a great deal of good in this world. In both public and private trusts, he was always conscientious and faithful. Perfectly upright, of strict integrity, a thoroughly true and noble man, his loss will be deeply felt.

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### SOCIETIES.

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#### *MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.— SPECIAL MEETING.*

A SPECIAL meeting of the Society was called by the president in due form, on Tuesday, Sept. 21, 1886, on account of the death of Hon. Otis Clapp.

The meeting was called to order at 9.15 A.M., by President Walter Wesselhoeft, who said that the meeting was called to take some action upon the death of Hon. Otis Clapp. Mr. Clapp was not a member of the society: yet it seemed fitting that some action be taken by the society, as he had been so closely identified with homœopathy and its interests, and was, at heart, one of us. Dr. Wesselhoeft then called for remarks from any present.

Dr. C. H. Farnsworth of East Cambridge said he had known Mr. Clapp for many years, and had always most highly esteemed him for his interest in all that pertained to the general good and advancement of society at large.

Dr. J. Heber Smith of Boston moved "that a committee of three be appointed by the president to prepare suitable resolutions, and that their report be presented at the next regular meeting of the society." Seconded and carried.

The president appointed the committee as follows: Drs. J. Heber Smith, James Hedenberg, and H. C. Clapp.

Continuing remarks, Dr. H. C. Clapp said, that among his many good qualities was his sterling integrity to all trusts, public as well as private, and his absolute honesty of deed as well as purpose. He esteemed him as a very great man.

Dr. L. D. Packard of South Boston knew Mr. Clapp more as a public man. He was a perfectly square man, and possessed to a remarkable degree the ability to gain the confidence of one, even at first sight.

Dr. J. Heber Smith of Boston related some reminiscences of the earlier days of homœopathy, and had always associated

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Mr. Clapp with homœopathy here in New England. He had known him for years; and beneath his natural quiet reserve, he held himself warmly toward all the younger men. Whatever he condemned, he did it in a spirit of humanity and love, and did it quietly. Personally he did not know much of Mr. Clapp's city official life, but knew that he was identified with all public presentations of homœopathy.

Dr. Conrad Wesselhoeft of Boston said he was a devoted friend of homœopathy under all circumstances. He noted as a singular fact, illustrated in the life of Mr. Clapp, the community of interest, the spiritual feeling of union, between homœopathy and the New Church. Dr. Wesselhoeft had sought to find out of what this affiliation consisted; and thought it was the spirit of gentleness pervading both, the similarity of thought and feeling. In the early days of homœopathy, many of its most ardent friends and patrons came from the New Church, and proved the most rational of patients who cultivated and appreciated the spiritual essence of homœopathy. Homœopathy had a moral and a reformatory basis which proved attractive to the New Church, and Dr. Wesselhoeft explained Mr. Clapp's devotion to both as due to the gentle qualities within himself.

Dr. F. H. Krebs of Boston felt we had met with an irreparable loss. He had known Mr. Clapp well for thirty-five years. His conversation was pure, true, and loving; and he never left him without feeling charmed by his presence, and that he had received personal benefit. He was a large benefactor to the poor, not only on account of financial aid, but for his gentle, wise, and sound advice. He had rarely met his equal.

Dr. J. H. Sherman of South Boston related how Mr. Clapp helped him when he first began practice, giving him all needed help to start, with privilege of paying when he could. Also, his encouragement was of the best. Advice and information were given freely, and with rare judgment. Dr. Sherman thought Mr. Clapp had been a large benefactor to young men about to start in the profession.

Dr. C. Sturtevant of Hyde Park came to Mr. Clapp with a letter of introduction, and found the warmest reception. He always remembered him, always had a word of encouragement and kindly advice. Dr. Sturtevant felt a sense of personal loss in his decease.

The tribute to Mr. Clapp was spontaneous and general; and rarely, if ever, have such expressions of esteem been given by the profession for a layman.

N. W. EMERSON, *Rec. Sec'y.*

WORCESTER-COUNTY HOMŒOPATHIC MEDICAL  
SOCIETY.—AUGUST MEETING.

THIS Society met at its regular place of meeting, in Worcester, Aug. 18.

There was not the usual large attendance of physicians, but the limited number present enjoyed a very profitable session.

The discussions were almost entirely given up to the subject of infant-feeding. Dr. C. O. Goodwin of Worcester read a paper on the "Allotrophy of Starch," and made it exceptionally interesting by frequent use of the blackboard and chemical experiments. There seems little doubt of the expediency of such discussions. Their manifest superiority over the ordinary routine of business at medical meetings needs no argument.

Let us have more of them, and fewer "papers" that are little better than transcriptions from dusty text-books.

G. A. SLOCOMB, *Cor. Sec'y.*

MILLBURY, MASS., Sept. 20, 1886.

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REVIEWS AND NOTICES OF BOOKS.

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A REPERTORY OF THE MOST CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. Edited by George William Winterburn, Ph.D., M.D. New York: A. L. Chatterton Co., 1886. 182 pp.

This handsomely-gotten-up little book contains many hints useful to the prescriber, offered in condensed and available form, and bears evidence of much pains-taking work on the part of the editor. We regret, however, to note the not infrequent incorporation of symptoms which go far to render the title—as far as the phrase "most characteristic" is concerned—a sad misnomer. Such symptoms are "entangled hair," for which the uninitiated would naturally prescribe a comb; "dreaming of pins," "rumbling in spleen;" while, to suggest the administration of lachesis or arsenicum in apparent death from drowning or freezing, is to lead homœopathy to the perilous brink of a *reductio ad absurdum*.

A DECALOGUE FOR THE NURSERY. By S. J. Donaldson, M.D. Boston: Otis Clapp & Son, 1886. 278 pp.

Practitioners of medicine will universally agree with Dr. Donaldson, that "the highest office in the department of domestic therapeutics consists not in the knowledge of pathology, the

action and proper administration of drugs, or familiarity with technical matter;" but rather in the "practice of those fundamentals of correct living that shall avert disease." This practice the author strives to inculcate by his brief chapters devoted to the enunciation of a nursery decalogue, whereof the divisions treat of the washing and clothing of infants, bodily posture, infant diet, dentition, fresh air, nursery appurtenances, early indications of disease, the right and wrong use of drugs, domestic treatment of disease; and selection, preparation, and use of remedies. An appendix, "Nursery Scrap Basket," contains many useful and humanitarian hints. The mission of the little book is a most important one, and on its mission we wish it all success. Its neat and attractive appearance recommends it as a nursery ornament as well as counsellor.

**MEDICINE OF THE FUTURE.** By Austin Flint (Senior), M.D., LL.D. New York: D. Appleton & Co., 1886. 37 pp.

This address, the last literary work of one of America's most famous physicians, will find honored place as a *souvenir* of one who, in a life of exceptional activity, exercised an exceptional influence on the convictions and practice of his colleagues. In the address, the paths in which, in Dr. Flint's opinion, medicine is bound to progress, are pointed out; many of the paths being those lately illumined by physiological experiment and discovery. The prophetic view is an optimistic one.

The address is offered, as befits a memorial volume, in an *édition de luxe*, and is enriched by a fine likeness of Dr. Flint, with *facsimile* of his autograph.

**A SYSTEM OF PRACTICAL MEDICINE BY AMERICAN AUTHORS.** Edited by William Pepper, M.D., LL.D., assisted by Louis Starr, M.D. Vol. V. Philadelphia: Lea Brothers & Co., 1886. 1,326 pp.

The appearance of the fifth and last volume of this magnificent work marks the completion of a task of which editors, publishers, and contributors may alike be proud, and whereof the possessors may well congratulate themselves. No feature of the work but calls for commendation, whether we regard the prompt appearance of the successive volumes, the faithful adherence to the original plan and promise of the work, the admirable literary style and scientific value of each essay, the eminent ability of the contributors, or the practical utility of their treatment of the themes intrusted to them. The work is, if for the sake of terseness we may permit ourselves a bit of slang, an "all around" success. Its weak point is, of course, on its therapeutical side, which is but another way of saying that its thera-

peutics is of the "rational" school. Its encyclopædic character is sufficiently shown in the fact that it contains 155 papers by 99 different contributors, covering, with indices, 5,600 pages.

The present and concluding volume treats of nervous diseases, and offers an immense amount of practical and valuable teaching on the subject. Among the contributors are Drs. E. C. Seguin, Charles K. Folsom, H. C. Wood, Allan Mac Lane Hamilton, S. Weir Mitchell, John Ashhurst, jun., and E. C. Spitzka.

It is to be hoped that the flattering confidence which Messrs. Lea Brothers have shown in the profession by assuming the great responsibility of the publication of such a work, will not be found to have been misplaced.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M.D. New York: D. Appleton & Co., 1886. 945 pp. Eighth edition.

Another edition of this famous work comes to both testify to and enhance its well-deserved popularity. The present edition has been carefully revised; and an interesting section on "Certain Obscure Diseases of the Nervous System" (tetany, Thomsen's disease, miryachit, and kindred affections) adds materially to its value. Dr. Hammond is too wise a teacher for any student of his speciality to be unfamiliar with his counsels, and the library-shelves of any practitioner would be the richer for this volume.

ON DISORDERS OF DIGESTION: THEIR CONSEQUENCES AND TREATMENT. By T. Lauder Brunton, M.D., D.Sc., F.R.S. London: Macmillan & Co., 1886. 389 pp.

This work comprises the "Lettsomian Lectures" delivered by the author in 1885, and, in addition, a collection of miscellaneous essays bearing on the subject under discussion, which have been published in various journals, but, for convenience in considering the subject as a whole, are here brought together. These essays treat of "the action of mercury on the liver; the action of purgative medicines; atropia as an antidote to poisonous mushrooms; physiology of vomiting, and the action of antiemetics and emetics; the physiological action of alcohol; the action of alteratives; arsenic in albuminuria; dyspepsia; the use and administration of fat; indigestion as a cause of nervous depression; the pathology of dropsy; and of poisons formed from food, and their relations to biliousness and diarrhœa." It will thus be seen that "digestion" is not here employed by Dr. Brunton in its common and restricted sense; but is understood to include the entire process, from the ingestion of food

to the excretion of waste material, the products of combustion, etc. The reputation of the author gives weight to the original solutions here offered to many physiological, pharmacological, and pathological problems of great importance. The work is scholarly and practical, and merits a wide popularity among the profession in America.

MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS. By Condict W. Cutler, M.S., M.D. New York and London: G. P. Putnam's Sons, 1886. 161 pp.

To correctly and quickly differentiate diseases presenting perplexingly similar symptoms, is a task in which a physician may well welcome an able counsellor near at hand. Such a counsellor he may find in this excellent little book, which is undoubtedly destined to stand among the most popular of the series to which it belongs. A regional, organic, and systemic classification of diseases is the foundation upon which a comparative tabular arrangement of characteristic symptoms is based, a list of names of diseases to be differentiated heading each section. For example, under "Diseases of the Digestive Tract and Peritonæum," we find that acute peritonitis is to be differentiated from acute enteritis, intestinal colic, hysteria, renal or hepatic colic, acute gastritis, intestinal obstruction, and acute poisoning.

This is accordingly done by opposing tables of, in each instance, six or eight marked symptoms which offer the most characteristic points of difference. The convenience of such an arrangement, for ready reference, is obvious.

Like all Putnam's manuals, the little book is irreproachably printed and bound.

THE GENUINE WORKS OF HIPPOCRATES. Translated, with a preliminary discourse and annotations, by Francis Adams, LL.D., Surgeon. New York: William Wood & Co., 1886. In 2 vols.

These volumes, forming the April and July issues of Wood's Library for the current year, need no praise to enhance their welcome. The works of Hippocrates are indispensable to the library of every scholarly physician. The present translation is a thoroughly admirable one; having been originally prepared for the Sydenham Society, by one to whom the work was evidently a labor of love. A preliminary discourse of unusual literary merit opens the first volume,—a scholarly treatise, analytical and critical, discussing chiefly the authenticity of the various treatises which have been attributed to Hippocrates. The preliminary discourse has also a section on the Origin of Grecian Medicine, including a sketch of the life of Hippocrates, and a

concluding section on the Physical Philosophy of the Ancients, a subject, to the translator's mind, of supreme importance to the study and proper interpretation of the works of Hippocrates.

Vol. I. contains the treatises on Ancient Medicine; on Air, Waters, and Places; on Prognostics; on Regimen in Acute Diseases; the first and third book of the Epidemics; and on Injuries of the Head. It contains three plates.

Vol. II. contains the treatises on Things relating to Surgery; on Fractures, the Aphorisms, the Oath, etc. It has five plates.

The translator's comments and annotations are of quite indispensable value.

**FRACTURES AND DISLOCATIONS.** By T. Pickering Pick, F.R.C.S. Philadelphia: Lea Brothers & Co., 1886. 524 pp.

This is an exceedingly practical little manual on the undeniably practical subject of fractures and dislocations. It presents clearly and concisely their causes, the signs by which they may be recognized, and the appropriate treatment to be followed in each instance. The author's wide experience in the wards of St. George's Hospital makes authoritative the rules which he lays down as having been of service to himself, while he also gives his readers the benefit of the experience of others. The small size of the book makes it doubly useful, and its popularity among surgeons should be assured.

**DISEASES OF THE STOMACH AND INTESTINES.** By Professor Dujardin-Beaumetz. Translated by E. P. Hurd, M.D. New York: William Wood & Co., 1886. 389 pp.

This work is written pre-eminently from the standpoint of the clinical teacher, and the chief stress is naturally laid on therapeutics; therapeutics being understood to include not only the administration of drugs, but the understanding and employment of all hygienic resources. It is, indeed, in the latter form of therapeutics, that the author's most original and valuable suggestions may be found. The author's world-wide reputation as a teacher, his immense facilities for clinical observation, his unusual powers of generalization, and his command of a pleasant and graphic style, all combine to make his work a valuable addition to the physician's shelves. It forms the May issue of Wood's Library for 1886.

THE POPULAR SCIENCE MONTHLY for September has a really fascinating paper on "Indian Medicine," by Dr. Stockwell. Its perusal would give food for reflection to "faith-healers," setting forth as it grimly does the apparent efficacy, for miracle-working

purposes, of faith in spooks and demons. Dr. Preston writes on "Hereditary Diseases and Race Culture," showing that the marriage of the future must be, not the *mariage de convenance*, but the *mariage de santé*. Many departments of science are represented in the various essays. New York: D. Appleton & Co.

THE September "Century" has a striking engraving of Franz Liszt, with some pleasant anecdotes of "The Master;" an acoustic romance, "A Pistol Shot," by Kate Foote; two amusing papers on "Amateur Ballooning;" its usual quota of "war papers," essays and poems. It is to be noted, that the leading feature of "The Century" for the ensuing year will be a history of Abraham Lincoln by his private secretaries Nicollay and Hay. Such a work cannot fail of its merited welcome, or to enhance the popularity of this most admirable magazine. New York: The Century Company.

OUR thanks are due to Messrs. Reed & Carnrick for an admirable little volume of "Diet Tables" lately received from them. This consisted of printed leaves giving the dietary appropriate to various diseases, as approved by leading authorities. Each leaf has several duplicates, and is attached to the book itself by a perforated line, so that, being easily detached, it can be given to the nurse for her guidance in the very important matter of her patient's diet. The idea is a happy one, and is admirably carried out. We believe these "Diet Tables" can be had by any physician on application to Messrs. Reed & Carnrick, New York.

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#### BOOKS AND PAMPHLETS RECEIVED.

A TREATISE ON ELECTROLYSIS AND ITS APPLICATIONS TO THERAPEUTICAL AND SURGICAL TREATMENT IN DISEASE. By Robert Amory, A.M., M.D. New York: William Wood & Co.

THE TREATMENT OF DISEASE FROM THE HOMOEOPATHIC STANDPOINT. By Henry W. Roby, M.D., Topeka, Kan.

ELECTROLYSIS IN GYNECOLOGY, with a Report of Three Cases of Fibroid Tumor successfully treated by the Method. By Franklin H. Martin, M.D. Reprinted from the "Journal of the American Medical Association."

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#### PERSONAL AND NEWS ITEMS.

DR. THOMAS M. DILLINGHAM will sail for Europe, Oct. 1, leaving his patients in the care of Dr. Samuel A. Kimball.

DR. SAMUEL A. KIMBALL has removed from Melrose, Mass., to No. 134 Boylston Street, Boston.

DR. F. W. PAYNE has returned from Europe ; his office hours, after Oct. 1, will be from 10 to 2.

DR. EMILY A. BRUCE has located at No. 8 Centre Street, Roxbury.

DR. F. L. MCINTOSH has removed from Claremont, N.H., to Melrose, Mass., having purchased the practice of Dr. S. A. Kimball.

DR. ADELINE B. CHURCH sailed on the steamer from Havre for New York on Saturday the 25th inst.

DR. L. A. PHILLIPS informs us that he is now better prepared than ever before, to meet any demands that members of the profession may be pleased to make upon him, as he is to have the assistance of one of the most talented graduates of the Boston University School of Medicine, — Maude Kent, M.D., — which will enable him better to be absent from home ; and he has also provided excellent private hospital accommodations at a moderate price, for such as may desire to come to Boston under his care. After Oct. 1, he will be prepared to receive hospital patients, and to go to any part of New England in consultation, or to perform any needed operation in gynecological surgery.

A SUCCESSFUL FOOD FOR INFANTS. — Douglass H. Stewart, M.D., 332 W. 47th Street, New York, reports as follows: "I have made a test in above fifty cases of the Lactated Food you so kindly sent to the North-Western Dispensary for me, and can only add that in every instance there was an improvement more or less marked. I have had such poor success with '———,' '———,' and kindred foods, that I employed your preparation in rather a faint-hearted way at first, but after one or two trials was convinced that Lactated Food is all you claim for it."

The difficulty of getting pure fresh cow's milk is daily becoming more and more apparent. This is especially true in all large cities, and is one of the most serious drawbacks to the popular idea that cow's milk is always the best substitute for the breast for infants that have to be bottle-fed.

During the present season many of our physicians have been advising the use of Nestlé's Milk Food, with very satisfactory results. As it is prepared with water only, the risk of cow's milk being sour or impure is entirely avoided.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION will hold its third annual meeting at New Orleans, La., on Wednesday, Thursday, and Friday, Dec. 8, 9, and 10, 1886.

The two previous meetings have been well attended ; the interest has steadily increased, and this year a full attendance of all Southern physicians is expected.

Six bureaux will be ably represented.

Let all who are interested in the growth of homœopathy make preparations to attend, and gain both pleasure and profit in the Crescent City. A. L. Monroe, M.D., President, Louisville, Ky. ; C. G. Fellows, M.D., Recording Secretary, New Orleans, La.

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## OBITUARY.

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WESSELHOEFT. — In London, Eng., Aug. 3, 1886, Mary F., aged 40, wife of Walter Wesselhoeft, M.D., of Cambridge, Mass.

Mrs. Wesselhoeft, for years a sufferer from asthma under which she bore up with the greatest fortitude, sailed with her husband, on a tour of recreation, to England, where, after weeks spent in a most enjoyable journey through that attractive country, she, during a very sudden and brief illness, died at the house of relatives whom she was visiting. She leaves a family of five daughters and two infant sons to mourn the loss of a devoted mother.

Dr. Wesselhoeft may feel assured of the deep sympathy, so often unspoken and so inadequately conveyed in words, but which dwells in the hearts of those who know him.

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EDITORIAL.

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*A NEW TREATMENT IN TUBERCULAR MENINGITIS.*

WHEN, in a given case, the diagnosis of tubercular meningitis has once been established, the prognosis has hitherto been but too sadly near to seek. There are but few diseases concerning which writers of the old school and the new are so unanimously hopeless. "The prognosis is invariably fatal," says Vogel. "I have never known a case to recover," is Hammond's *dictum*. A mournful echo of these pessimistic utterances is found in the pages of our own Hughes, where he says, "I fear we cannot but echo the melancholy experience of the old school of treatment, and say that fully developed tubercular meningitis is incurable."

This being the case, any system of treatment which can bring the testimony of scientific physicians to support its claims to efficacy, certainly deserves most careful investigation and conscientious experiment at the hands of all practitioners to whom healing is dearer than dogma. Such a system of treatment is commended to the attention of the profession, by Dr. Eugène Martel, in a late number of the *Revue Internationale*. The treatment originated in Sweden, and is now employed by several well-known Swedish physicians, with what the reports of cases treated by them show to be most cheering success.

It consists in the application to the nape of the patient's neck and over the surface of the head, previously shaved for

the purpose, of an iodoform pomade, prepared with one part iodoform to five parts vaseline. As first employed, the proportions were one to ten; but the stronger preparation has been found more effectual, and is now in favor. Two applications are made daily, — morning and evening; a gramme of iodoform being used in each inunction. After the application, the head is covered with a closely fitting cap. Appropriate therapeutic means are collaterally employed, as the individual case may demand. Eight cases of complete cure of tubercular meningitis, by the treatment above described, are recorded in detail in Swedish medical literature, — one by Dr. Moleschott, one by Dr. Nillson, one by Dr. Sondén, five by Dr. Warfvinge. Concerning the correctness of the diagnosis in these cases, there seems to be no reasonable doubt; since in several cases it was confirmed by a consultation of physicians, and, in more than one, by the medical staff of the hospital in whose wards the patients were treated. Concerning the fact of the cure, there seems as little room for discussion, since, in all the cases, the report was made several months after the discharge of the patients, it being ascertained that at the time of the making of the report they continued in excellent health; and in one case, with a scientific caution as rare as commendable, the case was observed for *several years* after the occurrence of the meningitis, before the cure was reported as such.

Such statistics from such authorities throw rays of light into what has hitherto been most sorrowful and hopeless darkness. It would seem unquestionably the duty of physicians called upon to do battle with this shocking malady, to satisfy themselves whether the new light be an *ignis fatuus*, or a gleam of dawn.

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*ADMISSION OF MEDICAL STUDENTS TO THE CITY HOSPITAL.*

SOON after the opening of the Boston University School of Medicine, in October, 1873, the faculty presented a petition to the trustees of the City Hospital, requesting that the students of said school might be permitted to visit the hospital for purposes of clinical observation on the same terms and conditions as the

students of Harvard Medical School. This request caused considerable discussion; and the faculty were informed by the chairman of the Board of Trustees, that the medical board were so much opposed to it that the request could not be granted without serious injury to the hospital. They did concede, however, that any *male* citizen of Boston, interested in surgical science, might be present at certain surgical operations performed in the amphitheatre. Similar petitions were presented a few years later, to which no answer was received. In the spring of 1885, petitions were again presented from the faculty and students of this same school, and asking that a hearing on the subject should be granted to the petitioners. Such a hearing was given on July 21 of that year, at which appeared members of the faculty, medical students, physicians, and citizens who as tax-payers urged the justice of the claims of the petitioners. No one appeared in opposition.

On Feb. 19, 1886, a hearing was given to those opposed to the granting of the petition, at which only members of the medical staff of the hospital appeared. On Oct. 7, 1886, the Board of Trustees adopted a report which now appears in print. It is an important document, and contains much valuable information. The trustees did not decide the question on any preconceived notion of right or wrong, but thoroughly investigated the whole subject, and made careful inquiries of all the principal hospitals in this country on the following points:—

- 1st, As to surgical operations and clinical instruction in the amphitheatre or other public room;
- 2d, As to instruction in the wards or in the out-patient rooms;
- 3d, As to the admission of female students to the various privileges.

They received detailed statements from *ninety-one* hospitals, and in this report they have summarized this information, and also given a full statement of the practice of some of the principal hospitals.

After considering all these replies, they conclude that "*as the hospital is a city institution, they cannot invite students of one school, and debar those of another.*"

The report continues:—

"Being desirous, however, that the hospital should afford to the citizens

of Boston generally all incidental advantages in the way of medical knowledge which it is in the power of the hospital to bestow, consistent with the welfare of the patients, the trustees will gladly continue to offer the large amphitheatre to the staff not only for surgical operations or instruction, but will willingly extend these facilities to the medical department; requiring that, in every case of introducing patients for instruction, the physician or surgeon in charge shall pronounce that the patient can undergo such examination and treatment without injury, and that the patient himself and the superintendent shall consent to the same.

“This instruction in the amphitheatre has hitherto, as has been said, been open to all male students of medicine. The trustees are now asked to extend the privilege of the amphitheatre to female students. The propriety of women practising as physicians or surgeons, and their comparative ability and fitness to pursue this profession, are not questions for the trustees to consider in the official management of the hospital: they must recognize the fact that women are becoming practitioners in all the schools of medicine; that they are admitted to the Massachusetts Medical and other State societies, and are recognized as such practitioners by the community at large; and that they are admitted, in common with male students, to other leading hospitals of the country. The trustees therefore feel that there is no sufficient reason why women should not be admitted to the public instruction in the amphitheatre on the same terms as men, except as to certain operations from which a reasonable sense or regard for propriety may exclude them.

“They have therefore determined that operations and instruction in the amphitheatre shall be open, upon reasonable regulations, to all students of medicine, of one year’s standing, of duly incorporated colleges.”

The report concludes with a series of well-considered rules for the purpose of carrying out these decisions.

We must congratulate the trustees on deciding this question which has been before them so many years, and conceding to the petitioners so much of simple justice, even against the prejudices and opposition of their medical staff.

If this decision is carried out in good faith, as we do not doubt it will be, it will redound to the credit of the City Hospital, and increase its benefits to the medical profession and to the whole community.

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#### *HOMŒOPATHY IN THE CITY HOSPITAL.*

IN the same report which decides to grant equal privileges alike to all medical students, male and female, in Boston City Hospital, the trustees consider the subject of providing homœopathic treatment to those patients who desire it, which has been

brought before them by the petitions of several thousands of tax-payers, and the arguments of some of our most prominent citizens. "They have unanimously determined that it is inadvisable to grant your petition that homœopathic treatment be provided in the City Hospital, as asked for." "The trustees have devoted much time and thought to the subject." They find that the introduction of homœopathic treatment "must be accomplished, if at all, in one of three ways:—

"I. By introducing another and independent body of physicians and surgeons, side by side with the present staff; or—

"II. By setting apart separate existing wards for a separate staff; or—

"III. By building new wards for the homœopathic treatment."

We would be glad, had we space, to present the reasons in full for their decision on these points. The first proposition they dismiss, as not practicable. The second is considered more at length. We must confess, that, after careful examination, their arguments seem to be of the nature of "how not to do it." We cannot see any additional objection, from "the crowded state of the hospital," if one-half of the patients were allowed homœopathic treatment; or from the "increased expense" (a very questionable matter), if the tax-payers desire it; or from injury to nurses, who are "to go out into the community, trained to pursue their calling with patients of every class." They say,—

"The trustees cannot, therefore, avoid the conclusion that the introduction of homœopathic treatment, by setting apart separate existing wards for a homœopathic staff, would lead to confusion and an impaired service, and would entail, unless the number of patients at present admitted were diminished, or the present privileges of patients were abridged, considerable additional yearly expense, for which the city government would be called upon to make additional appropriations."

Under the third head they say,—

"The practical difficulties enumerated, with others which might be added, and which must arise in either of the two solutions suggested, must, it is believed, make it regarded as conclusive, that the desire of the petitioners can be fairly or satisfactorily gained only by new and separate buildings. . . .

"New buildings can be obtained or erected, and proper provision made for homœopathic treatment, whenever the city, through its chosen government, shall say that it desires that homœopathic treatment shall be given to those of its citizens who prefer it.

“The trustees cannot, therefore, but feel that upon further consideration the petitioners will be satisfied that the proper method of the introduction of homœopathic hospital treatment by the city is through separate buildings, under a distinct management ; that only in this way can results satisfactory to themselves be obtained; and that to this end, the city government, and not the trustees of the City Hospital, are the body proper to determine how and when the city shall provide treatment, specially homœopathic, to such of its citizens as shall desire that treatment when compelled to seek assistance at a public institution.”

This report, if it did nothing more, has clearly laid down a practical course for securing from the city of Boston homœopathic treatment to such of its dependent sick as desire it. It remains for the homœopathic physicians, the homœopathic patients, and the homœopathic citizens, to ask in unmistakable tones that in simple justice such treatment shall be provided. The trustees have shifted all responsibility in this matter from their shoulders to our own: are we strong enough to bear the load?

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#### EDITORIAL NOTES AND COMMENTS.

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THE USE AND PLACE OF WOMAN in the general economy of things is at last settled beyond cavil. There may descend upon us the peace of a late-solved problem; and upon woman herself, that restful sense of freedom from responsibility which comes of seeing the path of duty plain before one. Dr. Withers-Moore, in his capacity of president of the British Medical Association, has laid down the law on this subject, with a finality unapproached since the New-York rector gave forth his *ipse* (Morgan) *Dix-it*, as William Everett deliciously calls it. And not only so, but the Journal of the American Medical Association has officially confirmed and supplemented Dr. Moore's *dictum*; and we all know the rank-and-file unanimity, and soldierly absence of individuality, that pervades the Association since, in its late warlike efforts after peace, it rid itself of most of its leaders: and therefore of the Association we may suppose, to slightly vary the “Patience” chorus, that the “utterance of one, the utterance of all is.” Therefore, for Europe and America the place and use and duty of woman are settled.

I. Her place is in the sphere of things physical, and in that sphere only.

II. Her use is to be a breeding-machine.

III. Her duty is to bear as many children, irrespective of quality, as circumstances will permit.

IV. Her motto is that lofty utterance of Herbert Spencer :  
“The first requisite in life is to be a good animal.”

This being settled, there remain to society but a few duties to perform :—simply to overthrow and annihilate all that enlightenment and progress have done outside of Turkey, and since the Middle Ages ; to raze Girton and Smith, and the Harvard Annex, and Boston University ; to destroy all work, scientific, poetic, and artistic, which bears testimony to woman’s power, lest the “rising generation,” beholding it, should draw therefrom pestilential ideas of woman’s possibilities ; and to establish harems or Mormon households for those unhappy “surplus women,” for whom polygamy offers the only possibility of performing the uses for which they were created ; and to stifle all suggestions, that, to be a “good animal,” one must first have sufficient mental cultivation—and that is no little—to understand what is meant by a good animal, and how one is to grow into a good animal, since to follow one’s animal instincts merely, in the matter, seems to result, in the human subject at least, in becoming a very bad and dangerous and demoralized animal indeed ; and all suggestions as to the unreason of political economists wailing, on the one hand, over the too-rapid increase of population, and medical scientists, on the other hand, wailing over the mental cultivation of women, which draws too heavily on their stock of “mother-stuff,” and renders them infertile ; and all inquiries as to whether one child of a cultivated, high-minded woman, entering intelligently and voluntarily upon maternity, may not be as nationally valuable as a dozen “accidents” vouchsafed to the satisfactorily fertile,—especially since there is likely, for several generations to come, to be a safe preponderance of those classes whose women do not need to be warned from mental cultivation, and whose children are as numerous as guinea-pigs,—and all inquiries as to whether, after all, this outcry as to the dangers of mental cultivation for woman is not, on the part of learned societies, a sad waste of

time and breath ; a locking of the stable-door, as it were, some years after the horse is free, and galloping joyously on the road to a better civilization. All these suggestions and inquiries once safely suppressed, there remains but one thing more ; viz., to pass a vote of censure, signed by Dr. Withers-Moore and the American Medical Association, against the unwisdom of that Supreme Power who has given woman not only a body but a mind and a soul, high impersonal ambitions, and an unalterable conviction that it is for woman alone, in intelligent individual freedom, to determine what are the sphere, the duty, the place and use, of woman, and not for any man or body of men who may waste over the question time which might else have been of value to science. Let all these necessary steps toward establishing this new and final solution of the problem of the uses of woman be taken ; and then Dr. Withers-Moore may conscientiously descend from his presidential chair, before he Withers More of the mischievous and fatal aspirations of the "female animals," his contemporaries.

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NITRATE OF SANGUINARIA, its provings and its clinical uses, is made the subject of a brief but exceedingly interesting paper by Dr. William Owens of Cincinnati, published in the Annual Proceedings of the Homœopathic Medical Society of the State of Ohio. The provings made with the third trituration of the drug yielded comparatively uniform results : prominent among which were burning of the nostrils, forehead, and eyes ; smarting of the eyes, with lachrymation ; sneezing and profuse coryza ; sensations of fulness and pressure in forehead, extending to the root of the nose ; restlessness and irritability. The character of the symptoms obtained led Dr. Owens to employ nitrate of sanguinaria in catarrhal affections arising from recent colds, particularly those arising from exposure to high winds. The clinical results were most prompt and satisfactory. He has also employed it with excellent effect in that most tormenting affection, "hay-fever." He urges clinical experiment with it in — to quote his concluding phrase — "what Dr. Wesselhoeft calls 'New-England colds.'"

## COMMUNICATIONS.

## THE THERAPEUTICS OF SMALL-POX.

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[Continued.]

SECALE CORNUTUM should have been mentioned in connection with arsenicum album, which it closely resembles. It is really a choice remedy when putrid decomposition sets in, with hemorrhagic effusion into the pustules, and a tendency to ichorous dissolution of their contents. The skin rises in suppurating blisters, large and black; consciousness is lost, with stupor and restlessness; diarrhœa, and hemorrhage from the intestinal canal; heavy, labored breathing, with thready and intermittent pulse; convulsions, lastly, complete the similitum.

There are but two points of contrast between this remedy and arsenicum album. In secale the patient is quite somnolent: in arsenicum he is sleepless. In secale the pulse is accelerated and intermittent: in arsenicum it is slow and intermittent. Constantine Hering's keynote once helped me in the minute differential diagnosis demanded by the homœopathic law,—a diagnosis which far surpasses the most minute examination of our allopathic step-brethren. In that particular case, the patient slept fairly well, and the pulse was medium and without intermittence. But the patient *made no complaint of pain*; whereas, if arsenicum had been indicated, he would have been *over-sensitive to pain*.

Secale acts best in the sixth decimal dilution.

SOLANUM ATROSANGUINEUM. — A certain Docteur Grégoire, a French physician of our school, is quoted by Dr. Samuel Lilienthal ("North-American Journal of Homœopathy," xx. p. 529) as recommending the *solanum atrosanguineum*, one of the family solanaceæ, as a leading remedy in the hemorrhagic variety of small-pox; but the only case adduced in support is rendered worthless by reckless alternation and by purposeless change of remedies.

SOLANUM NIGRUM. — Dr. Grégoire suggests solanum nigrum in the gangrenous variety, and Dr. Lilienthal furnishes the following indications: "Delirious raving; restlessness, inducing one to roam without any sense and without object; headache, with throbbing of the temporal and carotid arteries; increased heat and redness of the face; face looks as though he had been intoxicated; red, bloated face; mouth very dry, lips dry and blistered, tongue sore as if burned; copious vomiting of a greenish matter, with thirst; dilated pupils; stertorous respiration;

convulsions and tetanic stiffness of the limbs; sharp pain in the intestines, as if cut with knives, relieved by eating; pustular eruptions, ulcers and sphacelus; violent pain in every joint and muscle of the body, or a general muscular soreness."

AMMONIUM CARBONICUM has been used in cases having a hemorrhagic tendency with putrid sore throat and extreme prostration. Congestion of the lungs, from retrocession of the eruption, comes within the sphere of action of this somewhat neglected remedy; and a tendency to gangrenous ulceration is always present. I have always used ammonium in the first decimal dilution.

ARSENICUM IODIDUM is, according to Kippax, preferable to either mercurius or tartar emetic after the pustules are formed, and there is a tendency to putrid decomposition.

IODINE. — Rückert reports the following interesting case anent the use of iodine in small-pox; and it may be noted that Rückert is the only homœopathic writer who mentions iodine in that connection: —

"Schmidt of Vienna reports the case of a lady, aged thirty, in the second half of pregnancy, and just recovering from a threatened miscarriage, when she was attacked with severe symptoms of small-pox and nervous disorder. The eruption came out on the face and hands, with pain in the throat, and inflammatory redness; burning pain in the larynx and along the trachea; frequent paroxysms of anxiety; oppression of the chest, and tendency to fainting, especially at night; sometimes she attempted to get out of bed; at others she wished to be carried about, and behaved like a sick child. On the following night she had turns of exhaustion, as if she would sink and die. The eruption did not come out fully; and paralysis of the heart, or speedy death, was expected. After various apparently appropriate remedies had been given without benefit, on the seventh day of the disease, ten grains of iodine were dissolved in half an ounce of alcohol, and two drops given per dose, every half-hour during the day; in the evening she was much better, and the doses were repeated only every hour; the next night was spent in quiet sleep, without anxiety, sinking turns, or oppression. On the eighth day, the small-pox eruption appeared fully, and ran a favorable course, although the iodine was given until the twelfth day, in less-frequent and smaller doses. The next month she was safely delivered, and able to nurse her child."

CARBOLIC ACID. — So far the pathogenesis of carbolic acid does not present a good picture of small-pox; but Dr. C. S. Middleton reports some good cases treated with it, of which these two are the best: —

"A young lady aged twenty-one. I was fearful this patient would die before eruption could take place, but succeeded in getting a full complement of pocks. This is the first case in which I struck out boldly, and gave the remedy a fair trial. As I before remarked, she was very ill, and I was fearful she would not be able to sustain the suppurative stage.

"Commenced the use of carbolic acid on the fourth day of eruption; by the sixth and seventh day, the tongue was very thick, throat sore, hoarse,

and head and face badly swollen. On the morning of the eighth day of the eruption, as I entered the room I thought I detected some of the pocks drying on her hands and arms. I felt alarmed, spoke to her, and found she answered distinctly and in a clear voice.

“The tongue had cleaned, pulse improved, and I felt easier. Hundreds of the pocks on her hands and arms were drying. Improvement went on rapidly; appetite good, *no secondary fever*; and by the twelfth day of the eruption, the pocks were dry over the entire body.

“A lad eighteen years of age. Here, as in the preceding case, there was no room for more pustules. Commenced the use of carbolic acid on the fourth day of the eruption. This case was cut short, even more so than the preceding one. The face and head were not swollen for more than twenty-four hours; then all subsided, and the patient got well rapidly, and without secondary fever, and by the time he was able to go down stairs, he had very little appearance of having had small-pox.

“In all these cases, I used the first decimal dilution, about ten drops in half a glass of water; a teaspoonful every two hours.”

CROTALUS HORRIDUS is recommended by Dr. Richard Hughes for that “frightful modification of the disease which may manifest itself from the first, or may be induced at any point of its progress. In the former case we call the whole malady *purpura variolosa*; in the latter we say that the small-pox has become hemorrhagic. Some serious change has taken place in the blood or in its vessels, or both, which leads to its extravasation throughout the body; and the result is almost inevitably death.” Dr. John W. Hayward of Liverpool adds, that “here, if any medicine can be of any service, *crotalus* is that remedy; and it may be administered subcutaneously as well as by the mouth. It is also, perhaps, the most reliable remedy for the secondary fever which comes on during the maturation of the pustules in confluent cases.” Personally, I have had no experience with this remedy, though I can remember cases which were exactly suited to it.

SULPHURIC ACID. — Speaking of sulphuric acid, Dr. Drury remarks, “The small, quick pulse, *subsultus tendinum*, ecchymosed spots, and the recommendation it has received in *purpura*, make me class this medicine with one or two others that I have named for consideration in some urgent cases.”

VERATRUM VIRIDE has been recommended in the initial stage, when the fever is very intense, with irregular, hard, rapid pulse, and very severe backache; frontal headache, dull and heavy, with shooting, stabbing pains over one or both brows; oppression of the chest, with slow and labored breathing. Hughes especially commends it “when the pain in the back is severe;” but I cannot indorse the use of this remedy in small-pox, on the ground of its total want of homœopathicity. Its action is anti-pathic, not homœopathic.

GELSEMINUM SEMPERVIRENS is indicated by an intense and

painful fever at the beginning of the disease, together with a certain inclination to convulsions. Flying chills are also present, and the patient is very restless. Marked exhaustion, together with drowsiness, soon set in, with weak, almost imperceptible pulse. The patient trembles with weakness, and muscular power seems almost lost. In two or three cases of this kind, gelseminum afforded wonderful relief; but it must be given *low*, — the mother-tincture or the first decimal dilution.

CROTON TIGLIUM. — Dr. W. V. Drury is the only homœopathic writer on small-pox who mentions croton tiglium as a remedy. He remarks, “The very powerful action of this medicine on the skin; the swelling, erysipelatous inflammation, vesicular and pustular eruption, and great irritation; the exhaustion, sore throat, ophthalmia, and purging, — make it desirable that this medicine should receive more attention than it has done. I consider the excessive irritation a strong indication for its use, judging from what we know of its curative action in other diseases characterized by this.” I have had no experience with this remedy; but on looking back I note some cases in which it was indicated, but which recovered under the use of other medicines.

HAMAMELIS VIRGINICA is an important remedy in hemorrhagic small-pox, when the blood is dark and venous; nose-bleed, and bleeding from the gums, are common even at the commencement of the illness, and further on hæmatemesis with bloody stools may occur. It must be given *low*.

ARNICA. — Arndt recommends arnica in certain bastard forms of variola, when the following state is present: reddish blue or yellow spots, like contusions; redness of the skin, followed by a small vesicular eruption, attended with itching; an eruption on the skin, like pin-heads, with redness of the skin; small, miliary eruption, small semi-transparent vesicles with a red base, great heat and excessive itching. I have found it useful in the hemorrhagic form when bleeding from many points was preceded by twitching of muscles, sinking of strength, and dull bluish ecchymosed spots. Then came on epistaxis, hæmatemesis, and especially hæmaturia. Hempel advises it in the stage of desiccation when the flesh is sore and tender, as if it had been bruised by blows. Arnica acts best high; I generally use the Hahnemannian thirtieth dilution.

DULCAMARA is still another remedy for a somewhat similar state. It is indicated by stiffness, violent rheumatic drawing, tearing pains in the back and loins, in the initial stage. It is a leading remedy in colliquative diarrhœa with frequent, yellowish, watery stools, often slimy, sometimes bloody; vomiting of mucus is a frequent accompaniment. The sixth decimal seemed to me to act best.

TEREBINTHINA. — Concerning *Terebinth*, Dr. Drury writes as follows: "The value of this medicine in hemorrhage gives it a place in the treatment of small-pox, whether in the form of *variola hæmorrhagica* or of confluent small-pox when hemorrhage supervenes." The eruption is slightly characteristic of this form of the disease, as it is apt to appear and disappear, and though erythematous is also papular and inclined to be vesicular. I do not however, attach the weight to this that I do to the hemorrhagic tendency. As regards the strength, though it may act well in a high dilution, there is a greater amount of evidence of its action in the more tangible form. It may be given in the strength of the first or second decimal dilution, in water.

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### PERINEAL DRAINAGE OF THE BLADDER.

BY H. I. OSTROM, M.D., NEW YORK, SURGEON TO WARD'S-ISLAND HOSPITAL.

UPON studying a transverse section of the male pelvis, with reference to ascertaining the best route for gaining access to the bladder, one is impressed, *first*, with the distance at which that organ is situated from the surface of the body; and, *second*, with the fact, that after placing out of consideration the natural entrance to the bladder, — the urethra, — there are only two points from which we can penetrate the *vesica urinaria* without wounding some more or less important structure. I refer to the perineum, and to the supra-pubic region. From either of these locations, we can gain access to the urinary bladder by passing through only muscular and connective tissue; unless, indeed, we consider the prostate body an exception to this anatomical simplicity. When, therefore, it becomes necessary to make a false passage into the bladder for the purpose of drainage (the cases in which this is called for will presently engage our attention), the choice of operation seems to lie between these two regions of the body.

It is plain that the supra-pubic region offers fewer difficulties to entering the bladder, than the perineal. The route is shorter, more direct, and includes no structures that should in any way complicate the operation. With slight care the bladder can here be punctured with perfect safety, for antiseptic precautions practically exclude from the operation all danger of inflammation of the anterior abdominal walls.

We must therefore inquire if, after entering the bladder from above the pubes, the object of the puncture — drainage — is attained as perfectly as in the perineal operation. A negative answer must be given to this question. Let us see how the matter stands, and whether we are justified in discarding the

less hazardous operation, for one the attending risk of which is undeniably somewhat greater.

In the erect position of the body, the deepest part of the bladder is at the neck (?), where the urethra has its origin. Therefore by the force of gravity alone, and without muscular contraction, the male bladder is more thoroughly emptied when standing, than in any other position.

In the recumbent position, the deepest part of the bladder lies immediately posterior to the urethral aperture; and therefore an opening at that point would, when lying on the back, thoroughly drain the organ with no more muscular effort than is required to empty it by the natural channel when the body is erect; and, because of the upward curve of the urethra, with less effort than would be necessary by that passage. And if for any reason, — as continuous drainage when it is not desirable to confine the patient to his bed, — the erect posture is assumed for a length of time, a canal leading from that part of the bladder to the perineum would serve as the best possible substitute for the urethral canal. The decision, therefore, between these two operations, will be found to rest mainly upon the fact, that one provides a new urethra — considering this canal solely in the function of an outlet to the bladder — in such a way as to closely imitate the natural passage, while the other does no more than puncture the bladder, without regard to the physiology of that organ, or the plan of its construction.

We have found that the perineal operation possesses decided clinical advantages over the supra-pubic operation: let us ascertain wherein lie the difficulties of its performance, and what are the surgical risks with which it is attended.

When standing, an imaginary line beginning three-quarters of an inch in front of the anus, and carried upwards and very slightly forwards, will first penetrate the integument, and, after traversing the areolar and muscular tissue that lies between the bulb of the corpus spongiosum and the rectum, will pass through the large prostate, and enter the bladder at its triangular portion. This is the direction given the trocar in making a perineal opening into the bladder, in establishing what Mr. Reginald Harrison has called a "low-level" urethra. In its course, the urethra is not opened, and consequently the genital tract remains uninjured. The only danger that arises is found in the possibility of wounding the vesiculæ seminalis; but this can be avoided by keeping the trocar in the median line, and so passing it between these canals, as they lie in the prostate body.

The difficulties to be encountered in this "tunnelling of the large prostate," the name given to the operation by Mr. Harrison, — who also, I think, first proposed it as a means of

draining the bladder, — seem to be more imaginary than real ; and the risks that attend it are found to relate principally to the danger of dividing the seminal ducts, and to be those that belong to wounding the same extent of tissue in any other location. We are therefore brought to the conclusion, that, when it is desired to drain the bladder through some other channel than the urethra, this object is better accomplished, and with greater safety if we compare the advantages gained, by the perineal route than by any other operation that has yet been proposed.

Attention to a few details is essential to a perfectly successful operation. The bladder should be well distended with some mild antiseptic solution, through a silver catheter, the beak of which is turned down so as to lie in the trigone of the bladder. This beak Mr. Harrison uses as his sole guide for the trocar as it enters the bladder ; the meeting of the two instruments being recognized by sound, and a feeling of resistance. I prefer to give the catheter into the hands of an assistant, and use my left forefinger in the rectum, to guide the trocar towards and through the prostate. The trocar and canula should be straight, and the latter provided with a double tube, that, after the trocar has been withdrawn, may be introduced, when its distal end will expand, and thus be retained in the bladder. The canula should also be provided with a collar to which may be secured a rubber tube, that then serves to convey the urine into a convenient receptacle. The instrument devised by Mr. Harrison meets these requirements, and may be worn for almost any length of time.

Now, what class of bladder diseases may we expect will be benefited by this operation ? and what is actually accomplished by making an artificial and temporary urethra through the perineum ?

The diseases in which “tunnelling of the large prostate” has hitherto been chiefly employed are those that relate to an enlargement of that body. But there is reason to believe that the operation has a much wider application than this, and that its future use will embrace many of the diseases of the urinary organs in which *rest* is an essential element of cure: *viz.*, diseases of the urethra, in which it is desirable to stop the functional activity of that canal, or when, as in stricture, a new passage is imperatively called for ; inflammatory conditions of the bladder, when that organ must be entirely passive, and not allowed to become distended, to insure recovery ; and, finally, in that rather obscure pathological condition, neuralgia of the neck of the bladder, especially when associated with a gouty diathesis, and after all other remedies have failed to afford relief,

— as they frequently fail to do, — I think we shall not be disappointed in the beneficial results of this operation.

One of the principal indications in the treatment of neuralgia of the bladder, whether the disease is associated with inflammation, or is the result of pure irritability, is to give rest to that part of the bladder that surrounds the beginning of the urethra. Here is the seat of the trouble; and here originates, so far as structure is concerned, the most distressing symptom of the disease, — frequent desire to empty the bladder, and fruitless contractions of the muscles in this region. These must be made quiescent; and how can we better accomplish this than by thoroughly draining the bladder, by allowing the urine to flow away almost as soon as it comes from the kidneys? Then, again, the situation of the puncture at the very seat of the trouble, which may possibly be urged as an objection to the operation, becomes an actual advantage, when we consider the beneficial effects that frequently follow simply incising other inflamed structures. Mr. Tait has shown that a laparotomy carried no further than to open the abdomen produces a most beneficial effect upon peritonitis and cellulitis; and though here we have to deal with a serous structure, and in the bladder with a mucous structure, the difference between them is not so marked as to deny to one the physiology of cure, that we know belongs to the other.

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*MALARIAL FEVER FROM SWAMP-MIASM AND FROM SEWER-GAS.*

BY H. E. SPALDING, M.D., HINGHAM, MASS.

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

AT the last annual meeting of this Society, I made a report on malarial fever as it has shown itself in Massachusetts during the last few years; and by special vote was asked to supplement that report by another, differentiating, if possible, between the intermittent fever caused by swamp-miasm, and that caused by sewer-gas. This has never, to my knowledge, been satisfactorily done. Its desirableness, no one will question. That there is, moreover, a distinguishing difference, is more than probable. The experience of any one man, or, indeed, any score of men, — cases from either cause being of very infrequent occurrence in this State, — could not be expected to reveal the universally distinguishing characteristics of the two forms. This desired result can only be reached by comparing a very large number of carefully recorded cases. These reports I hardly expected to obtain, for the reason that few physicians, with no special object in

view, keep sufficiently accurate and detailed reports of cases, to meet the requirements. In order, however, to comply with the request of the Society, I sent more than two hundred circulars to fellow-members, asking for information, as follows:—

DEAR DOCTOR,— At the April meeting of the State Homœopathic Medical Society, by special vote, I was continued on the Bureau of Theory and Practice, and requested to further report concerning malarial or intermittent fever, with the special object of differentiating, if possible, between that arising from supposed swamp or soil miasm, and that from sewer-gas. Will you please give me, before March 10, any theories, founded on experience, you may have on the subject; or, better still, report in detail cases arising from either cause? And oblige

H. E. SPALDING, M.D.

HINGHAM, MASS., January, 1886.

In response to these, I received reports from only three physicians,— all very desirable and valuable contributions towards the result desired, but too few in number to warrant the construction of a theory thereon. I commend them to the consideration of the Society for their merit, and especially hope that they may serve as a nucleus around which other reports may gather, now that our attention has been called to the matter. I certainly shall, in future, observe most carefully, and record most minutely, any cases of intermittent, from either cause, that may come under my notice. If my fellow-members will do the same, we may, not in one or in two years but eventually, do honor to ourselves and the Society, by solving this problem of differentiation.

No. 1.

H. E. SPALDING, M.D.

*Dear Doctor,*— In answer to your request for theories or experience in relation to malarial fever, etc., I will give two *typical* cases of malarial or intermittent fever; one from swamp-miasm, and one from sewer-gas (commonly called, here, bad drainage). Both these cases are typical of many others occurring in my practice, and may serve to illustrate to some extent the cause of “malaria” as found by the writer.

During an epidemic of malarial fever in West Brookfield in 1885, from supposed swamp-miasm, several cases were successfully treated by me, one of which is as follows: Mr. G., aged sixty, night-watchman at railroad-station, was taken with rigors and chills followed by high fever; no sweat. Chill lasted about two hours; fever, ten to twelve hours. Next day, lassitude, backache, urine thick, red, and scanty, great thirst, no appetite. *Ars.* 3x. The second day the chill returned, and was more severe; during and just before the chill, he had whiskey and *capsicum ad libitum*; this time fever not so long, and was followed by sweat. *China*, ix. Fourth day, chill increased in violence, high fever, temperature  $103\frac{1}{2}^{\circ}$  F.; no sweat. Sixth day, the same, but not quite as severe. Gave, three hours before chill, five grains *sulph. quinine*, with whiskey and *capsicum*, and repeated the dose one hour before the chill. Eighth day, he had the same doses, with somewhat abated chills and fever, but more sweat. He had *ars.*, *ippecac.*, or *nux vom.*, every day during this time. The chills lasted about three weeks, gradually yielding to the action of the medicine. This kind goeth not out but by appre-

ciable doses of *quinine*. The digestive organs and kidneys slowly assumed their normal functions under the use of *nux vom.*, *ars.*, or *ip.*

In this case of swamp-miasm, there was no indication of sewer-gas; and the case was marked by regularly occurring and distinct chill, then fever and sour-smelling sweat, tongue white, occasionally vomiting, constipation, no delirium.

A typical case of malarial fever also occurred here in 1885, arising from sewer-gas, showing conditions considerably at variance with the above case, the disease from marsh or swamp miasm.

Mr. W., aged thirty-four, teacher in high school, stout, robust, dark complexion. Was taken while in school with severe chill and faintness, followed by re-actionary fever, no sweat; great fear and anxiety. Gave *acon.* 1x. The next day, same hour, 3 P.M., slight chill, high fever, temperature  $103\frac{1}{2}^{\circ}$ , no perspiration, skin dry and hot, high-colored and scanty urine, characteristic thirst of *arsen*. Third day, no chill, fever and temperature the same; excruciating headache, driving him wild. *Ars.* the same, and *bell.* several times during the night. Fourth day, same symptoms but not so severe; continued the same medicines. Fifth day, tongue dry and brown, no chill, same high fever, bowels constipated. *Bry.*, and for the severe, throbbing headache, *glon.* at night. Sixth and seventh days, about the same; no more chills, continued high fever during the afternoon and night. Continued same medicines.

Little change in symptoms till the ninth day, when the delirium, which had been slight for several days, was now on the increase; very talkative, alternating with stupor, head hot and throbbing, hyperæmic brain, sordes on the teeth, diarrhœa, tympanitis, abdomen bloated and tender. *Rhus tox.*, 2x., with *hyos.* at night.

Tenth day, about the same.

Eleventh day, no sleep during the past night, temperature at 4 P.M.,  $102^{\circ}$ , pulse 130; skin hot, dry, and dark brown, involuntary stools, smelling badly; low, muttering delirium; anxious, staring look; *arsen.*, with *mur. acid* at bedtime.

I had been searching for the cause of this, and other cases in the same house. At last, found where the drainage from sink, instead of following the drain down the slope, turned on a flat rock which conducted it directly back into the house, and also affecting the well. This was at once changed, and every thing affected about the premises disinfected, resulting in the restoration of all the other members of the family. This teacher, who boarded there, on 12th and 13th days grew rapidly worse, great loss of vitality, sudden prostration of strength, skin growing darker and more livid. During the night he had a terrible chill, followed by cold sweat, coldness of face and nose. Although he was nourished by the stomach and by enemata, and vigorously stimulated, he did not rally, and died on the thirteenth day, with all the symptoms pointing unmistakably to malarial poisoning.

At the onset of *this* fever, there were chills only two days in succession, and also one on the last day, but no regular, distinct, or intermittent chills as in the former case. In this case from sewer-gas, there was a low, typhoid condition of patient, with malarial poisoning that there was not in the case from marsh-miasm. I have not given the treatment *in extenso* in the above cases, as I understand the object of inquiry to be only in regard to differentiating the two types of malarial fever.

G. F. FORBES, M.D.

WEST BROOKFIELD, MASS., March 4, 1886.

#### NO. 2. — INTERMITTENT FEVER.

I was called April 21, 1884, to visit a little girl sixteen months old, with the following symptoms: The child's appearance is pale, sallow, and sickly.

Complains of headache. The eye has a glassy appearance. Has fever symptoms in the afternoon. Complete loss of appetite. Desires to be held and amused a good deal. Bowels constipated, so much that they are only moved by an injection of soap and water. Child keeps her fingers in the mouth a good deal, as if the gums were irritated by coming teeth. The child is restless at night, some nights more than others. Occasionally during the day, desires to get down upon the floor to play, but soon becomes exhausted. On attempting to walk, staggers from weakness. The child continued from day to day for a week with about the same symptoms, with this exception, the symptoms are worse every alternate day.

At the end of the first week the mother observed that between the hours of eight and ten o'clock, A.M., the child grew deathly pale and cold, with a bluish look of the skin about the face. She desired to be hugged close to the mother or nurse. These symptoms continued for an hour, and gradually gave place to greater warmth, and finally decided fever symptoms, which lasted for a few hours, after which the child seemed quite free from trouble of any kind, and desired to play for a short season. As time passed, the chill-and-fever period and the apyrexia became very distinct, and continued about four weeks. During this time, a small-pox scare occurred at the West End, which made it necessary to vaccinate the child immediately. The vaccination worked decidedly, and caused a marked aggravation of the general symptoms. The morning chill was also decided.

About the middle of the month following, the mother was confined, and I had occasion to observe the condition of the bath-room and water-closet. While passing through the bath-room, I detected what seemed to me like a sewer-gas odor. We at once suggested to the husband, that the Board of Health should be notified, and that the premises should be examined, or serious consequences might occur. This was done immediately; and after the examination was made, the inspector notified the physician to call at their office in Pemberton Square. This I did, and was informed that the cellar was from four to six inches deep with refuse which had been discharging from the water-closets, through a broken soil-pipe, into the cellar. This had been occurring for several weeks, if not for months. The official reported it as being one of the worst cases that he had ever seen, if not the very worst. He wished not to alarm the sick, therefore he had sent for me, and said that he had already men at work to remedy the nuisance. The reason why this had occurred without notice was, that the place was a sub-cellar where scarcely any one ever went. The people of the house never went into this sub-cellar; and no person went into the room above, but the man who took care of the furnace. The house was thoroughly disinfected and cleansed, besides being put in first-class repair. We can realize somewhat the condition of the house when they advised the immediate removal of the sick to other quarters. This, however, I did not think prudent, but took every precaution to disinfect the sick-room, bath-room, and the halls, and to keep the windows and doors open as much as practicable.

The child very soon recovered after the premises were put in thorough repair. During the time that she was under treatment, before the discovery of the broken soil-pipe, she steadily grew worse, and the treatment was of no avail, so far as giving any apparent satisfactory results.

The mother, who was recently confined, made a good recovery.

D. G. WOODVINE, M.D.,  
*Boston, Mass.*

No. 3.

Miss R., brunette, twenty-four years of age. From infancy she has been peculiarly subject to slow fever. Had been living in Boston, in a house which had defective traps, and where the odor of sewer-gas could, at times,

be plainly detected. As soon as she developed chills, her mother had become alarmed, and they had removed to another dwelling, — too late, however; the mischief had been done. Every other day she had chills, fever, and sweat, with the usual accompaniment of lassitude, etc. She palliated her bad days with *aconite*, and lived in this way six months before taking medical advice. They came here, and applied to me; and she has since continued under my care, with, at times, improvement to so great an extent, that I began to think she was really getting well, when suddenly she would have a chill, and a week of misery followed. Then she would brighten up, and improve for another period of three weeks.

For six weeks I saw little or no improvement. *Arsenicum* seemed indicated, and I persistently used it, in varying attenuations, from the 3x to the 30th. The 3x seemed to promise the best, and after six weeks she began to apparently improve. For two weeks she had no chill whatever; appetite returned, and she looked and felt better. Then suddenly she had a chill, and for eleven days was in a similar condition to that which she was in at the first.

After the first few weeks, there was no thirst whatever, and no craving for any thing to drink. This has been her most persistent symptom. Every time she had a relapse, the train of symptoms varied. Sometimes the chill, fever, and sweat would be in regular order. Sometimes the chill would appear; sometimes the fever only (averaged highest temperature, 102½° F.), sometimes only a profuse drenching sweat; and so on, in all possible combinations. At present she is very much as she was a year ago. The longest period that she has been without chills, or other manifestations of her malady, is thirty days. During the summer, she was peculiarly subject to colic, and was so constipated, that for some months recourse to enemata was necessary for her relief.

I have used at different times, as they seemed indicated, *arsenicum*, *bryonia*, *rhus tox.*, *chininum arseniate*, *ipsecac*, *sulphur*, *nux vom.*, and *gels.* The last named seemed to control the disease for a longer time than any other remedy. *Nux vom.* removed the colic in a great measure, and entirely removed the constipation. She has been in my hands for ten months; and for all I can see, she is very much as she was last May, when she first came to me. She looks thin, sallow; menses stopped some four months since; has had very little headache. Each attack seems to wind up with one or two very profuse sweats; and then she will, as I said, brighten up, and appear to be doing well, only, at the end of a period varying from nine days to thirty days, present the same discouraging relapse.

R. W. SOUTHGATE, M.D.,  
Rockland, Mass.

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### OTITIS MEDIA.

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

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

INFLAMMATORY troubles of the middle ear are classified as catarrhal and purulent; but the distinction is one of intensity, rather than of essential character. We also speak of them as acute and chronic, the terms applying to duration rather than to any distinctive difference.

Catarrhal inflammation is of a milder type, the product of which is serum or mucus, and the tendency of which is but very little

toward destruction of tissue; while in the suppurative form the discharge becomes purulent in character, and is often accompanied by extensive disorganization of tissue, and great liability to perforation of the membrana tympani. And yet, distinct as the two forms may seem, they pass so insensibly from one to the other, that it is often impossible to say where the one ends and the other begins.

Acute catarrh of the tympanum occurs most frequently during the autumn and spring months in our latitude, with its ever-changing atmospheric conditions. Both sexes seem equally liable to the trouble, and no age is exempt from it. The attack usually begins with a nasal or pharyngeal catarrh which extends along the Eustachian tube to the tympanum. The throat trouble may arise from any catarrhal influence whatever; and, indeed, it may be so slight as to attract little notice till the ear becomes involved. Aside from the usual cause, "taking cold," — whatever that may be, — such diseases as measles, scarlet-fever, diphtheria, croup, typhoid-fever, pneumonia, and whooping-cough are often accompanied by throat troubles which result in ear complications. Usually but one ear at a time is involved.

**SYMPTOMS.** — In mild cases, the patient, who is perhaps suffering with coryza, first notices a feeling of stiffness about the throat, and fulness in the ears, with transient pains and mild tinnitus. The Eustachian tube is more or less obstructed, and when opened by coughing, sneezing, etc., crackling sounds are produced. If the ear be examined, the membrana tympani is seen to be slightly hyperæmic and depressed. The disease may terminate here, and but little disturbance follow; or the symptoms may become aggravated, and severe otitis ensue.

If the Eustachian tube become much inflamed, air may be prevented from entering the tympanum; and, as the air within becomes partially absorbed, the membrane becomes depressed from the unequal pressure on the two sides of it.

If the disease progress still further, and the secretions from the hyperæmic membrane increase in quantity, and are unable to escape through the obstructed tube, bulging of the membrana tympani takes the place of the previous depression. Tinnitus is quite troublesome, and the throbbing, beating pain becomes almost unbearable. The hearing, which in the early stages was very acute from the existing irritation, becomes seriously impaired or totally lost as the tympanum becomes filled with the pent-up secretions. There is often quite a high fever; and if with it the pressure becomes excessive, insomnia and delirium may result. If the pressure extend to the labyrinth, vertigo may become a troublesome symptom.

On examination the membrana tympani presents a dull, smoky

aspect; the reddened mucous layer shows through the other layers, and congested vessels may be seen extending from the periphery to the manubrium. The triangle of light, if it has not entirely disappeared, is changed in its shape.

The depression of the membrane in the early stage, and bulging in the later stage, are usually visible; and in case there be an accumulation of fluid in the tympanum, we may sometimes detect it by the bright glassy appearance of the membrane with the opaque fluid behind it even though there be no bulging. If the patient be young, we may possibly see the fluid through the membrane changing its level as the head is tilted forward or backward. The pressure of the fluid may increase till rupture of the membrane allows it to escape, and affords blessed relief from the terrible pain. If rupture do not take place, and the pressure increase still further, the labyrinth, mastoid cells, and the brain itself become in danger of complication.

The diagnosis of otitis in adult patients is not usually difficult; but in the case of children, who can give no subjective symptoms, and of whom physical examination is at best incomplete, it may be very puzzling indeed. The crying will be of such character as to indicate pain; and if we watch the motions of the child carefully, we may usually satisfy ourselves whether the trouble be in the head or not. The little sufferer rolls and tosses in bed, bores his head in the pillow, and frequently raises his hands to his head. If the child is suffering at the time with coryza, or is just getting up from any exanthematic fever, we should be especially on our guard not to let ear-disease go unrecognized; for many a poor victim of deaf-mutism can date all his misery back to such trouble in childhood days, that went unrecognized and uncared for.

It is but a step from acute to chronic inflammation of the tympanum; and most cases of chronic otitis result from acute cases neglected, improperly treated, or associated with some constitutional dyscrasia, as scrofula, or some morbid condition arising from previous disease.

The symptoms vary with the character, extent, and intensity of the inflammation. Hearing is impaired more or less, — usually more. If the disease has not invaded the labyrinth, and cranial perception of tuning-fork be not seriously impaired, the hearing may be sufficient for ordinary conversation even though the tympanum be quite badly diseased. Pain is present in most cases, although it may be slight. It is liable to be felt below the ear and over the mastoid bone, and, in severer cases, over the whole side of the head. The discharge may vary from slight muco-purulent secretion, to thick, illaudable, acrid pus, containing blood and broken-down particles of bone. In most

cases of chronic otitis following the acute, the membrana tympani is perforated, either from rupture or paracentesis. The perforation may be very minute, or so large as to involve nearly the whole extent of the membrane. If it be large, the interior of the tympanum may be seen with a good light; the natural healthy appearance of the mucous membrane giving place to bright redness in the early stage, and deep red granular appearance in the later stage. Perforations are seldom repaired so long as the mucous membrane is diseased. Chronic otitis is liable to exacerbations, when the inflammation sometimes assumes a very serious aspect.

If the escape of secretions be interfered with, the danger to neighboring parts may become quite alarming. The most serious complications are mastoid disease, meningitis, and abscess of the brain. The prognosis in cases of chronic otitis should be well guarded; for aside from the age, constitution, and habits of the patient, predisposing and exciting causes, duration and extent of the injury already sustained, there are many elements of uncertainty to be taken into consideration.

**TREATMENT.** — If possible, ascertain and remove the cause of the trouble. The throat should be carefully examined, as the primary difficulty often exists there. The subject of remedies I will not discuss, as each individual case may suggest its proper remedy. But this class of cases is one in which the physician ought not to feel that when he has prescribed the indicated remedy, he has done his whole duty. Local applications and surgical treatment deserve a much larger share of attention than they customarily receive. The inflamed ear should be well protected with flannel. A bag of hot dry hops over the ear often aids materially in reducing inflammation and in relieving pain. Injections of hot water from a fountain syringe may be advised, to be continued five or ten minutes and frequently repeated. Aconite or pulsatilla tincture, one part to ten of hot water, may be instilled into the ear with much benefit sometimes. The throat, if inflamed, may be gargled with hot solution of potassium chlorate; or alcohol and water, one part to three. Inflate the ear several times a day, either with the air-bag alone, or with the aid of the catheter if necessary. This is specially indicated if the ear feels "stopped up," and the membrana tympani is at all depressed. It is harmless, anyway, if rightly done, and is often of great service, restoring the equilibrium in atmospheric pressure, relieving pain and deafness, favoring escape of secretions from tympanum, etc.

If the inflammatory process still goes on, and secretions accumulate so as to cause any bulging of the membrane, paracentesis should be made at once. The operation produces slight

pain, but not severe, unless the membrane be very hyperæmic and sensitive. It should be followed by inflation. that whatever secretion there is in the tympanum may be expelled. Speedy relief from most agonizing pain often follows proper paracentesis; whereas without it no relief is afforded till nature comes to the rescue, and the membrane ruptures from its weakened condition and the increased pressure.

But many of our cases will be chronic cases, and many of the acute ones may become chronic in spite of our best efforts; and the question arises, What further local or surgical measures may be brought to our aid? Astringent and antiseptic applications are of considerable value in conjunction with internal remedies. Among these may be mentioned boracic acid, sulphate of zinc, acetate of lead, nitrate of silver, sulphate of copper, iodoform, and glycerine; glycerine and calendula tinct., equal parts, form an excellent application in some cases, especially if the canal be at all involved. Caustics may be useful in some cases, but are not often so. If mastoid disease should supervene during the course of otitis, and internal medicines fail to reach the trouble, trephining may be necessary, and should certainly be performed if the symptoms of pressure become of a serious character. The opening into the mastoid bone should be made a quarter of an inch behind the attachment of the auricle, on a line with the upper border of the meatus.

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#### *A CASE FROM PRACTICE.*

BY W. H. TOBEY, M.D., BOSTON, MASS.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

MR. PRESIDENT, — Upon my return from my vacation, the 2d of last September, I was called to Mr. R., a fireman in the city fire department. Mr. R. was a man about fifty-nine years of age, who had from his youth up knocked about the world, having been for several years before the mast, and for the past twenty years having belonged to the Boston fire department. He has always been addicted to the free use of liquors, and, from force of circumstances, generally those not of the best quality. He had consulted Dr. Kingsbury (who kindly looked after my business during my absence) upon the 17th of last August, for what appeared to be an attack of malaria, which readily yielded to ac., bry., and chininum ars. This illness kept him under treatment but four days. When discharged by Dr. Kingsbury, although he was not fully recovered in strength, he was ordered on duty; and, during a fire he was fighting, got a thorough wetting, and

was taken with chills and fever, and again called upon Dr. Kingsbury upon the 25th of August. This severe cold brought on an inflammatory condition of his bladder and urethra, necessitating the use of the catheter. Finally, without warning further than the chills and fever that would be attributable to the cold following his wetting at the fire, and some slight pain in the parts attributable to the use of the catheter, a small abscess broke, discharging into the urethra. He had never fully recovered his strength from his first sickness, and during this one had rapidly grown weak. The rupture of the abscess occurred Aug. 31. After its discharge he could pass water with some slight difficulty, but in a weak, dribbling stream; but, as he had a urethral stricture following gonorrhœa, some twelve years previous, he had become accustomed to this indifferent sort of flow; the only improvement from this condition of weakness having occurred whenever he took regularly kali chloricum, first decimal trituration, which I prescribed for this difficulty nearly a year before, and he had been wonderfully relieved and benefited by its use. But he had become careless about it, only taking the remedy about half the time. Whenever he would get especially bad in this respect, he would send for a bottle of it, and would invariably get great relief from its use, and would then discontinue the drug. Therefore the ability to void water, even feebly, seemed a return to a normal condition. This, however, was but temporary in its character; for soon after the breaking of this abscess into the canal, the scrotum and penis commenced swelling from extravasation of the urine. When I saw him with Dr. Kingsbury, Sept. 2, the scrotum was enormously distended; it seemed at least six inches in diameter, and of a purplish red color. The penis was several times its usual size. The extravasation extended above the pubic bones, and upon the lower abdominal walls, also down across the perineum and out into the nates. Upon the under surface of the penis, and near its centre, there was a dark-colored spot of gangrene one-fourth of an inch in width, and about three-fourths of an inch in length. There was a clammy perspiration upon his skin. His tongue was thickly coated, of a dark brown color. His pulse was very rapid and weak. His temperature was  $103\frac{3}{5}^{\circ}$ , and he was in a state of extreme prostration. He did not look as though he could possibly live twenty-four hours. We decided upon giving him Dublin porter, beef-tea, and, as a remedy, *carbo veg.* As the case was one that was new to us both, we returned to our offices to determine the best treatment to pursue. In the afternoon we saw him again, and at once made four incisions down through the scrotal walls parallel with the median line, about six inches in length and half an inch in depth. Imme-

diately the pent-up urine began oozing out through these incisions. We commenced poulticing the penis, scrotum, abdomen, and perineum, with poultices made of ground flax-seed three parts, powdered charcoal one part, and gave internally Fellows' Compound Syrup of Hypophosphites every four hours, and continued the *carbo veg.* every hour between the hours of the syrup. We rapidly increased the porter; and in the course of three days he would consume three quart bottles of it every twenty-four hours in addition to quite large quantities of beef-tea. His ability to take these two things was something marvellous.

As I am writing this from memory, I cannot give the precise dates of changing our remedies; but in the course of two or three days we changed from *carbo veg.* to *hepar sulph. cal.*, second decimal trituration, every hour, to promote the formation and discharge of the pus we knew must come. It acted with excellent effect. We continued this remedy for two weeks at least, and I think even longer, until all sloughing had taken place, and the wounds showed a discharge of healthy pus. During this time several abscesses had formed, three in the abdominal walls, and one low down near the right ischial tuberosity. Through this last opening the urine discharged, as well as through several sinuses formed through the scrotum.

The entire lower part of the scrotum sloughed off, leaving the lower half of the right testicle fully exposed. The spot of gangrene upon the penis increased to three times the size first mentioned, and sloughed out, leaving quite a large cavity into the body of the penis. The amount of pus discharged was something surprising. The penis was so largely distended, that for a time no attempt to operate upon the stricture was made. As soon as it seemed feasible, we etherized him, and enlarged the canal as fully as our instrument would do it. The inflammation was so great, and the opening of the abscess so large, that we could not introduce a catheter, and we were compelled to again dilate later on, and under more favorable conditions. After thoroughly extending the contraction, we used Mercier's elbowed catheter, finding it the most practicable, and really the only one we could introduce with any decree of comfort or expedition. After once commencing the use of the catheter, we persevered in this treatment, and never, with but two exceptions, allowed him to pass water without its assistance; and, indeed, these two instances were not permitted by us, — he simply could not avoid doing so. In time the nurse learned the art of using it, though frequently in the night-time his courage failed him, and in consequence I was compelled to go to his assistance. After four weeks' time the patient learned to introduce it, and I kept him using it for a long time after the wound into the urethra had

undoubtedly healed, my fear of another extravasation making me extremely cautious. After the wounds assumed a healthy condition, we changed the hepar for silicea, third decimal trituration; and inside of forty-eight hours we could detect quite a diminution in the amount of pus discharged. We continued this remedy, with the exception of using for a few days merc. corr. I cannot say that there was any very satisfactory effect from the latter's use. After a few days of discharging from these abdominal abscesses, the pus burrowed downward, and discharged through the openings in the scrotum. We then used strips of adhesive plaster, to produce compression upon these sinuses, and also to bring the two parts of the scrotum together; for the gangrene had extended so completely around it, that it looked as though it had been divided into two lateral halves.

He has at present quite deep scars covering his scrotum, but aside from that he is as well as possible, and as active as a man of twenty-five. His appetite continued excellent, never once failing him. After three weeks time we took away his porter, and commenced giving him grapes. He would eat from two to four pounds daily of these. After he was able to come to my office, I dilated his stricture to size twenty-six, French scale, by the graduated steel urethral sounds, and found *that* to fully dilate the meatus. Since that time he has occasionally used a number twenty-four bougie.

I discharged him Oct. 22, since which time he has attended to his work with no further trouble. I would state that this abscess discharged into the urethral canal above the seat of the stricture, which was about five and a half inches from the end of the penis.

This case is one of many that has proven to me the excellence of Dublin porter in cases of extreme exhaustion, and has proven again the power of hepar to promote suppuration, and of silicea to check its profuse discharge and to heal wounds; and that stimulants, with a good nourishing diet, are not always incompatible with a high rate of temperature.

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## PREVENTION AND TREATMENT OF DIARRHŒA.

BY C. S. PRATT, M.D., SHREWSBURY, MASS.

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

THE following remarks on diarrhœa may be applied alike to young and the old, to the simple and inflammatory types, and to the acute and chronic forms. A dark-haired, dark-complexioned, black-eyed, bilious person is not so apt to be troubled with that pest of hot months, looseness of the bowels, as the light-complex-

ioned, blue-eyed man, who from his very make-up, especially if he lives properly, hardly realizes that he has a liver. It is not my intention in this paper to give a lengthy thesis on a subject so well understood by you all, but to give such facts as have come under my own observation, and to notice such articles of food as my experience has taught me to avoid in the warmer season.

As is well known, cold has a tendency to tone up and invigorate healthy muscular fibre; so also does heat, long continued, relax and enfeeble the fibres, till a slight indiscretion in diet, or a chill, or the inhalation of impure air, which, in a vigorous state of the system, would have no effect whatever, produces a flux from the bowels, which at times baffles nature and medical skill to cure.

As the first means of prevention, for those who are liable to this distressing malady, I would suggest that they be surrounded by as pure, cool air as possible. Three, of a family under my care, were thrown into a violent diarrhœa, with great prostration, by a piece of meat of less than three ounces in weight, which, having been laid aside for the cat, and forgotten, decayed, and tainted the air. (Moral: Don't feed the cat in summer.) Fright, anxiety, and nervousness have all been causes. An equable mind is therefore a preventive.

In regard to diet, my opinion is, that those who would be absolutely safe, as far as proper eating can make them, should avoid almost entirely every kind of green food. Speaking of what is most likely to cause this trouble, I will begin with the cucumber. An acquaintance of mine, on being asked the best way to eat this succulent vegetable, replied, "Salt, pepper, and vinegar them, and then throw them to the pigs." Good sound advice. As for beets, they are nearly as unwholesome: many a case of cholera-morbus has been caused by this article alone. They are almost indigestible.

A mother called to see me for griping pains and diarrhœa which troubled her child, who was being nursed. I prescribed in vain, till the mother told me that she had been eating green corn daily. The affection ceased soon after the corn was stopped. A young man was affected with quite a painful diarrhœa, with some blood and slime, every few days, apparently without cause, till I discovered that while lying on the grass, with friends, he was accustomed, without thinking, to put a little grass in his mouth, and chew it while in conversation: when he left off playing Nebuchadnezzar he got well.

New potatoes are also liable to cause diarrhœa. We all know what the green apple of our boyhood will produce; but the juicy pear has slain its thousands. Instance after instance could be given of its injurious effects. It is, in my estimation, one

of the most fruitful causes of autumnal diarrhœa. Use has been made of its juice to cure watery diarrhœa, with griping pains.

Onions, from the large amount of sulphur they contain, often act as a cathartic to those who are easily affected. Grapes, peaches, and ripe berries rarely do harm, unless eaten in excess.

Horse-radish has, at times, produced a very painful diarrhœa, followed by hæmorrhoids.

Oranges, so generally given to the sick, are a source of much pain and distress in the stomach and bowels, causing occasionally a decided looseness, and, if eaten day after day, an unpleasant rash may appear. The same may be said of apples. Oranges, apples, and, indeed, all kinds of fruit, and many vegetables are poisons to the diseased stomach and intestines, causing gas, flatulence, and pain.

The above remarks would not, of course, apply to such as are habitually constipated in summer, or are regular all the year round.

*Treatment.* — In this division of my paper I shall not attempt to treat of the numerous remedies with which you are so familiar, but confine myself mainly to the consideration of Dr. Schüssler's "tissue remedies," and my own experience in their use in acute and chronic diarrhœa. Ferric phos., mag. phos., sod. sulph., and potas. chlor., in the twelfth decimal trituration, have been the remedies of this class most frequently required.

The indications for the use of ferric phos. are, vomiting of food, pain in the stomach, stools watery or undigested, with abdominal pains.

For sod. sulph., dark-colored, green, deep-yellow, bilious, slimy stools; bilious diarrhœa.

For potas. chlor., stools white, clay-colored, pale yellow ochre, slimy, showing a lack of bile in the fæces.

For mag. phos., griping, cutting, colicky pains, with thin, watery evacuations. This latter remedy I have for some time used, with excellent success, for all kinds of diarrhœa having these pains and with watery stools. It has rarely failed to relieve the pain at once, and often cures the diarrhœa. Dose, three to six grains every hour or two till better.

Fer. phos., sod. sulph., and potas. chlor. have to be used cautiously, for several times a diarrhœa has followed their exhibition for other diseases. Once having given a package of sod. sulph. powders, for a yellowish-green, profuse leucorrhœa, a painful diarrhœa set in, without apparent cause, within twelve hours, which ceased a day or two after the medicine was withdrawn. But the leucorrhœa was nearly cured by *three* powders.

Potas. chlor., given for a nasal catarrh, produced a white,

watery discharge in a patient generally constipated, whenever a powder was taken ; but the catarrh was better for weeks.

In three cases, ferric phos. given for rheumatism caused a watery diarrhoea with abdominal pains, in each instance with rapid improvement of the original trouble. These three are the only "tissue remedies" which I have observed to act in this way. They have seemed, when given in full doses, to cause a diarrhoea, after which the malady for which they were administered improved rapidly. This difficulty is easily overcome by giving small powders at long intervals, or a few grains in one-half glass of water, a teaspoonful occasionally. These remedies need to be watched carefully, and, as soon as improvement sets in, either discontinued, or given in smaller doses and at much longer intervals.

The cases from practice about to be read are merely to illustrate the method of using these remedies, which I think will be found very valuable in those anomalous forms of evacuation which no remedy seems exactly to fit ; and at least we might fairly try them when we have failed with our own tried medicines.

*Miss* — had been under the care of an allopathic physician for a year and a half. His diagnosis of her disease was "hysteria." She had at intervals fainting fits, hysterical symptoms, sleeplessness ; was pale and emaciated. All food caused pain in the stomach and bowels. She had a diarrhoea of from two to ten evacuations a day ; greenish, dark-colored, slimy, and streaked with blood. She was also afflicted with rheumatism of the ankle and shoulder. On examination I could find nothing to account for the sleeplessness, hysteria, or nervousness, but the inflammatory diarrhoea, and the nearly constant pain, especially at night, of the rheumatism.

The young lady could walk but a short distance, on account of the pain in the ankle.

Prescription for three weeks, *merc. sol.*, and *china*. Patient was generally improved, but seemed to come to a standstill ; every little error in diet causing extreme pain ; stool still greenish at times, and bloody, but thicker and with less pain.

Pres. *ferric phos.* for the rheumatism, which was very severe, and for the inflammatory symptoms in the bowels. After taking this medicine for three or four days, a violent white, watery diarrhoea with abdominal pains set in, slime and blood absent. The rheumatism disappeared as if by magic, and no more than three powders were used after the diarrhoea ceased.

Pres. *mag. phos.*, and *potas. chlor.* Under these two remedies, for a week, the evacuations became yellow, thick, and natural in all ways, and appetite, sleep, flesh, and strength returned ; and I discharged her cured.

*Bertie B.* vomited twice, and had five evacuations of the bowels, on the day of my first visit. Matter from stomach was frothy and bitter; from bowels, thin and greenish, with griping pains. The child was feverish, but had no thirst. No cause could be assigned for the attack by the mother. I soon found the cause in the drinking-water, which was poisoned by a defective sink-drain. Pres. *sod. sulph.* and *mag. phos.*  $\bar{a} \bar{a}$ . gr. x. in half a glass of water, to be alternated every hour.

At the next visit the history was, two greenish, frothy evacuations, vomited twice, a frothy, watery matter. Tongue coated white. Headache and feverishness at night. Prescribed *sod. sulph.*

The next day, no vomiting, fever, headache, nor abdominal pains; two evacuations, yellow, and thicker. Prescribed *china*, and discharged the patient.

*F. B.* — I now found the father sick. He had had two watery, bitter, greenish vomitings, and five watery, yellow stools, with constant griping pains and great prostration. Prescribed *iris vers.*, which was not used, and *china*<sup>2x</sup> and *mag. phos.* This patient experienced the most decided relief from three powders of *mag. phos.*

On the following day prescribed *mag. phos.*, and discharged him on account of his being so nearly well.

*Mrs. B.*, the mother, was taken sick in the night, but, on using a few of the *mag. phos.* powders left for her husband, was soon relieved.

*Baby*, aged  $1\frac{1}{2}$  years. Had recovered from an acute attack of cholera infantum; but any little cause brought on an attack of diarrhœa, and the stools, which had not been natural since the sickness, were often clay-colored, and slimy and thin. Prescribed *potas. chlor.*, three small powders a day. The first stool was thicker, yellower, and more natural; within three days I discontinued the medicine, and the stools have been normal for nearly a year up to this time.

*Clifford*, age four months, had at least ten stools daily for two days, greenish, watery, and at times like hasty-pudding; drooling, and curdy vomiting. Prescribed *sod. sulph.* Next day no better; ten evacuations. Next day five evacuations, looking no better; a little slimy. Prescribed *merc. sol.*

On the following day the child seemed better. Prescribed *merc. sol.*, and left it for two days. When I called again, found the child no better; seemed to be in pain, stools thinner. Prescribed *mag. phos.*, which, in about four days, cured the diarrhœa. The infant had been taking, unknown to me, for a few days during the sickness, and weeks before, magnesia, in what form I do not know, to help the milk digest; but on learning of its

use I ordered it stopped. Had it not been for the yellowish-green discharges, I should have prescribed *mag. phos.* at first.

*Mr. T.* — Subject to chronic diarrhœa for twenty years. Stools generally clay-colored. He summoned me on account of an attack of acute diarrhœa. There had been about forty evacuations in five days, black as ink, watery, with severe griping pains, white-coated tongue, with great prostration. Prescribed *mag. phos.* and *china*<sup>2x</sup>.

On the following day there were two stools, thicker and more natural in color, with but little pain. I made two more visits the two days after; and, the patient then being so well, he was discharged.

Two elderly ladies, afflicted with chronic bilious diarrhœa, the one for two years, the other for six years, improved rapidly on *sod. sulph.*; the stools changing from greenish or deep yellow, slimy and bloody, to clay-colored, and then, under *potas. chlor.*, to yellow, thick, and natural; this result being brought about in the one case in three days, in the other in about two and one-half weeks. But one of the ladies removed to another locality, and the other thought it was unwise to attempt to stop the diarrhœa entirely. So I could not complete these cases to my satisfaction.

But I will occupy no more valuable time in giving cases. I should be far from satisfied if I were obliged to combat all diseases with the "tissue remedies" alone, but I am confident that they will richly repay careful study and experimentation.

Only the attenuations which Schüssler recommends have been used by me, but lower or higher ones may lead to different results.

From their small number and general indications, they seem to me best fitted to supplement our own remedies, and may, when we have faithfully tried every thing else in our knowledge, produce surprising results. With these remedies, as with all others, we should strive to find the definite limits of their action in order to administer them with success. Dr. Schüssler's indications are clear and far from numerous, and a little study and experiment will make one familiar with their use and usefulness.

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### OBSERVATIONS ON SEPIA.

BY D. C. PERKINS, M.D.

[Read before the Maine Homœopathic Medical Society.]

It is sometimes profitable to discuss matters, which, from being constantly before us, are supposed to be familiar to all. For this reason I have selected for the subject of my report a

well-known remedy; and, while making no pretension to a thorough analysis of its curative properties, I desire to present a few points, which, however familiar they may be to a majority of my colleagues present, may lead others to a more careful study and more frequent use of a remedy which ranks second to few in our vast materia medica.

Were I compelled to select a limited number of medicines with which to combat the many diseases to which flesh is heir, I am not sure but *sepia* would head the list.

Beginning with the conditions of the mind, we find that it has, like its analogue *pulsatilla*, "sadness with weeping;" but with the sadness there is a fear of being alone, and a dread of meeting strangers. In practice we discover that this dread of meeting strangers extends to all outside the patient's family.

Languor of body and mind, with aversion to any occupation either physical or mental.

The most marked symptoms of the head are stupefaction, and vertigo accompanying boring and pressing headaches. The headache is relieved by rest and hot water. Like *rhus toxicodendron*, *sepia* cures eruptions on the back of the head if they are dry, stinging, and itching, with sore feeling after scratching.

Heaviness and falling-down of the upper eyelids is very characteristic of *sepia*. It has also inflammation of eyelids, with yellow color of the whites of the eyes, and great sensitiveness to the light of day.

The yellow saddle across the nose is a universally recognized characteristic.

*Ozæna*, with blowing large lumps of bloody, yellow or green mucus from the nose, is a symptom covered by this remedy, frequently observed in catarrhal affections of both children and adults.

Pale yellow puffiness of the face, with bluish margins about the eyes.

Rapidly decaying teeth, with painfully swollen gums, bleeding without cause.

Sourness of stomach after supper; morning sickness of pregnant women, with painful sensation of emptiness in the stomach and abdomen; pain in the stomach after eating; burning in the stomach. All these get prompt relief from this remedy.

*Sepia* takes rank among the best remedies for constipation, the symptoms being insufficient stool with great straining and tenesmus. It has been said to be specific in the constipation of pregnant women.

In diarrhœa it has debilitating, sour-smelling, mucous stools, with aggravations after meat and boiled milk. The urinary symptoms, and symptoms of the male genital organs, are not

particularly striking ; but those of the female sexual organs are especially so. Indeed, I believe there is no remedy which reaches symptoms of these organs with greater certainty and promptness than this. Unlike *pulsatilla*, it is adapted to dark complexions, or all complexions and dispositions ; and, when indicated by the pathogenetic symptoms, seldom disappoints the person prescribing it.

Prolapsus, with pressure as if every thing would protrude, induration of the neck of the uterus, redness, swelling, and humid itching eruptions on the labia, and a host of symptoms appearing at the menstrual period or during pregnancy, yield to the curative properties of this remedy.

But it is in leucorrhœa that *sepia* accomplishes its most surprising effects. Guernsey describes the leucorrhœa cured by this remedy as sanguineous, mucous, yellowish, watery, or like milk or pus, profuse, having a fetid smell, excoriating, and with drawing pains in the abdomen. To these symptoms we may add debilitating leucorrhœa, with frontal headache during the day, and with aggravations preceding or following the menstrual periods.

I believe that *sepia* has nearly as wide a range in this disease as sulphur in diarrhœa.

Respiratory organs. Cough, especially evening and morning, with expectoration only, or principally in the morning ; expectoration profuse, purulent, greenish, tasting salt ; debilitating cough, with absence of appetite, and headache with sensation of emptiness in the chest, dry cough in the evening, in bed till midnight, with nausea and bitter vomiting.

Extremities. Itching eruptions on the elbows ; painless ulcers on the thumb, hand, or tips of the fingers. These ulcers appear in the form of blisters ; when pricked, they discharge a grayish pus, and go on suppurating slowly until cured by the appropriate remedy. This trouble is sometimes epidemic among children, and *sepia* in my experience has been almost invariably the remedy for it.

Sleep. Great sleepiness in the daytime, either morning or afternoon. The characteristic feature of this sleepiness is the extreme heaviness of the upper eyelids already mentioned.

Symptoms of the skin are among the most important and numerous cured by *sepia*. They consist of itching in the face, on the arms, hands, hips, feet, and about the genitals ; this itching changes to burning after scratching.

Soreness of the skin, and humid places in the bends of the joints ; brown spots or "moth patches" on the face (or abdomen) ; ulcers, as already noted, on the hands ; itching, stinging, and burning. I believe I have verified in practice nearly all these symptoms, some of them many times.

## SOCIETIES.

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*SEMI-ANNUAL MEETING OF THE MASSACHUSETTS  
HOMŒOPATHIC MEDICAL SOCIETY.*

THE semi-annual meeting of this society was held at the Hawthorne Rooms, 2 Park Street, Oct. 13, 1886.

The meeting was called to order at 10.30 A.M., by the President, Walter Wesselhoeft, M.D., of Cambridge.

The records of the annual meeting, of the executive-committee meetings, and of the special meeting to take action on the death of Hon. Otis Clapp, were read by the Recording Secretary. The records were approved.

The President presented the following matter from the Committee on Publication : —

RULES FOR THE GUIDANCE OF THE COMMITTEE ON PUBLICATION.

“In order to secure the greatest degree of practical carefulness, and to elevate the literary standard of the publications of the Massachusetts Homœopathic Medical Society, the committee deem it proper to be governed in its choice of papers by the following conditions : —

“1. Papers should be written in good English style and orthography, and upon one side of the paper.

“2. They should bear the stamp of original thought and research. If not original on the part of the author, the literary resources drawn upon should be clearly and definitely stated.

“3. This committee shall be justified in refusing to publish papers in which the above conditions are disregarded.

“4. Medical journals shall be encouraged to publish papers in advance of their publication in the Transactions of this Society, provided the Transactions of this Society are duly accredited and mentioned as the source whence such papers have been taken ; but that no papers not belonging to this Society, if published in medical or other journals, shall be subsequently published in the Transactions of this Society.”

After the discussion at some length of the fourth condition, the whole matter was referred to the Committee on Publication to report at the next meeting.

As Dr. Talbot was unable to be present in the afternoon when “new business” was in order, the privilege of presenting a very important matter was now granted. In a few earnest remarks, Dr. Talbot showed how unjust were the discriminations in favor of medical students of other than homœopathic institutions, and urged that strenuous efforts be made for a reformation of this evil. He then presented the following preambles and resolution : —

“Whereas, The safety and welfare of the community demand the most thorough education of all physicians to whom the care of the lives and health of many persons is to be intrusted ; and

"Whereas, This Society has made special efforts to improve medical education, and to secure for its students and the community the advantages of all means of practical instruction; and

"Whereas, These students have often found themselves at disadvantage, and their efforts thwarted by an improper and unjust discrimination which excludes them in this State of Massachusetts, as nowhere else in the world, from public hospitals and medical institutions for purposes of clinical observation, simply because they believe in homœopathy: therefore

"Resolved, That this Society appoint a committee of seven members with full power to take such measures as they may deem advisable to right this wrong; and that the members of this society hereby appeal to the sense of justice in every citizen of Massachusetts to aid them in this effort."

On motion of Dr. J. Heber Smith, the resolutions were passed, and the following appointed on the committee: Dr. I. T. Talbot, Boston; Dr. A. J. French, Lawrence; Dr. William B. Chamberlain, Worcester; Dr. D. B. Whittier, Fitchburg; Dr. L. D. Packard, South Boston; Dr. H. E. Spalding, Hingham; Dr. J. B. Bell, Boston.

The following members, having been approved by the Board of Censors, were elected to membership: Martha E. Mann, M.D., Boston; Rhoda E. Lawrence, M.D., Roxbury; Thomas E. Dolan, M.D., Lawrence; L. M. Kimball, M.D., Boston; Annie M. Seele, M.D., Melrose; Lamson Allen, M.D., Southbridge.

The Bureau of Materia Medica through its chairman, F. B. Percy, M.D., presented a number of interesting papers.

J. Heber Smith, M.D., of Boston, read a very instructive paper on "Antipyrine in Fever," and communicated a most interesting cure by plumbum aceticum.

Dr. Southwick, in the absence of Dr. A. L. Kennedy, read the latter's paper on "Sulphur as a Remedy in Children's Diseases." Dr. Kennedy made a most earnest plea for the more general use of sulphur, whose sphere of usefulness he considered boundless.

Dr. J. K. Culver, in her paper on "Arsenicum Iod., Conium, and Phytolacca in Diseased Mammæ," gave very clearly the indications for their use, and supplemented her paper with clinical verifications of arsenicum iod.

Fred B. Percy, M.D., read a paper on "Ænanthe crocata as a Remedy in Epilepsy."

D. B. Whittier, M.D., of Fitchburg, said that at the April meeting he had asked for an extension of time in preparing his paper on "Dr. Schüssler's Remedies, or Tissue Remedies," and that paper he was ready to present. Dr. Whittier then read a paper embodying the results of clinical experience with some of these remedies, which was listened to with a great deal of interest.

The Bureau of Pharmacy presented a paper by Dr. H. L. Chase of Cambridge, on "Otis Clapp & Son's Pharmacy."

At this point the meeting was adjourned for one hour, and the time was profitably spent in discussing the very satisfactory lunch provided.

#### AFTERNOON SESSION.

Promptly at 2 P.M., Dr. Wesselhoeft rapped the meeting to order. He called the attention of the Society to the necessity of utilizing the time of our meetings more effectually. At the spring meeting he promised to call the meeting to order promptly at the appointed hour, and to have the most important papers read early, thus giving more time for a discussion of the papers, which should be one of the most valuable features of the session. He suggested the advisability of having the President's address deferred until after dinner, and asked for the Society's views.

Dr. Spalding of Hingham concurred with the President as to the need of more time, and thought the evening before or the one following the day session should be given over to a portion of the exercises.

The annual oration, "Our Heritage," by H. P. Bellows, M.D., was a scholarly effort, and delivered in an impressive manner, which easily convinced all present of the enthusiasm and devotion of the orator to the cause of homœopathy.

The Bureau of Surgery, through its chairman, Horace Packard, M.D., Boston, presented a most interesting lot of papers, all of which were read.

Horace Packard, M.D., read a paper on "A Transplantation of a Large Flap of Skin from the Flank to the Fore-arm." The dimensions of the flap were eleven inches in length by five and three-quarter inches in width, — the largest flap ever transplanted.

The other papers were as follows: "Fracture of the Coronoid Process of the Ulna," J. W. Hayward, M.D., Taunton; "Primary Union," J. K. Warren, M.D., Worcester; "Some Practical Observations on Cancer of the Breast," J. B. Bell, M.D., Boston; "Treatment of Chronic Ulcers," James Utley, M.D., Newton; "Surgical Treatment," F. W. Halsey, M.D., Boston; "Exploratory Laparotomy," Emma C. Geisse, M.D., Boston.

The discussion which followed was confined almost exclusively to a discussion of Dr. Halsey's paper, in which he championed the use of caustics, and claimed that in using them the pain was not severe, and greater security against return of cancer was secured.

Dr. Boothby: "I don't know where one gets these favorable

reports from the use of escharotics. I have repeatedly cases coming to me where the cancer has been drawn out, and I never knew one that was cured by caustics. Now, in regard to the fallacy of the objections that are raised against the caustic because of the pain; if you had heard the patients who had submitted to it relate their sufferings, I don't think that any one of you would claim that there is not the most extreme suffering."

Dr. Spalding spoke of a case of supposed cancer of the breast, so diagnosed by eminent surgeons, which disappeared when the lady was under ether on the operating table.

Dr. Packard: "We know that the escharotic treatment originated, I believe, with the French, and it underwent the investigation which every new method of treatment always undergoes; and where has it fallen? We must confess that it has fallen largely into the hands of quacks. Distressingly grave results have followed the use of escharotics in those patients who have come under my observation." Dr. Packard then spoke of the question of operation in cases of undoubted cancer.

Drs. Bell, Utley, Warren, and Chamberlain expressed very decided objections to the escharotic method.

The Bureau of Gynecology through its chairman, A. Boothby, M.D., presented two papers.

L. A. Phillips, M.D., Boston, read a paper on "Prolapsus Uteri: Causes and Effects, Prevention and Treatment."

A. Boothby, M.D., Boston, read a paper on the "Surgical Treatment of Prolapsus Uteri."

A. J. French, M.D., of Lawrence, opened the discussion: he spoke of various phases of this trouble, and mentioned one interesting case in which an operation did not cure the patient of the symptoms attributed to prolapsus uteri.

Dr. Packard spoke of the diagnosis of prolapsus, of the use of pessaries, and their futility in extreme cases where operative measures alone suffice.

Dr. J. Heber Smith strongly urged the need of shoulder development in women, and spoke of the methods he had used to attain it.

The papers were still further discussed by Drs. Phillips, Towle, Boothby, Bell, and Lougee.

The Chairman of the Committee on Ophthalmology and Otology, J. H. Payne, M.D., presented a paper on "Retinoscopy."

The Committee on Zymotic Diseases did not report.

Dr. J. H. Smith, Chairman of the Committee on Resolutions, presented the following:—

*Whereas*, Our beloved and revered friend, the Hon. Otis Clapp, has been taken from us by death, and his benign presence can be known no more, except as a fragrant memory of our early days, with the hope that his devotion

to the orphan, to the inebriate, and to the incorruptible discharge of his civil duties, his love of justice, and his steadfast adoption of every good and struggling cause, may live not alone in the memories of the fellowship of this society, which loved him as a father, but also serve to light his feet with inverted torches up some shining way, at whose summit he may be received with the benediction, "Well done, good and faithful servant," and to the communion of kindred saints;

*Resolved*, That in his death the cause of homœopathy has lost one of its most zealous pharmacists, among the very first to espouse its weal; a liberal and intelligent publisher, agent, and advocate in the bygone days when medical controversy was hot and bitter, whose adoption and defence of its principles contributed perhaps more than any single personal influence to the establishment and growth of the Massachusetts Homœopathic Medical Society, and whose good counsel, judgment, probity, kindness, and sympathy marked him for nearly half a century as one of the buttresses of medical reform in New England;

*Resolved*, That, as a society, we desire to express hereby our sincere reverence and love for such a life as his to its end;

*Resolved*, That these resolutions be spread upon our records, and a copy sent to the family of the deceased.

In behalf of the Society, by your Committee,

J. HEBER SMITH, M.D., *Boston.*

JAMES HEDENBERG, M.D., *Medford.*

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

The resolutions were unanimously adopted.

After a few closing remarks by the President, the meeting adjourned at 5.27 P.M.

F. B. PERCY, *Rec. Secretary.*

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#### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

THE inaugural meeting of the Society, for the season of 1886-87, was held at the Parker House, Thursday evening, Oct. 21, Vice-president C. H. Walker presiding.

After approval of the records of the preceding meeting, the following candidates were elected to membership, the censors having reported favorably: Kate G. Mudge, M.D.; Eliza B. Cahill, M.D.; Grace E. Cross, M.D.; Mary E. Webb, M.D.; William J. Winn, M.D.

The following were then proposed for membership: Maude Kent, M.D., of Boston; George Hipkiss, M.D., of Boston.

The election of President and Vice-President to serve the remainder of the year resulted in the re-election of the present incumbents.

*Scientific Session.*—The following questions were submitted to the Society for discussion:—

"I. Whether the present extensive use by homœopaths, of extraneous therapeutic methods, is inconsistent with the professed tenets of homœopathy.

“2. Whether this departure from the conventional homœopathic practice is due to mistakes or omissions in teaching, disappointments in results obtained, or carelessness on the part of the practitioner.

“3. In case the use of such methods becomes general in our ranks, shall we be justified in still retaining our distinctive title?

“4. What will be the influence, if any, of such practice, upon the progress and future condition of homœopathy?”

Dr. Conrad Wesselhoeft spoke at length upon these questions, and treated the subject in a most able and interesting manner.

He was followed by Drs. I. T. Talbot, E. P. Colby, A. L. Kennedy, C. L. Nichols, A. J. Baker, Horace Packard, Charles Leeds, and others, in remarks, the prevailing spirit of which seemed to be, that, while conservatism in practice is desirable, it should not deter us from the judicious use of any means deemed necessary for the benefit of our patients; and that the future of homœopathy rests secure upon its good and true principles, however faulty may be the methods of applying them.

The interest felt in these questions was manifest from the large attendance, there being over eighty members present.

F. C. RICHARDSON, *Secretary.*

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#### REVIEWS AND NOTICES OF BOOKS.

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A LECTURE ON HOMŒOPATHY, BEFORE THE MEMBERS OF THE BOYLSTON MEDICAL SOCIETY. By C. WESSELHOEFT, M.D. Third edition. Boston: Otis Clapp & Son: 1886. 46 pp.

The members of the homœopathic branch of the medical profession are sincerely to be congratulated that popular interest in a pamphlet, whose study is certain to work so much good to their cause, has already necessitated the issue of a third edition. The lecture itself, of course, remains unaltered; and a fresh reading of it can only serve to add emphasis to the praise we have already bestowed. The new feature of the present edition is a preface, in which, under the caption “A Word on the Keynote of the Controversy,” Dr. Wesselhoeft comments keenly and courteously on certain points in the lecture lately delivered by Dr. Bowditch before the students of Boston University School of Medicine. To omit nothing that was admirable, the preface must be quoted in full; and as space forbids us that pleasure, we must content ourselves with noting a few leading points, trusting that our readers, thus apprised of its value, will, whether or not pos-

sessors of the first edition of the pamphlet, hasten to become possessors of the third. Among the leading points made, are:—

I. It is not only the right of a physician to choose his method of practice, but it is his duty to himself, his colleagues, and the public, to make his choice known. “Any secrecy, or concealment of methods, is quackish, and repugnant alike to honorable physicians of any school, and in contravention of the ethical laws of their societies. Not the publicity, but the concealment, of convictions, would be ‘sailing under false colors.’” A delightful and characteristic carrying of the war into the enemy’s country!

II. “It strikes homœopathists as a great inconsistency,” says Dr. Wesselhoeft, “when their opponents deprecate every adjective to the name of a physician, when they condemn those who call themselves homœopathists, while they most inconsistently assume the prefix of ‘regular’ before the word ‘physician.’ . . . The designation of ‘homœopath’ simply implies the recognition of a certain principle and method, in contradistinction to those who claim to have no particular method or principle. The adoption of the name of ‘regular’ physician is no fair and logical antithesis to ‘homœopathic physician;’ it is merely a disagreeably invidious distinction, and no more of a true contrast than there is, for instance, between a negro and a doctor.”

From the above too-brief quotations, it will be readily seen that homœopathists have, in the preface to the third edition of Dr. Wesselhoeft’s pamphlet, a new armory from which to draw most effective controversial weapons.

PROCEEDINGS OF THE TWENTY-SECOND ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO, held at Toledo, May 11 and 12, 1886. 239 pp.

One notes with sincere pleasure the prompt appearance of this volume, and the excellence of its contents. Over thirty papers are presented, — a highly commendable testimony to the unselfish interest in public work, of our Ohio colleagues. Prominent in interest is to be remarked the report, by Dr. Lungren, of his third successful Cæsarean section; the operation having been performed in thirty minutes. The discussions are animated and instructive, and are reported with unusual fulness.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEAR 1886. Published by the Society. 465 pp.

More than forty papers are presented in this, the twenty-first volume of “Transactions,” published by the New-York State Society, and the great majority of these are interesting and valua-

ble contributions to medical literature. Among the contributors are many names which are recognized in the homœopathic fraternity as synonymes of energy and ability: prominent among them, Asa S. Couch, H. I. Ostrom, S. Lilienthal, H. M. Paine, J. W. Dowling, H. C. Houghton, George W. Winterburn, and others, of whom space forbids the enumeration. An excellent steel engraving of the retiring president, Dr. M. O. Terry, adds interest to the volume, whose appearance is most creditable to the publishing committee, as are its contents to the society.

**BRIGHT'S DISEASE AND ALLIED AFFECTIONS OF THE KIDNEYS.**  
By Charles W. Purdy, M.D., Queen's University, Professor of Genito-Urinary and Renal Diseases in the Chicago Polyclinic, etc. 8vo. 288 pp., with 18 illustrations. Cloth, \$2. Philadelphia: Lea Brothers & Co., 1886.

Dr. Purdy has succeeded well in his effort to "furnish a systematic, practical, and concise description of the pathology and treatment of the chief organic diseases of the kidneys associated with albuminuria."

It is to be noted, that the author, in treating of tests for albumen, considers the ferrocyanide of potassium solution and the nitric acid the most reliable tests; the potassio-mercuric iodide and picric acid the most sensitive; and these, with heat, he looks upon as quite sufficient.

Hygienic treatment is throughout the work dwelt upon as of great practical importance. The work is distinguished, first, by the prominence given to scarlatinal and puerperal nephritis, a chapter being devoted to each; and second, by the admirably clear and simple classification adopted, the nomenclature being, acute nephritis, chronic nephritis, cirrhosis of the kidney, scarlatinal nephritis, puerperal nephritis, lardaceous degeneration of the kidneys, and cyanotic degeneration of the kidneys (secondary to heart disease).

The illustrations are excellent, and the book is gotten up substantially and handsomely.

**A MANUAL OF DIETETICS.** By J. Milner Fothergill, M.D., Physician to the City of London Hospital for Diseases of the Chest. 255 pages. Price, \$2.50. New York: William Wood & Co.

This is a book so thoroughly sensible, original, and delightful, that the reviewer is reluctant to lay it aside, even for the pleasure of commending it. The importance of dietetics as an aid both to therapeutics and to prophylaxis is being more widely recognized from year to year; and we trust that the time is near, when the chair of the professor of dietetics shall be found in

every medical college in the land, in honorable proximity to the chair of the professor of therapeutics. Until that good day arrives, physicians should gratefully avail themselves, for their own instruction and that of their students, of such classics on this important subject as is the work before us; exhaustive in treatment, scientific in matter, admirable and fascinating in style.

Part I. treats of food; its object; forms of food, and their digestion; methods of preparing foods; condiments; beverages; stimulants; fluid foods; preserved and canned foods; prepared foods; artificial digestive agents.

Part II. discusses food in infancy, adolescence, adult life, and old age; in acute diseases and convalescence; in gastric affections, stroma, anæmia, constipation and diarrhœa, phthisis, chronic heart and lung diseases, Bright's disease, albuminuria, diabetes, glycosuria, gout, neurosal affections, chronic invalidism, obesity, indigestion and biliousness, and food given otherwise than by the mouth.

The concluding chapter offers a plain, emphatic, common-sense plea for the better education of physicians and students on a matter so vital as the adaptation of foods to the prevention and cure of disease. The whole work is rich in suggestions, any one of which would repay the practitioner for its purchase and perusal. The chapters on the use of fats in phthisical and nervous affections cannot fail of an enthusiastic welcome, shedding light, as they unquestionably do, on the even yet too obscure problem of possible relief in these most distressing conditions.

ANALYSIS OF THE URINE. By K. B. Hoffman and R. Ultzmann. Translated by T. Barton Brune, A.M., M.D., and H. Holbrook Curtis, Ph.B, M.D. New York: D. Appleton & Co., 1886. Second edition, 310 pages, and eight colored plates.

Before treating of apparatus, re-agents, and tests employed in urinalysis, the authors devote several important chapters to the urinary apparatus itself; describing its histology and its physiology, as far as at present known, and presenting a clear description of the urine, its physical characteristics, chemical composition, and normal and abnormal constituents. The student is thus prepared for profitable study of the body of the work, which contains full and specific instructions for performing the tests which determine the presence and quantity of the constituents, normal and abnormal, of the urine, and the diagnostic significance of the latter. Students and general practitioners can ask no better working guide on the subjects treated,

than this standard work. The publishers present it in a handsome and durable form, and the colored plates are uncommonly finished and fine.

**SURGICAL DISEASES OF THE KIDNEY.** By Henry Morris, M.A., M.B., F.R.C.S., Surgeon to and Lecturer on Surgery at the Middlesex Hospital, London. 12mo., 555 pp., with 6 chromo-lithographic plates and 40 engravings. Cloth, \$2.25. Philadelphia: Lea Brothers & Co., 1886.

This little manual gives a brief description of the normal regional anatomy, and a full account of the malformations and other abnormal anatomical conditions of the kidneys, together with systematic teaching on the injuries and diseases of the kidney; embracing under the latter heading such affections as are "secondary to obstruction in, or operation upon, the lower urinary organs,—such as suppurative nephritis, the various forms of urinary fever," etc. There are also given descriptions of the methods of performing the several renal operations,—nephrectomy, nephro-lithotomy, nephrotomy, aspiratory puncture, and nephrorraphy. The illustrations are numerous and useful, and a list of references to the literature of the subjects treated is found at the end of every chapter, in addition to the bibliographical references embodied in the text.

**THE FIELD AND LIMITATION OF THE OPERATIVE SURGERY OF THE HUMAN BRAIN.** By John B. Roberts, A.M., M.D. Philadelphia: P. Blakiston, Son, & Co. 80 pp.

Although it is now nearly a year since this admirable monograph was given to the profession, it is not yet too late to commend it to the earnest consideration of all surgeons; offering, as it does, a most able and suggestive plea for more frequent operative interference in injuries and diseases of the brain. The work is divided into "Principles of Cerebral Surgery," "Cerebral Localization," and "Operative Treatment of Cerebral Lesions." No friend of progressive surgery can fail to find instruction and encouragement in these papers, and the study of them is a tribute paid to science.

**RHEUMATISM: ITS NATURE, ITS PATHOLOGY, AND ITS SUCCESSFUL TREATMENT.** By T. J. Maclagan, M.D. New York: William Wood & Co. 1886. 277 pp.

This work offers an excellent review of the theories at different times entertained concerning the pathology and therapeutics of rheumatism, as well as an exceedingly clear exposition of the author's own views, many of which have already been given by him to the profession, within the last few years. The positions

taken by him are, that the rheumatic poison is malarial in nature, and is therefore allied to the poisons of intermittent and remittent fevers; that malarial poisons are organisms, and, therefore, allied to the contagia; that they act after the manner of these, and owe their morbid action to their organic development within the system; and, finally, that the treatment of rheumatism by the salicyl compounds is the treatment *par excellence*. Dr. Maclagan's statements are supported by reports of cases and by statistics. Emphatic though his statements are, they apparently have failed as yet to inspire his colleagues with the entirety of his own confidence in the efficacy of the salicyl compounds.

The volume forms the September issue of Wood's Library.

A TREATISE ON ELECTROLYSIS. By Robert Amory, A.M., M.D.  
New York: William Wood & Co. 1886. 307 pp.

Year by year the value of electricity in medicine and surgery is being demonstrated, and the literature of the subject grows apace. This volume, which forms the August issue of Wood's Library, will be especially welcome to the student or practitioner whose time is too limited to permit him to enter deeply into the theory and technics of electrolysis, but desires to obtain a "working knowledge" of the subject. The book treats of the principles of chemistry and physics which control the manifestations of electricity; of the method of generating electricity, and delivering this force from the galvanic cell; the matter of conductors; the destruction of the living tissues by means of electrolysis; the methods of using electrolysis as a therapeutic agent; of measuring the strength of currents; of the apparatus required for the treatment of diseases by electrolysis, etc. The style of the book is lucid and pleasant, and the illustrations numerous and appropriate.

HANDBOOK OF PRACTICAL MEDICINE. By Dr. Hermann Eichhorst. Two vols. New York: William Wood & Co., 1886.

These two volumes form, respectively, the March and June issues of Wood's Library for the current year. Vol. I. treats of the diseases of the circulatory and respiratory organs; Vol. II., of those of the digestive, urinary, and sexual apparatus. To those interested in comparing the influence of nationality on medical theory and practice, Dr. Eichhorst's work offers an excellent opportunity for studying the German branch of the subject. His therapeutics are, of course, those of the allopathic school. Much attention is given to the minutiae of pathology, diagnosis, and treatment. The numerous illustrations exhibit chiefly reproductions of normal and pathological products as seen under the microscope.

MARRIAGE AND PARENTAGE. New York: M. L. Holbrook & Co. 185 pp.

The motto of this little work may also be taken as its *raison d'être*: "The virtues of men and women, as well as their vices, may descend to their children." The author, who subscribes himself "a physician and sanitarian," works to impress upon parents, present and potential, the important possibilities of improvement of the race, which lie in their power; and gives much teaching, historical, hygienic, and philosophical, bearing on this point. The book is evidently sincere in purpose, and is commendably cleanly in style.

THE POPULAR SCIENCE MONTHLY for October has a valuable illustrated article on "The Microbes of Animal Diseases," by E. L. Trouessart; a "Psychological Study of Fear," by Charles Richet, which admirably sets forth the too-often-forgotten distinction between fear and cowardice; a paper on the "Philosophy of Diet;" and a variety of readable contributions on topics of general scientific interest. New York: D. Appleton & Co.

THE CENTURY for October gives the conclusion of the delightful adventures of Mrs. Lecks and Mrs. Aleshine; the last chapters being rich in piquant and Stocktonian touches of the unexpected. "Lemuel Barker" is continued, and Howells gives some most admirable writing in the present instalment of his history. There is a clever little sketch by Grace Denio Litchfield; and "war papers," essays, and poems make up a highly readable number. New York: The Century Company.

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#### BOOKS AND PAMPHLETS RECEIVED.

- THERAPEUTIC METHODS. By Jabez P. Dake, A.M., M.D. Boston and Providence: Otis Clapp & Son, 1886.
- HOW WE TREAT WOUNDS TO-DAY. By Robert T. Morris, M.D. Second edition. New York and London: G. P. Putnam's Sons, 1886.
- A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, A.M., M.D. New York: William Wood & Co., 1886.
- A SKETCH OF MEDICAL CLIMATOLOGY: PAU AND ITS NEIGHBORHOOD. By H. Duboué (of Pau), M.D., Paris.

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#### MISCELLANY.

WITHOUT ASSISTANCE. — *Sorrowful child to the pastor.* — Mr. B., mother sent me to tell you that father is dead. *Pastor.* — Is he? Did you call a doctor? *Child.* — No, sir; he just died of himself. — *Chicago Medical Times.*

AVOIDING A SACRED SUBJECT. — A little girl, aged four, was sitting with a doll

in her lap and a basin of water by her side. "What are you going to do with the dolly?" said her mother. "Christen her," replied the child. "Oh! you must not play at christening," replied her mother: "it is a sacred subject."—"Then I'll vaccinate her, mamma; that is not a sacred subject, is it?"—*Vox Populi*.

CONVULSIONS may frequently be cut short like magic by turning the patient on his left side. The nausea as an after-effect of chloroform or ether narcosis may be generally controlled in the same manner.—*St. Louis Medical and Surgical Journal; Southern Practitioner*.

DURING the cholera epidemic in Nashville, Tenn., the late Dr. Bowling attended an old blind negro, who eked out an existence by playing the flute at the street-corners. He recovered, and with a heart overflowing with gratitude he took his flute and sat under the doctor's bedroom window, and played it the whole night long. Of all the large fees he ever received, the doctor said this was the largest.—*Medical and Surgical Reporter*.

IN a case of profound , a . may arrive when the ? may well be made regarding the necessity of emptying the : Unless the conditions be grave the physician should not be expected nor \* his reputation by making an abdominal §.—*Weekly Medical Review*.

THE MILK DIET.—"Why will you persist in drinking tea and coffee?" asked the doctor. "A milk diet is the healthiest: it contains all the elements of the human blood."—"Very true," replied Boggs, swallowing a third cup of coffee; "but then you know I am not bloodthirsty."—*Medical World*.

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## PERSONAL AND NEWS ITEMS.

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DR. JOHN L. COFFIN may be found at his Boston office, Phillips Building, Hamilton Place, every afternoon except Sunday and Thursday.

DR. SAMUEL A. KIMBALL may be found at his office, 134 Boylston St., from 8 to 11 A.M., and generally from 5 to 6 P.M.

DR. RHODA A. LAWRENCE has removed from 10 Highland Avenue to Dunreath Place, opposite 235 Warren Street, Roxbury.

DR. E. L. CAMPBELL has removed from Attleborough to Boston; office at No. 23 Pemberton Square.

DR. M. F. STYLES has removed his office from 433 Columbus Avenue to 517 Columbus Avenue, Boston; residence at 76 Chester Square.

APPLICATIONS for the positions of male or female physicians in the Westborough Insane Hospital, at Westborough, Mass., may be made on or before the 15th of November, 1886. Those homœopathic practitioners who desire one or two years experience in the specialty of insanity can apply in person, or by writing, before the above-mentioned date, to N. Emmons Paine, M.D., superintendent, Westborough, Mass.

THE position of assistant house surgeon in the Brooklyn Homœopathic Hospital is vacant. Applicants should communicate at once with Dr. E. Miner, 109 Gates Avenue, Brooklyn, N.Y.

DR. LODGE, sen., expects to return to Thomasville, in Southern Georgia, early in November, and practise there in the treatment of diseases of throat, bronchia, lungs, and heart, during the winter months. Dr. Lodge finds Thomasville preferable to either Western Texas or Florida; no trouble from the severe winds called *north-ers* in Texas. Invalids are able to be out every day; there are very few cloudy days for the winter; and for December, 1885, and January and February, 1886, there were

only three rainy days. The elevation is some two hundred feet more than Florida, except in the two counties immediately south of Thomasville. The average temperature for winter is about three degrees warmer than the average autumn temperature at Boston.

ON the 12th of May last, the Chelsea Homœopathic Aid Association was organized with the following list of officers: President, Mrs. Charles Leeds; Vice-presidents, Mrs. Francis Low, Hon. Frank B. Fay; Secretary, Mrs. C. P. Norris; Treasurer, Mr. Frank E. Cox; Executive Committee, Mrs. R. S. Frost, Mrs. Henry Sawyer, Mrs. H. G. Smith.

We are pleased to note that this association is doing excellent work. It includes 6 life members and 116 annual members. The following taken from the columns of the "Chelsea Pioneer" will interest our readers:—

"CHELSEA HOMŒOPATHIC AID ASSOCIATION.—The ladies of the above association held a fair at the residence of Hon. Rufus S. Frost, 100 Bellingham St., during the day and evening of Wednesday, for the sale of fancy and useful articles. This sale assumed more the character of a reception, than that of an old-time fair: the sociability was most marked, while all the articles were disposed of without solicitation on the part of the sales-ladies, who attended to that duty with a courtesy quite refreshing, being as socially inclined to conversation as to dispose of goods, which, withal, they managed to sell at prices that netted a sum, including the sale of tickets, of over five hundred dollars. The appointments were most acceptable. The rooms being large, and the number of tickets limited, gave that freedom of space to the enjoyment of the guests, and greatly enhanced the opportunity for examination and display of articles to be disposed of, not usually found at fairs; and the attending of the same was an enjoyment and not a tiresome duty. The articles for sale bordered more on the fancy than the useful, though there was no lack of the latter; and were of the richest, consequently brought good prices, as is shown by the receipts named above. The refreshment-room was very inviting, and the viands most enticing; and we know that none went away without patronizing the same, it was so cheerful and homelike. In the evening the spacious grounds were lighted with Chinese lanterns, which had a most pleasing effect; and the reception accorded each and every one by the host and hostess was well worthy the price of admission. The undertaking was a grand success."

LACTATED FOOD IN DIABETES MELLITUS.—The following case will well illustrate the usefulness of the food when applied to the treatment of this disease in its most aggravated form. A man twenty-two years of age had been suffering from headache, prostration, intense thirst, and a voracious appetite, for several months. Upon examination of him, in March last, he had all the above symptoms; had become too feeble to walk, and was practically confined to the bed. He was voiding twelve quarts of urine in twenty-four hours, which upon analysis showed a specific gravity of 1036,—four grains of sugar to the ounce. His thirst was intolerable, his appetite unnatural, craving starchy and saccharine food; was unable to sleep, and obstinate constipation existed for several weeks. He was put upon Lactated Food and skimmed milk, allowed to drink all he wanted of these, but denied water or any other article of food. In forty-eight hours the quantity of water voided was reduced to three quarts. In one week his food and drink consisted wholly of Lactated Food, and the general improvement in his symptoms was most marked. He continued on this diet for two months, and so far as I could determine all the prominent symptoms of diabetes had disappeared. He was voiding but one quart of urine in twenty-four hours, sp. gr. 1016, bowels regular, could sleep without anodynes, had gained in strength, and was walking about. At this time, six months after adopting this plan of treatment, he is at work, has no apparent symptoms of the disease, and is allowed to take a mixed diet, simply avoiding starches and sugars.

FOR SALE.—A choice practice, near Boston, established by the present holder twenty years ago, and now for sale that he may take an extended vacation and travel. The buyer must be a man of ability, culture, and good address. He must be able to pay half down for real estate that cost the present owner \$15,000. No year during the last twelve has the practice been less than \$8,000. To the right man, no practice could be more easily transferred.

Address EDWARDS, care of *New-England Medical Gazette*, 3 Beacon Street, Boston, Mass.

THE  
New-England Medical Gazette.

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No. 12.

DECEMBER, 1886.

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EDITORIAL.

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*AN INTERNATIONAL PHARMACOPŒIA.*

WE take pleasure in reprinting, and in asking our readers' most earnest attention to, the paper appearing elsewhere in the present issue, which was read by Mr. John M. Wyborn before the recent Homœopathic Convention at Bâle. The interest felt in the subject treated by Mr. Wyborn, the need of an international pharmacopœia, cannot but be universal, since the need is unquestionably a pressing one to homœopathists on both sides of the sea. By a fortunate coincidence, the subject of an authoritative pharmacopœia was brought before the American Institute at its last session; and its importance was so immediately recognized, that a committee consisting of Drs. Dake, Wesselhoeft, and Cowperthwaite, was appointed to take the matter into consideration. The committee appointed for a like purpose, at the World's Convention, comprises Drs. Cowl of New York, and Giesecke of Dresden, and Mr. John M. Wyborn of London. Since several months will necessarily elapse before the former of these committees can offer a report, this interval may well be utilized by the profession at large in the formation of active and intelligent opinions on the subject.

Before any thing approaching to a "clinical test" can be arrived at and quoted, before the clinical cases reported to the profession by various physicians can be accurately tabulated for practical use, it is obviously necessary that there should be a

recognized, uniform, and exact standard by which the pharmacist prepares his preparations, as well as an intelligent idea on the part of the physician, of the strength of the dose administered by him ; neither of which is fully obtainable, as matters now stand. In other countries than America, physicians comparatively rarely dispense their own medicines, and therefore it is wholly the pharmacist on whom devolves the responsibility of the assurance of a uniform strength in a drug prescribed at different times and for different patients ; while in America, as a rule, physicians prepare at least their own dilutions, but so rarely their own tinctures as to make them wholly dependent on the pharmacist for the uniform strength and purity of these. To be assured that a standard had been established which would guarantee this uniformity, would give assurance of a stable basis, at least, for the hitherto most unstable process known as the "clinical test." Such a standard the proposed International Pharmacopœia aims to secure ; and, as Mr. Wyborn very practically suggests, as the "British Homœopathic Pharmacopœia" is the best now in our possession, we can do no better than to adopt this as the foundation of our new Pharmacopœia to be enlarged, completed, and perfected.

The second indispensable requirement for the accuracy of the "clinical test" is the certainty, on the part of the physician, of the strength of the drug given by him in the cases by him reported, in the interests of science, to the profession at large ; so that his brother physicians wishing to test the treatment recommended may be certain of doing so justly and exactly. To a superficial glance, this may not seem difficult ; but a more thoughtful consideration dissipates this idea. A practitioner, for instance, reports himself as having successfully treated a case with *aconite* 3x; and a *confrère*, reading the report, gives the same remedy in a seemingly similar case under his own care. But whereas the first physician has given three or four drops of the dilution in six fluid ounces of water, the second may give ten to twenty drops in four fluid ounces of water ; and it is evident enough, that, though the result in both cases may be favorable, the reports can hardly be classed together and quoted as constituting a "clinical test," there having been such a very appreciable difference in the strength of the dose employed.

The subject, then, if not of uniformity in the dose prescribed, at least of pains-taking care in recording and reporting in each instance the dose prescribed, is not unworthy of consideration in connection with the subject of a uniform and universal pharmacopœia.

We need hardly reiterate that the existence of such an authoritative, international pharmacopœia, which shall assure the American practitioner reading a report of the case successfully treated by a German *confrère* with *agaricus* 6x, or by an English one with *belladonna* 30x, that exact *facsimiles* of the medicines employed are obtainable by him, for experiment, at his own pharmacy, — that the existence of such a work will go far toward justifying the claim of homœopathy to that honored place in the exact sciences which we are all fain to see it occupy. The consideration and preparation of this work is a worthy task for homœopathy to set itself in the year whose opening is so close upon us.

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#### EDITORIAL NOTES AND COMMENTS.

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TWO HOMŒOPATHIC HOSPITALS UNDER THE CONTROL OF ENGLISH PHYSICIANS send us cheering reports of a useful and a successful year: the London Homœopathic Hospital, and the Homœopathic Hospital of Melbourne, Australia. The former, in a total of six hundred and seventy-four cases treated, — the said cases representing nearly all the evils, calling for either medical or surgical treatment, “that flesh is heir to,” — reports a mortality of less than five per cent. The latter, in two hundred and seventy-six cases treated, shows a mortality of a trifle over five per cent. Such statistics as these, exactly tabulated and vouched for by well and honorably known names, offer a most powerful argument to the friends of homœopathy, when demanding a representation, in state and city hospitals, for that beneficent system of treatment. The report of the Melbourne Hospital testifies to the satisfaction of officers and patients with the noble new building, in which, through the generosity of friends who had practically tasted the benefits which they thus helped to extend to others, they were enabled to find themselves.

APROPOS OF HOMŒOPATHIC HOSPITALS, it gives us great pleasure to communicate to our readers the fact that through the kindness of Mr. James McMillan and Mr. John S. Newberry, two gentlemen of Detroit, Mich., that city is shortly to have a fine homœopathic hospital. Two hundred thousand dollars is the munificent sum donated for this most worthy purpose. The site of the building is already chosen, and its general plan decided upon. It is to have all the latest sanitary improvements and safeguards: among which are to be noted a garbage-burner, placed in the basement, where all culinary refuse, and all cast-off bandagings and dressings, will be immediately burned; and straw beds for the patients, the straw filling of which will, in each case, be removed and burned immediately on the departure of the patient using it, while the tick will be washed, disinfected, and laid away for refilling when required.

The homœopathic physicians of Detroit have, in recognition of their so generous gift, addressed to the founders of the hospital the following graceful and appropriate letter, which we take pleasure in reproducing: —

*To JAMES McMILLAN, Esq., and the Hon. JOHN S. NEWBERRY.*

*Gentlemen,* — We, the homœopathic physicians of Detroit, feel ourselves at a loss to suitably express the feelings of gratitude and admiration with which your magnificent liberality inspires us. It enables us to realize a long-cherished wish, the fruition of which seemed hopelessly distant. But not to ourselves is this gift the greatest good. Humanity, in the persons of God's poor, is the object to which you have given of your abundance. All true physicians feel it both a duty and privilege to give of their skill to the same end. When, by such munificence as yours, the opportunity is given them to exercise their skill in so advantageous a manner, results are attained in the accomplishment of the greatest good to the greatest number, that no individual efforts on their part can ever reach. When to this is added your recognition of the principle of homœopathy, so dear to all of us, can you wonder that we fail to find the words to thank you? Neither you nor we can estimate the value and influence of your act upon the future; but so long as Detroit shall remain a city, so long shall your names be cherished by suffering ones whom your gift has made it possible to relieve.

In accepting the trust, on our part, we pledge ourselves to faithful work, to an earnest endeavor to make the record of the Detroit Free Hospital equal to any in the world, to subordinate personal strifes and rivalries to the good of the institution, and, so far as in us lies, justify the confidence you have reposed in us.

With sentiments of profound gratitude and admiration, we beg leave to subscribe ourselves,

Very respectfully yours,

(Signed)

C. A. WALSH, M.D.	C. C. MILLER, M.D.
E. P. GAYLORD, M.D.	J. M. GRIFFIN, M.D.
H. P. MERA, M.D.	R. C. OLIN, M.D.
ERASTUS R. ELLIS, M.D.	F. X. SPRANGER, M.D.
W. M. BAILEY, M.D.	O. LANG, M.D.
C. A. HUGHES, M.D.	PHIL PORTER, M.D.
M. E. HUGHES, M.D.	M. J. SPRANGER, M.D.
R. E. GUSTIN, M.D.	THOS. H. HICKS, M.D.
W. R. MCLAREN, M.D.	D. J. MCGUIRE, M.D.
W. A. POLGLASE, M.D.	C. F. STERLING, M.D.

DETROIT, MICH., Sept. 30, 1886.

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OUR readers, who, we are sure, have appreciated the very great interest and value of the papers on "The Therapeutics of Small-pox," from the pen of Dr. Nichol, which have appeared in our pages during the past year, will learn with satisfaction that a series of papers on "The Iodide of Arsenic," which will form a monograph, treating exhaustively of the remedy in question, but especially of its clinical uses and value, has been promised to THE GAZETTE by Dr. Nichol, for the year 1887. The initial paper will appear in January.

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WHATEVER MAY BE OUR STATE OF MIND, at most seasons of the year, toward those whom we reckon our adversaries, — and for the credit of a so-called Christian country, it is as well, perhaps, not to inquire too stringently as to what that state of mind may be, — the most belligerent of us is conscious, at the approach of the Christmas season, of a certain softening of heart, and a half-unwelcome, lurking suspicion that even our most intimate enemies may not be quite such incorrigible ruffians after all. The sprinklings from the torch of the Spirit of Christmas Present, as he passes us all too hurriedly by, have a marvellous faculty of bringing out a certain brotherly likeness to ourselves in the features even of old opponents; and it is for the moment on our points of agreement with, rather than our points of dif-

ference from them, that we find ourselves inclined to dwell with most emphasis. We may be conscious, it is true, that this gentler mood will pass with the passing of Christmas time. Abraham Lincoln used to tell a funny story of a grim old frontiersman, who, on his supposed death-bed, was induced by the adjurations of his clergyman to be reconciled with an old foe. When his enemy — the touching interview over — was about to depart in peace, the dying man called after him, "But I hope ye understand, John, that if I *should* happen to get well, *that old grudge'll stand!*" So with us. We cannot help a haunting conviction, that, the season of good-will once over, the old grudge may stand. But meanwhile we, as was doubtless the case with the frontiersman, are none the worse for our temporary oblivion of it.

The above reflections were suggested by our discovery, that, on making a brief mental review of the relations of allopathy and homœopathy in our part of the world, during the year just past, the spirit of the time so far worked with us, that we found ourselves dwelling with the heartiest pleasure, not on any controversial triumph which we may have won over our adversaries in the last twelvemonth, not on the better showing of our clinical statistics as compared with theirs, not on the unity and harmony of our representative body as compared with the dissensions and secessions in theirs, but on the fact that the past year has witnessed the conclusion of that interchange of courtesies, by which, for the first time in the history of the rival schools in Massachusetts, the students of either school have, in all good faith, sought a better understanding of the principles of the other through instruction from a competent representative of the other; and, in all good faith, such instruction has been given. And in the course of this instruction, we have heard the representatives of either school alluding in a matter-of-course way to the supporters of the other, not in Boythornian phrase, as the most consummate scoundrels on the face of the earth, but as, in the main, honorable, scholarly, and conscientious gentlemen, sincerely devoted to the advancement of science and the welfare of humanity. And however distant and millennial may be the future which this foreshadows, it is none the less pleasant, at this season of good-will toward men, to think upon this fore-

shadowing of it. And to those of our esteemed contemporaries who have lately, with jocular irony, referred to the event in question as a "lovefeast," we would respectfully submit that a "lovefeast" may occasionally present as humanizing and attractive a spectacle as a chronic war-dance accompanied by howls of defiance.

If, in the shadow of the holly and the glow of Christmas fires, one's heart grows warm even toward one's familiar foes, how infinitely does it expand toward tried friends and true! The world seems but a small place, and well 'compact together, when we realize that in almost its every part, this Christmas Day will dawn upon fellow-workers, with like aims, principles, and hopes with our own. The mysterious Elsewhere, of which we know so little, seems less sadly far away when we realize it as the home to which, in the year just past, and so many years before it, have found their way those fellow-workers of ours, whose interest in our work we cannot feel has wholly ceased. And to all our fellow-workers everywhere, the impulse of the season is to hold out a faithful and unforgetting hand, whose clasp wishes them a MERRY CHRISTMAS.

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### COMMUNICATIONS.

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#### *THE THERAPEUTICS OF SMALL-POX.*

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[*Concluded.*]

*CALCAREA CARBONICA.* — Raue recommends *calcareo carbonica* as being "very important during dentition," and it has been suggested for the caries of the bones which sometimes follows indifferent treatment. Speaking of the annoying furuncles that occasionally follow small-pox, Hartmann tells that in one case, where small boils commenced to start up, he succeeded in cutting the eruption short with a dose of *calcareo carbonica* 6th.

*LYCOPodium* is an important remedy when the middle ear has suppurated with offensive pus, but of moderate quantity, and when a marked disinclination to heal is present. Dr. Sterling observes that *lycopodium* is similar to *hepar*, but lacks the sensitiveness of the latter. I never give *lycopodium* below the thirtieth.

KALI BICHROMICUM is a useful remedy when bronchitis comes on during small-pox, simply because, more than any other bronchitis remedy, its skin and blood symptoms resemble those of that disease. I have found a thick, offensive coating of the tongue, with ulceration of the mouth, very common in such cases. Drury looks upon it as an influential remedy for the serious eye-troubles that occasionally follow even the most careful homœopathic treatment. I have always used the fifth or sixth decimal trituration.

SILICEA. — Lilienthal recommends *silicea* when the suppurative stage exhausts the strength of the patient, and desiccation is delayed; also for caries of the bones following severe attacks of small-pox, with fistulous openings and discharge of thin pus and bony fragments.

KALI NITRICUM. — Drury advises *kali nitricum* in cases having a vesicular and pustular eruption, comatose sleep with wandering, and bloody stools; but I would venture to remark that too little is known of this remedy for us to venture on its use in such cases.

EUPHRASIA is one of the leading remedies for the very severe ophthalmia which sometimes follows small-pox. The eyelids are red and swollen, with a very profuse acrid and burning discharge, which at times renders vision almost impossible. There is a good deal of aching around the eye, and the photophobia is very marked. Later, the cornea becomes opaque, and here euphrasia has often proved curative. Drs. Allen and Norton remark that "Euphrasia is very similar to mercurius in the character of its discharges, only that in mercurius they are thin and excoriating, while under euphrasia they are thick and excoriating. Arsenicum also has acrid secretions; but they are usually thin, not as profuse as the above remedies, and accompanied by much burning pain, photophobia, etc. Rhus, like euphrasia, has profuse lachrymation, but it is not as excoriating." This remedy succeeds in all dilutions, but my finest result in the ophthalmia of small-pox has been obtained from the Hahnemannian thirtieth.

EUPHORBIIUM. — Acting on Allen and Norton's statement that euphorbium has been of benefit in chronic ophthalmia if the lids pain and itch severely, and are wet and agglutinated, I have several times used this remedy with success. It must not be given low, and I have found the best results from the thirtieth.

CUPRUM ACETICUM. — Laurie recommends *cuprum aceticum* in cases in which, the eruption having been struck in or suddenly checked in its development, the brain has become prominently affected.

CICUTA VIROSA. — Drury points out that *cicuta virosa* is homœopathic to head symptoms, such as sleeplessness, stupefaction, delirium, and convulsions, also to retention of urine; and as it has suppurative eruptions on the face, and itching of the whole body, with confluent pimples on the hands and face, he thinks that it may be classed among our auxiliaries.

NITRIC ACID. — Hartmann recommends *nitric acid* in the suppurative stage, but gives no indications. The same author advises it in ophthalmia after small-pox, and Drury has found it useful in inflammation of the testicles following the same disease.

AURUM METALLICUM is a chief remedy if the inflamed testicles become indurated, and I saw fine results in a case of otitis in which the ossicula became carious.

CONIUM MACULATUM. — Drury advises *conium maculatum* if the ovary is affected, and the same authority uses conium lotion with great advantage in simple swelling of the testicle when appearing as a sequel of small-pox.

ASAFÆTIDA has often proved curative in caries of the bones, and Hartmann suggests it when the ossicula become carious.

JABORANDI. — Drury suggests *jaborandi* as an auxiliary remedy when the salivation and sweating are so excessive as to demand control.

FERRUM METALLICUM is an indispensable remedy in certain phases of general debility when resulting from anæmia.

COMOCLADIA DENTATA is suggested by Dr. Drury when the case of small-pox is marked by sudden accessions of erysipelatous inflammation. It is indicated by the itching and erysipelatous swelling of the face and inflammation of the skin, followed by purulent and offensive discharge from the deep ulcers that form.

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### NOTES ON HYSTERIA.

BY E. P. COLBY, M.D., WAKEFIELD, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

IN presenting this paper I do not expect to communicate any new or original ideas upon the subject, for it has already been carefully studied and quite thoroughly written upon, but I hope to be able to give a few practical remarks upon a subject in which I have taken considerable interest, and with which I have had some experience. I do not propose to consider to any great extent those tumultuous cases which are popularly considered typical, — such cases as are mostly represented by tears, laughter, and an unanswered desire for some new article of dress, — for these patients are not often treated by the physician, nor do they

need his services ; but to discuss the disease as it appears to the general practitioner in the daily round of his duties. Hysteria has been described and defined so often by authors who may be considered masters in the investigation of nervous disorders, and by them differently defined, that we may well doubt just where to draw the line between this and many other diseases ; and with the general practitioner many cases have been treated as nervous prostration, spinal irritation, uterine disease, cardiac trouble, and even hydrophobia, where these were only complicating symptoms in a general condition of hysteria ; instances are not unknown where hysterical affections of the joints, and other painful affections, have been treated as grave structural lesions. Many patients with this disease have been long sick and under the care of several different medical attendants, with whom they have discussed symptoms, remedies, and theories, until they can talk medicine in a way to make it extremely disagreeable for the later physician ; and one should be very guarded in allowing himself to be drawn into any detailed argument as to the disease, reticence and firmness being essentially necessary to success in all dealings with this class of patients. In defining hysteria I cannot do better than to quote from C. Handfield Jones, who says, "Opinions in the profession are a good deal divided ; some inclining to cut the Gordian knot by declaring all such patients '*malades imaginaires*' whose only disorder is a defect of will, while others (a much smaller number) are inclined to take almost the opposite view. The best authorities are, I think, those who recognize two essential factors of this malady, — one a peculiar state of the nervous system, characterized by mobility and excitability ; and the other an ill-regulated, deceitful, perverse mind. But I think also that we should do great wrong if we assumed that these two factors were equally developed in all cases, and if we did not admit that the latter not infrequently scarcely exists, or, if it does, only in that slight and modified degree which may be fairly imputed to human infirmity and the stress of suffering." From the literature of hysteria one might be led to believe that it was in a majority of cases to be met with among the wealthy and idle, as a result of easy life and lack of occupation. However true this may be in other countries, I do not think the assertion holds in our New-England States, where it appears oftener as the result of overwork, either physical or mental. Among young women, who furnish a large contingent, I believe the foundation of the malady is often laid during school-life. Our modern school system is like the Procrustean bed, and if any individual does not fit the system, so much the worse for the individual. Most school-girls are ambitious to meet the requirements, and be

graduated from the high school as early as is possible, and at the same time acquire other social accomplishments, without regarding their physical condition or mental capacity; and in doing this they frequently only echo the ambition of their parents. I will not abuse your patience by an enumeration of all the studies a scholar is expected to pursue between the ages of five and seventeen, including as it does, besides the ordinary English branches, Latin and German or French. It makes no difference that the scholastic result is often imperfect and superficial: the fact still remains that the ambitious attempt, conducted in poorly ventilated rooms, subject to a routine discipline, with but little regard to personal requirements and peculiarities, and the nervous tension consequent upon frequent examinations, often ends in thrusting upon society an irritable nervous system to control a debilitated body. The result of this is, out of regard to the tender feelings of the patient and friends, called nervous prostration or some equally palliating term; in plain terms it is simply hysteria. The fore-mentioned cause, although a prolific one, is by no means alone. Under the stimulating and exhausting habits of advanced civilization, many of the social demands are calling upon susceptible individuals for greater strain than the human system can safely respond to. The foundation of this malady is often from unavoidable or perfectly natural causes, — difficult labor, miscarriage, severe hemorrhage, prolonged lactation, many forms of mental shock, various acute diseases, and the specific dyscrasiæ. The tendency is often inherited; and when it is so transmitted, relief is much postponed, and the case rendered far less tractable. Authorities agree that the evidences of structural lesion in hysteria are by no means uniform, and in most instances are entirely wanting. It is also certain that fatal cases are extremely rare: I have heard men of large experience, and of undoubted capacity in the study of nervous diseases, express disbelief in hysteria ever proving fatal. We can easily believe that when obscure organic nervous disease and hysteria co-exist, the less demonstrative but more serious malady may be overlooked, and the fatal result with the morbid evidences be credited to hysteria. In one case Charcot found sclerosis of the lateral columns. At the present stage of our knowledge of this disease, some disturbance in the cortex of the brain may be assumed as the producing cause of hysterical manifestations, and it has been declared that degeneration or long-continued disturbance of the centres in this region is often followed by changes in the tracts bearing the transmitting fibres: therefore it is not impossible that descending degeneration may take place as a result. Quoting Ross,<sup>1</sup> "It is therefore

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<sup>1</sup> Ross: *Dis. Nervous System*, Amer. ed., vol. ii. pp. 892, 893.

probable that in cases of hysterical contracture the fibres of the pyramidal tracts undergo morbid changes, at first temporary, although ultimately becoming permanent. But even if this be so, the primary change probably occurs in the motor centres of the cortex of the cerebrum. Indeed, all the phenomena of hysteria may be explained most readily on the assumption that the irritability of the cortex of the brain is sometimes in excess, and sometimes diminished or abolished. . . . Even the numerous vaso-motor disorders observed in the course of hysteria are best explained on the supposition that they are determined by variations in the intensity of the nervous discharges from the cortex of the brain to the nerve centres in the medulla oblongata."

In hysteria we find apparently antagonistic results : at one time certain reflex functions seem to be highly exalted, while in others there is almost complete inhibition. There may be violent or even convulsive action in some regions, while in others there is complete absence of action ; this is sometimes seen in hysterical anuria. Charcot and his followers maintain that firm pressure over a sensitive ovary will usually cut short an attack of convulsive hysteria, while light pressure will precipitate an attack ; and there is no reason to believe that pressure upon an ovary that is not sensitive will produce any result bearing upon hysterical manifestations. From these and some other facts of like nature, may it not be reasonable to argue that the stimulus of active pressure upon the sensitive ovary may set up an inhibitory action which relieves the general condition of reflex excitement in an attack of hysteria? It will not answer to deduce from the result of pressure over the ovary, nor from the fact that uterine disease often complicates hysteria, that the malady has its origin in the female sexual organs ; as the disease has frequently been found among men, children long before the age of puberty, and in women in whom the uterus and its appendages were but rudimentary or even absent. That constant irritation in any organ, or in an injured or painful member, may cause the trouble, is too well known to be doubted ; but that it results from irritation of any *one* peripheral system, has never yet been proven. The relation between the will and the motor and sensory centres may be disturbed from more sources of irritation than we can yet conjecture.

In considering the symptomatology of hysteria, it is well to remember that it is inexhaustible, the various subjective symptoms being capable of multiplication almost to rival the yeast-plant. The symptoms include disturbances in the sensory, motor, and vaso-motor systems, as well as the imagination ; every nerve seems to respond to the touch of this performer,

every organ and function. It is a mimetic disease simulating in detail many grave disorders, and constantly tending to lead one astray. The special senses are often affected, there being various errors of vision, hearing, smell, and taste. Anæsthesia and hyperæsthesia when present are often confined to limited areas, but in other cases extend to one-half the body. Charcot is authority for stating that the anæsthesia is limited to one side, never extending much over the median line; and as hysterical paralysis is sometimes found, one is in doubt as to the cause, being inclined to attribute it to hemiplegia from cerebral or spinal lesion. Great stress is laid by a few authors, upon the tenderness over the spinous processes of the vertebræ, and this is probably present in a majority of cases; but I believe it to be also present in a large percentage of the women in this country who are not robust, but are not by any outward sign hysterical. Ovarian sensitiveness is one of the most common, but not diagnostic symptoms; there is often great sensitiveness and soreness in the external genitalia, and in some cases the sensitiveness is very acute in the region of the urinary meatus; where there are frequent calls to micturition, this is the cause of excruciating pain. Vaginismus is not infrequent, and often interferes with local treatment, even the insertion of the pipe of a syringe causing pain; there may be irregular constriction of the vagina, forming pouches which will retain for a long time portions of the water from the vaginal douche. Some authors mention increased sexual desire as being common, but my observation would lead me to think it very rare; this, however, may be the result of nationality. Hysterical subjects are excellent material for neuralgic pains in various regions, and these neuralgias are much more difficult to relieve by internal medication than one might expect, having a remarkable faculty of attacking any region to which the mind of the patient is directed; and when fondly believing that a brilliant cure has been wrought, one finds on the next visit that it was only a change of base on the part of the enemy to obtain a more reliable vantage-ground; but with a cure of the general condition, the neuralgia vanishes.

Pains in the joints are common, and, as far as pain alone is concerned, simulate serious trouble; but there is less redness, less heat, and the sensitiveness is as great to a light touch as to deep pressure. Contraction of the muscles may be either temporary or permanent, sometimes confined to one limb, often to both upper and lower extremities, and in rare cases extends to both sides. As mentioned before, the special senses are subject to great disturbance; under this head is to be included the remarkable acuteness of the sense of hearing, the slightest sound being recognized at a great distance, and this is some-

times a source of considerable suffering to the patient; the sense of smell is also perverted, as well as that of taste, but it will usually be found on careful examination that the deviation from the normal is confined to one eye or ear, and one half of the tongue, or one nostril: this fact sometimes becomes of diagnostic value. Palpitation is present in a majority of cases, and with this may frequently be found the anæmic murmur. Partial and complete paralysis, although not very common, is by no means exceptional. Most phantom tumors are probably hysterical, and when present will yield more readily to treatment if considered in this relation; those cases of physometra, so often fondly assisted by the patient under the delusion that pregnancy exists, can generally be laid at the door of hysteria. There is more or less disturbance of the stomach and intestines, dyspepsia with a constipated habit being the rule; the appetite is freaky, and the suffering from various kinds of food is not apt to be guided so much by physiological laws as by the fancy of the patient. In a protracted and well-educated case, the word of the patient is not always to be taken; as the habit of simulation and falsification, prompted by a morbid desire for sympathy, leads some patients to systematically deceive the friends and the medical attendant. Many patients who, to believe their statement, are taking less nourishment than an infant, do in reality find means to secretly procure a fair amount of food. The foregoing statement is true regarding many other representations of the patient, e. g., the discharges from the bowels and bladder: to bring about abnormal discharges from the bowels, patients will inject the most singular and sometimes outrageous substances, to be afterwards discovered in the fecal dejections by the astonished nurse, and exhibited to the physician as a mysterious occurrence. Rapid secretion of gas in the intestines is common, sometimes to the extent of painful tympanitis; with this there is often an irregular contraction of the intestines, a portion of the tube seeming to lose its tone or become paralyzed, forming pouches in which enormous fecal masses are packed away for long periods. In a carefully watched case under my care, such pouches must have existed, as large masses were removed by enemata, the patient having for some weeks eaten but sparingly; and at one particular time I remember removing from the rectum an incredible number of seeds of fruit of which the patient could not have partaken for at least four months. In this case the patient was confined to the bed, and had no access to food except as given by the nurse or family, and I have no reason to doubt the integrity of either. In two cases I have found a substance looking like sand, but lacking the silicious character of such; and thus far this substance has failed to yield its characteristics by analysis.

In works devoted to the consideration of nervous diseases, extreme cases of perversion of the senses, of the appetite, and of the imagination are recorded, as also of exaggerated moral perversion leading to horrible crimes; but as such cases are rare, and it has never been my misfortune to see one, I shall simply refer you to the published records of nervous disorders. Most cases in the female sex have pain in frontal region, pain and soreness at the occiput, and extending down between the shoulders, with nausea and occasional vomiting. Hysterical aphonia offers a fine field for mysterious cures by some of the numerous supernatural healers; and, in fact, I think myself warranted in claiming that most of the cures wrought by faith, magnetism, mesmerism, and other occult or doubtful agencies, are among the hysterical class of patients. The impression prevails among physicians, that hysteria cannot greatly alter the pulse or temperature; but such is not always true, for I have seen the pulse kept for a period of days at 110 to 120, and the temperature in several cases as high as 102° Fah. In reports of cases, you will find records of a still higher temperature than this. (Ross publishes a case where the range was from 97° to 116°.) On the other hand, the pulse and temperature may be so lowered as to give every appearance of approaching dissolution, the face pallid, the body and extremities cold, pulse nearly absent, and a generally discouraging condition, all of which was very satisfactorily recovered from; and I will venture the assertion that a knowledge of the house being burned would have sent the patient out of bed and upon the street, with the most valuable of her jewellery safely cared for.

Many cases, as we most frequently see them, come on with what the patient has learned to call a nervous chill; the pulse may or may not be accelerated; there is some considerable mental excitement, and increased mobility; respiration rapid; face usually flushed, although in some cases there is decided pallor; the room is found darkened on account of photophobia, and there is pain in the head and eyes; around the latter are usually found signs of an attack of weeping, but little inquiry is necessary to trace the attack to some mental disturbance. Various bad feelings are complained of in the abdominal region, and connected with the distress in the stomach is the classical sensation of a lump in the throat. With all this disturbance there is an overwhelming desire to make those around understand that she is feeling very badly; and she can sometimes, by careful watching, be detected glancing on the sly to see if the situation is properly taken in. Not all attacks are so manifest as the above. Some cases are so mild as to furnish but few symptoms, being but little more than an exaggeration of emotion and sensibility,

and the true state of affairs might readily be overlooked. In hysterical women the condition is usually worse at about the menstrual period, and, from the great sensitiveness of such patients, there is considerable pain attending this function.

Really troublesome to the physician are those cases found in men suffering from certain diseases of the procreative organs, who, from a morbid fear of becoming unsexed, are occasionally driven into an hysterical condition of a mild but troublesome type, the cause being purely mental. Generally, as hysteria follows a course of vitiated living, or a violent disobedience for some years of physiological laws, the malady is not ushered in fully developed, but gradually takes possession of the patient; and as there is often concurrent disease caused by the same errors of life, it is not always, or usually, possible to define the course of the malady. And likewise its duration is so much the result of surroundings as to be indefinite: a continued exhibition of undue sympathy on the part of friends, and a total loss of resolution on the part of the patient, may continue the disease until increasing age blunts the faculties, or, all the friends being used up, the patient is obliged to rally and get well in self-defence. It may be said of simple hysteria, that it is almost never fatal.

As hysteria is so markedly a mimetic disease, great care is necessary to avoid the error of mistaking some serious lesional disease for the less grave one. I shall not soon forget an obscure case of Bright's disease, in which, but for a urinary examination (made from habit), I should have made such a mistake; and this not in a case which had grown gradually upon my mind, for when I first saw the patient it was within a few days of a fatal termination. This case had certainly, on a brief examination, nearly all the points required for a diagnosis of one of the neuroses. Extremely perplexing are those cases in which some organic disease co-exists with hysteria, as then it is impossible to separate the symptoms caused by organic lesion, from those purely functional disturbances which have their origin in the strange freaks of the cortex of the brain. Charcot says, "Hysteria, you know, presents a unilateral anæsthesia. Total anæsthesia is relatively rare. An antero-posterior plane through the median line of the body marks the limit of insensibility, which line upon the trunk, however, is somewhat overstepped on the sternum in front and on the spinal crest behind." Oftenest a diagnosis of hysteria is arrived at by excluding other diseases. Again quoting Ross,<sup>1</sup> "Hysterical arthritic affections are particularly liable to be mistaken for organic disease of the joints. In the hysterical

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<sup>1</sup> *Op. cit.*, p. 894.

affection, the pain varies at different times, and is fluctuating in character; the form of the joint is unchanged; there is no heat or redness; and the pain, like most other hysterical pains, is limited to the surface, so that slight contact may be painful, while deep pressure causes no discomfort, especially if the attention of the patient be otherwise engaged." "Pains over spinous processes of vertebræ have led to the affection being mistaken for grave organic disease of the spinal cord, but these symptoms indeed are rarely present in the organic diseases. . . . Hysterical hemiplegia differs from hemiplegia due to cerebral disease in the following respects: It is usually accompanied by well-marked disorders of sensibility; there is no facial or lingual paralysis; the paralysis is scarcely ever complete; in the majority of cases, it is worse in the leg than in the arm; it is liable to sudden variations in intensity, under the influence of emotions; the electric excitability is unchanged; and the muscles do not undergo atrophy." "Hysterical aphonia is seldom accompanied by a cough, as is laryngitis; the loss of voice is sudden." . . .

In treating hysteria, it must be borne in mind that sufferers from this malady are almost destitute of self-control, but we are not on this account to forget that their sufferings are as real and as painful to them as are the pains of organic disease. As hysterical cases fairly live upon sympathy, we should begin the treatment by removing them from over-sympathetic friends: if possible, isolate them, and have them cared for by a resolute but kind nurse; reserving an occasional visit from discreet members of the family, for a few minutes at the time, as a reward for self-control, demanding beforehand that the matter of personal health and feeling, as a subject of conversation, is "*taboo*." See that the room is well ventilated, regardless of the over-sensitiveness to slight changes; admit plenty of sunlight, — the photophobia will soon disappear, — let the patient have no occupation until some weeks have elapsed. In fine, carry out in a modified way the treatment formulated by Dr. S. Weir Mitchell. You will see that the greater part of this treatment is moral discipline and enforced rest in bed. Food should be taken regularly and often; it should be nourishing and easily digested, selected with more regard to these requirements than to the tastes of the patient; by massage or such other measures as recommend themselves to you, keep the bowels regular, and the muscles in good condition.

Gradually as the case improves allow a little very tame reading by the nurse, then some light occupation; and after the patient can sit up, and walk about the room, she can soon be encouraged to ride and then walk in the open air; at first it may be necessary

to insist upon this, but later permission to extend the exercise will be solicited. Whatever is done should be done systematically and persistently. In treating hysteria it is well worth the expenditure of time and patience, for the physician to obtain and retain the confidence of the patient, as without it all his endeavors will be wasted. The use of massage is of great benefit, and often frictional rubbing gives much comfort. General faradism and galvanism of the spinal region will forward a cure. If there be present uterine disease, it should by all means be attended to, as such peripheral irritations are constantly exciting morbid action in the cerebral cortex. We hear occasionally of the removal of one or both ovaries for like reason, but the relief does not seem to be certain enough to warrant the very general adoption of this operation in hysteria. Although believing the treatment of hysteria, more than most diseases, to be out of the domain of medication, still it may be often greatly assisted by drugs; and in this we have an undoubted advantage over those of our brethren who believe only in prescribing such remedies, and in such doses, as will in themselves act as excitants in a system where we should wish to insure rest and order. To treat hysteria solely by the totality of symptoms would require a memory and a versatility on the part of the physician, such as I have never had the good fortune to see; and, on the other hand, "key-notes" would be determined more by the fancy and education of the patient, than by any actual condition. I have seen patients who could furnish new characteristics of excellent quality at each visit. I will mention a few remedies which have seemed to be of use in my own practice:—

Tellur., paris, puls., for sensitiveness of muscles of back and over spinous processes. Coccul. (picrotox.), anacard., gels., for pain at occiput and nape. Helon., xanthox., nux-vom., caulophyl., colocy., for symptoms in pelvic organs. Moschus, puls., cannab. Ind., asafoet., for acute attacks of extreme nervousness. Bell., euphras., gelsem., chel., for many uncomfortable feelings about the eyes. Spigel., digital., cactus, for various heart symptoms that often give trouble. Puls., kreosot., hydrocyanic acid, bismuth, arsen., to relieve pain, real or fancied, connected with digestion. Asafoet., carbo-veg., cajuput., to relieve flatulence. Frequent and painful urination may call for cantharis, cannab. sat., berb., arsen. Where uterine disease is present, with tendency to melancholy, chloride of gold, or chlor. gold and soda. Where the bowels are constipated, I have found morning draughts of Hathorne water all that is usually required; and I also find that patients who drink this water sleep better. There are a few complications of sufficient importance to demand attention. Some cases which afterward become fully developed, and undoubted cases of insanity, begin with simple hysterical symptoms

which more or less rapidly give place to mania. It has been my fortune to follow out four such cases where the course of the disease was so regular and deliberate as to leave no doubt as to the diagnosis, although it was not easy to decide upon the time when insanity actually began: two of these cases followed child-birth; one was of doubtful origin, although the habit of masturbation leaves a strong suspicion of the cause; and a fourth resulted from a severe mental shock. In the first case, insanity recurred without any intervening hysteria. In three of the cases, there was a family history of nervous disease. In these cases the hysteria may be looked upon as merely an intercurrent condition, or, as it were, prodromatous. Chorea occasionally exists with hysteria, and can be readily recognized. Hysterio-epilepsy is not common, but is occasionally seen, in this country: this paper is, however, too long to admit of its further consideration, other than to say that it is not to be confounded with the more common condition of a patient with hysteria who has occasional attacks of epilepsy, but the two by no means culminating simultaneously in a joint attack. Many more symptoms might have been considered; there might have been, as well, a more minute discussion of remedial measures: but I bear in mind that the paper is long, and that I am speaking to a body of educated physicians, capable of selecting their own treatment.

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*ON THE NEED OF AN INTERNATIONAL HOMŒOPATHIC PHARMACOPŒIA.*

BY MR. JOHN M. WYBORN, F. C. S., LONDON, ENG.

*[Read at the International Homœopathic Convention of 1886. Reprinted from proof-sheets kindly forwarded by Dr. Pope, of "The Monthly Homœopathic Review."]*

SECOND SECTIONAL MEETING. — *Wednesday afternoon.*

THE members of the Convention met this afternoon to hear a paper by Mr. Wyborn on "The Need of an International Homœopathic Pharmacopœia."

The chair was taken by Dr. Pope, who at once called on Mr. Wyborn to read his paper, which was as follows:—

The advantages of simultaneous research and international exchange of thought have been amply illustrated during the present century by the progress of the exact sciences, and I venture to assert that in no department of science are such means more beneficial than in that in which the physician is interested.

As in chemical analysis, however, the re-agents employed must be pure, or the results of investigators may differ, so in therapeutics the remedies used should be identical, or different

conclusions may be arrived at. Hence the importance in therapeutical researches, of having the remedies prepared according to one and the same method throughout the civilized world, and of securing those processes which will yield the same products under varying circumstances.

To meet the requirements of the homœopathic physician, then, it is important that there should be an "International Homœopathic Pharmacopœia," — one approved by the homœopathic pharmacists of all nations, and revised from time to time.

A permanent committee of revision should be established, and each member should make notes of all new discoveries, improvements which suggest themselves, and the like, and submit them for the consideration of an international convention; and those approved of might be incorporated in subsequent editions. Such revision might be made quinquennially or otherwise, as agreed upon.

The chief points in which uniformity of pharmacy should be aimed at are: (1) in securing the purity and identity of all ingredients used; (2) in admitting only the same kind of impurities in chemical substances where such are unavoidable; and (3) in maintaining a standard strength of mother tincture, or at least of the first decimal attenuation of all animal and vegetable substances.

(1) The reasons for the first point are so numerous and obvious when uniform results are desired, that I need not enlarge upon them.

(2) With regard to the unavoidable impurities in chemical substances, it should be borne in mind, especially by those who maintain the theory of potentization, that impurities in drugs are always potentized to a higher degree than the drugs themselves.

For example, if the drug contain only .001 per cent of foreign matter, such impurity in the first decimal attenuation will have reached the proportion of 1 in 10,000, and in the first centesimal 1 in 100,000, corresponding in drug strength to the fourth and fifth decimal attenuations respectively, and so on upwards.

As regards some of the impure substances which have been proved, one is inclined to believe it possible that the impurities, and not the substances named, may have given rise to the symptoms produced, or at least that the former may have modified the action of the latter to such an extent, that, should such preparations vary in this respect, their beneficial action may be lost even when a perfectly pure drug, alone entitled to the official name, is employed.

Under this category may be mentioned *bismuth* — which has been said to owe its virtues to the *arsenic* formerly associated

with it — and *lapis albus*, which contains the ores of several metals. It may also be fairly assumed, that the *bromine* used in the early provings of that drug was largely contaminated by its chlorides — compounds separated from it with difficulty; and such admixture may have given rise to the varied statements of chemists as to the boiling-point of *bromine*, ranging, as such statements have done during recent years, between 113° F. and 145° F. (or from 45° C. to 63° C.).

Now, it often happens that the traces of impurities found in analyzing a chemical preparation indicate the process by which it has been obtained, and hence the possibility of giving in a pharmacopœia suitable tests to detect a deviation from the officinal process.

(3) The third feature — the maintaining a standard strength as a starting-point of attenuation — is of fundamental importance; and the reasons for it are strengthened by the fact that in clinical records of cases treated with low potencies much misunderstanding may arise as to the exact doses employed in procuring the results published, so long as various methods of preparation exist among pharmacists of different countries for want of some authoritative pharmacopœia.

That such differences do exist, will be seen from the following table, showing approximately the possible variation in strength of several important mother tinctures of fresh plants, selected as examples of preparations made according to the British, American, and Polyglot Homœopathic Pharmacopœias respectively, from plants grown in dry and in wet seasons, and consequently containing *minimum* and *maximum* quantities of water.

NAME.	Loss in Drying.	STRENGTH OF TINCTURE.			
		In Dry Season.		In Wet Seasons.	
		British Homœopathic Pharmacopœia.	American and Polyglot Pharmacopœias.	British Homœopathic Pharmacopœia.	American and Polyglot Pharmacopœias.
	Per cent.	gr. m.	gr. m.	gr. m.	gr. m.
Aconitum napellus.....	70 to 78	I in 10	I in 5.6, or uncertain	I in 10	I in 8, or uncertain
Agaricus muscarius.....	92 " 94	I " 24	I in 47	I " 33	I in 63
Belladonna .....	86 " 89	I " 13	uncertain	I " 17	uncertain
Bryonia (dioica) .....	70 " 85	I " 10	"	I " 12	"
Conium maculatum .....	74 " 77	I " 10	"	I " 10	"
Digitalis .....	78 " 88	I " 10	"	I " 15	"
Dulcamara.....	78 " 80	I " 10	"	I " 10	"
Hyoscyamus .....	79 " 84	I " 10	"	I " 11	"
Sabina .....	45 " 51	I " 10	I in 6	I " 10	I in 7
Scilla .....	70 " 79	I " 10	I " 12	I " 10	I " 17

Under the heading "Strength of Tincture" the figures express the number of *minims* which are equivalent to as much of the fresh plant as would represent *one grain* if dried.

It will be observed, that in the case of *agaricus* it is possible that the British tincture may be as strong as one in twenty-four, while the American or that of the Polyglot Pharmacopœia may be as weak as one in sixty-three, or little more than one-third the strength; in several instances, while the tincture of the American or Polyglot Pharmacopœia varies considerably, the British is constant in both dry and wet seasons; and finally, in many cases, while the former tincture is always of uncertain strength, the British is definite, and varies only slightly with one exception.

As examples of variable  $\text{ix}$  attenuations, I may mention that *aconitum*  $\text{ix}$  (if not of uncertain strength, as when an alternative process, suggested in the American Pharmacopœia, is followed) would vary between one grain in twenty-eight minims and one grain in forty minims; *agaricus*  $\text{ix}$ , between one in seventy-eight and one in one hundred and five; and *scilla*  $\text{ix}$ , between one in twenty and one in twenty-seven; while the British preparation of each would be one in a hundred, as before stated.

Thus the "American Homœopathic Pharmacopœia," compiled and published by Messrs. Boericke and Tafel, and augmented by Dr. O'Connor (1883), gives the following proportions of measure and weight in the preparation of tinctures of vegetable substances, which are divided into four classes:—

Class I. — Equal parts by weight of the expressed juice and of alcohol.

Class II. — Two parts of alcohol added to three parts of fresh plant, or part thereof.

Class III. — Two parts by weight of alcohol to one part by weight of fresh plant, or part thereof.

Class IV. (which includes dried vegetable and animal substances, and also fresh animal substances). — Five parts by weight of alcohol to one part by weight.

The drug powers of these tinctures are said to be one-half, one-half, one-sixth, and one-tenth respectively; and either two or six minims are diluted to ten minims to form the  $\text{ix}$  potency of the first three classes, while the preparations under Class IV. are at once tinctures and  $\text{ix}$  potencies.

Thus the strength of the first three classes of mother tinctures and attenuations varies with the seasons — the *juice*, and not the dried substance, being taken as *zero*, whether the former be abundant and weak or scanty and concentrated; while in tinctures prepared according to Class IV., the dried substance is taken as the starting-point of attenuation.

In the "Pharmacopœia Homœopathica Polyglotta," by Dr. Schwabe of Leipzig, — published in five languages (1880), — the proportions and processes for tinctures of vegetable sub-

stances appear to be almost identical with those just described. But here the reason for representing a tincture of a dry plant prepared by means of five parts by weight of strong alcohol as having a drug power of one-tenth becomes apparent, since it is remarked that two hundred drops of strong alcohol or a hundred drops of distilled water are assumed equal to a hundred grains, and hence ten drops or half-grains (not minims) of the tincture would contain the soluble matter of one grain.

At the same time aqueous solutions are directed to be made in the proportion of one grain to nine grains (i.e., about ten minims), the drug power being still stated as one-tenth.

Alcoholic solutions of two parts by weight of the medicinal substance in nine parts by weight, or one grain in nine drops, are considered one-tenth.

On the contrary, in the American Pharmacopœia, these are made of the strength of one grain to nine grains, i.e., one grain in twenty drops; and the amount of drug power of the solutions is still designated one-tenth, though these preparations have only half the strength of the last described.

The *methods* pursued by pharmacists of different countries also vary.

Some pharmacists obtain many of their fresh plant tinctures by merely mashing up the magma with alcohol and immediately pressing, without any idea of exhausting the plant, or reducing the tincture to a standard strength, — much in the same fashion, and with as little utilization of scientific knowledge, as a cook would prepare horseradish sauce, — while the rest are chiefly made by maceration with occasional shaking for eight days. Others use the latter process during fourteen days, and others again adopt percolation and maceration combined.

The plan on which the British Homœopathic Pharmacopœia has been built up has for its objects, in addition to the identification of all substances concerning which any doubt existed, and the supplying of good practical tests whereby the identity and purity of each medicine could be ascertained, the preparation of tinctures containing all the soluble ingredients of the substance employed, uniform in drug power, and of a fixed alcoholic strength.

In endeavoring to attain these objects, all theoretical or disputed questions have been avoided, and only such characters and tests have been given as are, to a great extent at least, distinctive and necessary, while those of a less important nature, which can be readily ascertained elsewhere, have been omitted, thus giving prominence to all which are essential.

In the case of most chemical substances in which some traces of impurities necessarily exist, the source of the substance used

in the provings and the particular mode of preparation have been indicated, so as to insure the absence of unusual impurities. And in cases where commercial drugs have been authorized, the source and the process of preparation followed at the date of their introduction have, where possible, been recorded.

In the preparation of tinctures of fresh plants, the complete solution of all soluble matter is accomplished by varying the alcoholic strength to suit the nature of the ingredients in each plant, using a very dilute spirit where the ingredients are chiefly soluble in water, and a strong spirit where alcohol is the best solvent; also by using a sufficient quantity to insure the complete exhaustion of the plant.

With these ends in view, spirits of six different densities are provided.

“In every instance the dry crude substance is taken as the starting-point whence to calculate the strength; and, with very few exceptions, the mother tincture contains all the soluble matter of one grain of the dry plant in ten minims of tincture.”

Directions are given for ascertaining the quantity of moisture contained in the fresh plant, and a series of tables by means of which the pharmacist can calculate the exact quantity and strength of spirit which he has to use in the case of each medicine, allowing for the water present in the plant, which mixes with and dilutes the spirit employed in making the tincture to the standard alcoholic strength decided upon.

“By careful attention to these tables, uniform products may be obtained from all plants, notwithstanding their variableness of moisture; and also, by diluting the matrix tinctures with a spirit of the same strength, dilutions may be always made of the same medicinal value.”

In *all* instances the drug power of the British tincture is known with certainty, and therefore the ix attenuation can always be made of a uniform strength,—i.e., one grain in ten minims.

Where no special method is laid down, all medicines are directed to be prepared according to one of three processes, as follows:—

Process I.—By slow or interrupted percolation.

Process II.—By maceration previous to percolation.

Process III.—By maceration alone.

Juicy plants are pressed before percolating them with alcohol, so as to remove the greater portion of their albumen, and to prevent its coagulation in their tissues, by which an obstruction would be caused to the action of the spirit.

All aqueous solutions, whether acids or salts, are also directed to be made of the strength of one grain in ten minims.

Triturations are prepared as directed by Hahnemann or Grüner with some slight modifications.

That these measures are sufficient to insure a fair degree of uniformity, appears more than probable.

Doubtless much variability occurs in the alkaloidal strength of plants grown in different situations and at different times, but this is a difficulty which no adequate means have yet been taken to adjust. The compilers of the British Pharmacopœia (of 1885) have indeed made an effort in this direction by ordering the estimation of the total alkaloids, and the reduction of the tincture or extract to a standard alkaloidal strength ; but, taking *nux vomica* as an instance, the nut of one year's growth may contain a large excess of brucine and loganine, while the powerful alkaloid strychnine may be associated with them in deficient proportions, yet making up an excess in the aggregate ; and to reduce the total alkaloidal strength to a standard, under these circumstances, would be to weaken the active properties of the preparation.

If, however, a perfect representative of the plant or drug be secured, as it may readily be by the adoption of the means set forth in the "British Homœopathic Pharmacopœia," a degree of accuracy and certainty may be attained sufficient for all purposes, and the advantages to all concerned, if this be so, will be great. In all countries investigators will in future at all times be dealing with known quantities under one and the same designation, and may look for uniform results from identical experiments, — an acquisition which could scarcely be expected in a great number of instances as matters now stand.

One of the chief errors of the American and Polyglot Pharmacopœias is that which recognizes the mere watery juice of the fresh plant as officinal, omitting from the preparation all substances soluble only in spirit.

In justification of this course, it is sometimes stated that the juices of plants have been used in the provings ; but this is true only in the most limited sense : for the fact is, many of the symptoms of the provings have been obtained from the plants themselves or their flowers, roots, etc., having been eaten by mistake or otherwise, and these have, in all probability, contained medicinal substances insoluble in water but soluble in alcohol.

In other cases, the quantity of menstruum used is too small to exhaust the drug ; and should it, like *nux vomica* and *opium*, contain several alkaloids, — some readily soluble, others sparingly so, — those of the former class would all be extracted, while those of the latter would be partly left in the marc, and the operator would fail to obtain a true representation of the drug. However finely pulverized, *nux vomica* cannot be exhausted by five parts

by weight of alcohol of the strength given in both the American and Polyglot Pharmacopœias, as will be discovered on tasting the marc after pressure, and further percolation with sufficient spirit to wash it. Likewise with *opium*, a large proportion of the less soluble ingredients will be left in the marc after treatment as directed in these works.

Another source of incomplete exhaustion is the mixing of strong alcohol with some juicy plants reduced to pulp without previous pressure, by which the albumen becomes coagulated, and hinders the action of the alcohol in which they are merely macerated. The pharmacopœias of Grüner and Jahr — still much used in Germany — while directing a more perfect method of exhaustion in some cases, yet fail in other respects. All these errors may be obviated by the adoption of the British methods before described.

The facts which I have narrated afford very strong evidence that many advantages would arise from their general use.

These methods have long had the sanction of the British Homœopathic Society, represented by the late Drs. Quin and Madden, and by the worthy editor of the last two editions of the Society's Pharmacopœia, — Dr. Drury. That indefatigable worker, Dr. Richard Hughes, has scrutinized and concurred in this work, in addition to having added largely to its articles. Other pleas might also be urged for them, but enough has been said to render superfluous any further remarks of mine.

Let the "British Homœopathic Pharmacopœia," then, be submitted for the approval of the American Institute of Homœopathy as a *basis* for an "International Homœopathic Pharmacopœia," to be rendered more complete hereafter. Should this Association be disposed to adopt it, one great step will have been made towards its acceptance by similar societies of other nations, who may be induced to translate and improve it. It will then be highly improbable that a medical practitioner in America or elsewhere, seeing a case recorded in an English journal in which it has been found advantageous to prescribe *aconitum*  $\text{ix}$ , and desiring to follow the same treatment, will administer to his patient a preparation of this powerful drug three or four times the strength, though bearing the same label — as might very easily happen at present. The existing inconsistencies will be avoided, and so shall we have the uniformity of pharmacy, the advantages of which I have endeavored in this paper to point out. Our literature will record the results of investigations with known instead of unknown or uncertain agents. The calculations of our therapeutists will be based upon constants in place of unknown quantities. A nearer approach towards a settlement of the question of doses may be possible ;

and an additional stimulus will be given to the researches of pharmacists whose ambition it is to improve their art and assist in its development. To suggest a departure from the processes of Hahnemann, is to commit a serious offence in the eyes of some, and a mistake according to others; but I would reply that in Hahnemann's day scientific fallacies were numerous and widely accepted without adequate examination, and that great original thinker himself occasionally committed errors, though among all his enemies he was foremost in discovering and admitting them.

#### DISCUSSION.

Dr. Hughes read a communication from Dr. Giesecke, of Carl Grüner's Pharmacy in Dresden. He requested the formation of a committee to carry out the work of forming an International Pharmacopœia. The "British Homœopathic Pharmacopœia" was very good, but fell short in the matter of weights and measures, and in other respects was scarcely an international work. The future must be based on the method of the "British Homœopathic Pharmacopœia" and Carl Grüner's. He concluded by giving suggestions of his own.

Dr. Heermann said that in Paris the medicines were prepared by machine, in America and Germany by hand. It was necessary to know how a given preparation was made. A drug prepared by hand was quite a different thing from one prepared by machine. The mode of preparation was a factor just as potent as dilution. In answer to Dr. Hughes, Dr. Heermann said he referred to both triturations and tinctures in his reference to medicines made by machines.

Dr. W. T. Cowl of New York said that before engaging in practice he had spent some time in making tinctures. He was familiar with all the pharmacopœias. In the American Pharmacopœia it was stated that the methods there described were only such as were regarded as practicable. In America many physicians prepared their own drugs. The compilers of the American Pharmacopœia, he thought, had this in mind in preparing that work. He thought American pharmacists would welcome a standard authority. Where there were difficulties in making preparations and elaborate directions, there was more danger of falsification. The details might be too refined and complicated to be practicable.

Dr. Mossa said the great difficulty in the whole question was that wild and cultivated plants contained different qualities. This should be observed, and taken into account in connection with the recommendations of Hahnemann. *Aconite*, *digitalis*, and *phytolacca* were cited as examples.

Dr. Hughes said this was provided for in the "British Homœopathic Pharmacopœia."

Dr. Runnels thought that a crying need existed for something in common, for a pharmacopœia which should cover the ground in an authoritative manner. The question had been discussed at the recent meeting of the American Institute of Homœopathy, and a committee had been appointed to adopt or prepare a pharmacopœia; and he was sure that that committee would gladly co-operate with one appointed by their convention. He would therefore move, "That having heard the papers prepared by Dr. Giesecke of Dresden, and Mr. Wyborn of London, this meeting thinks it very desirable that there should be an universal Homœopathic Pharmacopœia, and requests the convention to appoint a committee to inquire into and further such a proceeding."

Dr. Heermann seconded Dr. Runnels's motion for the formation of a committee.

Dr. Hughes said this, as a sectional meeting, could not vote on that, but could recommend the formation of a commission. Dr. Hughes moved a resolution to that effect.

This was accepted.

Dr. Hughes thought there was one deficiency in the "British Homœopathic Pharmacopœia," and that was in its preface. Some explanation should there be given of the reasons why Hahnemann's plan was departed from, especially as Giesecke supported it. All tinctures were now prepared by percolation, and not by a simple expression of the juice. The "British Homœopathic Pharmacopœia" had the great advantage of a standard zero. It seemed wiser to take the crude substance of all substances as the zero. Hahnemann had attempted a uniform standard, but pharmacy was not sufficiently advanced in his day to enable him to attain to it. He hoped the proposal would be adopted, and that in these days, when all barriers were broken down, we should have an universal pharmacopœia of pharmacy.

Dr. Clarke thought Mr. Wyborn had done a great service in bringing this subject before the congress. He thought others must have noticed besides himself the variations in color and strength of tinctures obtained at different pharmacies; and he was certainly surprised to learn that the ix tincture in one country might be something very different from the ix tincture of the same drug in another. He thought that it was clearly proved that some international standard was necessary, and that an international convention could not do better work than decide what should be done to promote uniformity.

Dr. Hobart said he thought that by uniformity of the attenua-

tions the differences would be lessened. Another point he mentioned was, that in America the 3x was taken as the mother tincture by some, and hence, in reporting cases, confusion arose.

Mr. Wyborn (in reply) said, in reference to Dr. Giesecke's objection, that the measures and weights of the "British Homœopathic Pharmacopœia" were those used where English is spoken, and there were comparative tables given. The specific gravity as a test for tinctures was worthless. To exhaust any substance with five parts of liquid was in many cases impossible. In the case of opium, twenty parts at least were required. He did not agree with the remark that wild plants gave tinctures of uniform strength. In answer to Dr. Cowl, he said that his means of estimating the strength was simple, — that of estimating the quantity of water. The reason why there was no explanation of the change from Hahnemann's method, in the preface to the "British Homœopathic Pharmacopœia," was that it was given in the introduction and throughout the work. The difference, however, was not great. In England, there was constantly the same mistake regarding *phosphorus* as that referred to by Dr. Hobart.

Dr. Pope (in the chair) made a few remarks on the absolute necessity of uniformity in pharmaceutical preparations to give full value to clinical results for scientific purposes, and read the resolution draughted by Dr. Hughes. This was carried unanimously, and subsequently brought before the convention, when it was as unanimously agreed to.

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### OZONE: ITS RELATIONS TO HEALTH.

BY E. U. JONES, M.D., TAUNTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

THE study of the relations of atmospheric ozone to health is based upon an assumption. That assumption has a certain amount of possibility and probability, sufficient, at any rate, to make the study an extremely interesting one, and to hold out reasonable hope of success.

The necessity of oxygen for the sustentation of life is well known; its action on the human economy has been thoroughly studied; and its rapid combination with many bases, its power of arresting putrefactive decomposition, its existence as an integral portion of every living thing, are acknowledged, and give weight to the assumption that its excess or deficiency, either in quantity or activity, must be beneficial or prejudicial to health. Hence the study to connect its active condition (which has re-

ceived the name of ozone) with the varying health-conditions of man.

Since its determination by Schönbein, forty-six years ago, ozone has formed an interesting study for chemists. It may be produced artificially in many ways, one of the simplest of which, for the physician especially, is by the action of concentrated sulphuric acid upon the permanganate of potassium. If kept in a glass-stoppered bottle, ozone will continue to be evolved for weeks in small quantities. Black oxide of manganese, or the peroxide of lead, may be substituted for the permanganate. Indeed, it may be formed by any chemical re-action which produces free oxygen. It may be of interest to us as physicians to know that it is formed in the slow decomposition of the essential oils, and whenever its odor is present from such a source (and it derives its name from this odor), we may be sure that the oil has lost its proper qualities, and has no longer the same value to us. Among other things, ozone rapidly oxidizes the common cork; and if bottles containing a non-acid liquid should be found with a whitened and easily frangible cork, perhaps the proper test would show the presence of ozone.

The molecule of ozone is now considered as consisting of three atoms, that of oxygen having but two; hence its density is one-half greater than that of oxygen. It is easily reducible to oxygen again, but is incapable of reconstruction. Indeed, there is a limit to its sensible production, for the very same means which may be used to add to the quantity already produced by natural processes serve also to destroy that previously formed; for its atoms are readily separated by a heat under  $500^{\circ}$  F. It is reasonably positive that this formation and decomposition are constantly and instantly going on, for the amount discovered by the ozonoscope is only that which has not yet been decomposed.

While the properties of oxygen are mild and unirritating, fitting it perfectly for reception by the sensitive pulmonary membranes, those created by the additional atom are extremely irritating, and but very little can be borne with impunity. Ozone is exceedingly stimulating, and, by its ready decomposition, is the most powerful oxidizing agent we have. Taken into the system, it rapidly parts with its extra atom, checking incipient putrefaction, and altering the conditions of tissue-change so that the waste products are the more readily eliminated, and a certain revivification is given to partially devitalized tissues. These powers have been sought to be used medicinally; but it is extremely doubtful if pure ozone, in the first place, is ever obtained, and, in the second place, whether it can be maintained without parting with its extra atom. So soon as it meets with that condition in which it can exert its influence, so soon it is reduced

to oxygen, and has no more powers than the original gas. At present, experiments with ozone as a medicinal agent are but experiments, and the action is but a chemical one. The study will well repay, perhaps, a steady pursuit; but more reliable means must first be found for its confinement and preservation than now exist. In this paper we have only to do with it in a state of nature.

Wherever there is free oxygen, there may be, and undoubtedly is, ozone; hence we may consider it in all the air which surrounds us. One of the principal sources of it is undoubtedly from the electrolysis of atmospheric oxygen, and this especially in the higher and colder regions of the air. Heat is inimical to its production, and especially when combined with low relative humidity. This fact may be remembered in some of those hot summer days when the air is dry and stifled, and the languidity of enervation renders every movement an effort. The rising of the dark western cloud and the distant thunder roar will soon remedy all that, for it is the forerunner both of the manufacture of ozone, and of its descent from the higher regions to the earth. Undoubtedly the heat-lightning which is frequently visible on the low horizon, from which no sound is heard, is accompanied with the formation of ozone in the higher regions, but which is retained there because there is no carriage for it to the lower realms. I do not know that the fact has been demonstrated, but this heat lightning is probably that which takes place in the upper air solely, too far off for us to hear the report of the union of the electrical poles. In laboratory experiments the oxygen from which ozone is produced must be pure and dry in order that the best results may be obtained, and must also be kept at as low a temperature as possible. But the electrolysis of acidulated water will also give ozone as one of the products, and it is not at all impossible that the decomposition of the rain-molecule in a thunder-shower may give rise to ozone. This, however, is always accompanied by the formation of hydrogen dioxide from which the ozone can scarcely be separated. When thus formed it is not held in solution, and thus precipitated, for 100 volumes of water at 32° F. absorbs but .5 volume of ozone. It is rather precipitated by the force of the fall of the raindrop, and makes itself manifest rather as free ozone than as in solution. This is strikingly manifest, when on a day in which the relative humidity is high, say from 90° to 100°, the test having shown no trace of ozone, a smart shower comes with rapid, though perhaps not large, precipitation; the test will immediately show the presence of the gas very markedly. In my own observations, the test has been darkened several degrees in half an hour, after having been exposed several hours with no visible markings. It

is not necessary in this case that high winds should be present, for oftentimes the deepest markings have been when there was no wind of consequence. It is to this that I am inclined to refer the observation made some years since, and I do not know that any one else has observed it, that toward the close of a long storm in which there has been no sensible ozone, the ozonoscope will become suddenly quite marked. I am accustomed to claim that the storm will entirely subside in a few hours after such marking, or else partially clear, and, if it return; return from another point of the compass. This observation has not always been verified, but is sufficiently notable to require further study, and a search for the causes of failure. I referred this observation to the Signal Office for explanation, and received the reply that it was probably owing to the high winds with which every long storm in New England cleared. Observation for one season showed that but very few storms in my own vicinity cleared with high winds, and that when they did there were no higher markings, indeed, oftentimes less high. Hence, so far as my own observations extend, I am inclined to assign the cause of this fact to the more forcible precipitation with which such storms are apt to close, or to that precipitation coming from a higher portion of the atmosphere than the previous rain-deposit. There may be more than one factor involved in this observation, and further and closer study may elucidate it. The same is often true of the snow-falls, and it has been long remarked that the precipitation of snow is accompanied by a considerable increase in the sensible ozone.

An effort has been made to connect sunlight with the production of ozone, and certain experiments made by Professor Kedsie of Michigan would seem to indicate this. There may be, and undoubtedly is, a chemical action upon the test paper, varying in proportion in the different rays. "White light is the most powerful, then the blue rays, and as we proceed to the red end of the spectrum the diminution is very rapid. From the few experiments I have been able to perform, I find that if we represent the ozonizing power of white light as ten, the blue rays will be six, the green two, orange one, and red none." But in opposition to this stands the well-known fact that the larger proportion of sensible ozone exists in the night, varying somewhat according to the season, as will be seen by the following table, which represents my observations on this point for nearly three years.

TABLE I.

OZONE. TIMES GREATER DURING THE NIGHT THAN DAY.

	1883	1884	1885	1886
January . . . . .	—	3.90	1.51	2.18
February . . . . .	—	2.78	1.74	2.46
March . . . . .	—	3.00	2.30	2.58
April . . . . .	—	3.60	2.74	—
May . . . . .	—	3.25	4.00	—
June . . . . .	2.50	—2.00	4.80	—
July . . . . .	2.00	4.85	4.30	—
August . . . . .	1.13	1.83	2.48	—
September . . . . .	4.33	5.27	5.82	—
October . . . . .	2.20	6.59	2.75	—
November . . . . .	—	2.53	1.38	—
December . . . . .	4.40	2.00	7.60	—

It will be seen by this, that June, 1884, was the only time when the average of the day ozone exceeded that of the night. I think that the maximum quantity of ozone occurs everywhere in the night, the only possible exceptions being during the summer months.

Winds of themselves have no causal relation to ozone. They may bear it from regions in which it may have been generated, and make it evident in places in which it was not formed. But a dry, warm wind is everywhere devoid of ozone. The winds which pass over the dry deserts have no ozone in them, and those which pass over jungles and marshes are robbed of it. If ozone is precipitated, or becomes cognizable in connection with winds, and especially high winds, in any given place, it is only because those winds have brought it from a distance, or have created sufficient electrical action by their motion in the upper air, to create the allotropism of oxygen. This may be considered as a supposition on my part, but it is worth further examination.

A moist wind is more frequently accompanied by ozone, especially those which sweep from the sea. Indeed, a certain amount of humidity seems necessary to the carriage of ozone, though not to its formation. And yet the observations so far made are not sufficient to announce this as a fact. Many conditions of humidity, from fifty to one hundred per cent, are not accompanied with the presence of ozone, even when other circumstances would seem to indicate that it ought to be there. Nor does the direction of the wind from a particular quarter appear to have any direct relation to this product, though the area over which winds travel may have such relation. In one portion of our country, a north-west wind may bring a maximum

amount ; in another, the minimum quantity. Ranges of mountains also may affect the ozone burden of the winds. There is no doubt but that there is more ozone in the upper atmospheric strata than in the lower, and that it is thence that most of the product comes. Dr. Mulvany was able to "obtain a high degree of ozone at the mast-head when the air on the upper deck gave hardly a trace." The same is observable at high points of land, even when plateaus situated relatively high do not show it. These facts often start the question whether the septic earth conditions use all the ozone lying in the lower strata faster than it may be received from the upper. This judgment may be considered possible when it is known that test-papers exposed upon the tops of some of the highest buildings in Boston show no ozone for months, which can be accounted for solely by the fact of the defilement of the air by the gases and smokes arising from the furnaces and buildings in the vicinity. Tests hung at equal heights, but one being near a decaying heap and the other a hundred feet away, showed very marked differences, the one near the filth marking fifty per cent less ozone. Tests placed in the ordinary back-yard, near a privy or stable, show much less average ozone than when placed in the front of the house.

It is by no means yet decided that forests or pine-groves are favorable to the production of this gas ; the evidence rather tending to prove that but little effect was had, and that, so far as ozone is concerned, the open country is fully as healthy.

It is difficult to establish the presence of ozone in dwellings, and in general we may say that no ozone does manifest itself in the living-rooms of our houses. Whether it is never or seldom present, or whether it is destroyed immediately on entering the rooms in the endeavor to make them healthful, is a question that for the present must remain undecided. If it be never present, it cannot have that relation to health and disease that has been claimed for it ; for a large proportion of our population spends the major portion of its time within the walls of buildings, and even returns from its work through streets which never show a trace of this gas.

Does ozone have any direct relation to health, or to the increase or decrease of zymotic disease, other than that of any disinfectant ?

This is the question which we are studying, but to which no definite answer can be returned at present. There is yet no perfect test for ozone ; the iodide-of-starch test, known as Schönbein's test, being the best we have. Other gases than ozone may affect the chemistry of the paper, and produce coloration, or other gases may decolorize the paper as fast as it is marked. This is known to be the case with the sulphurous-acid gas aris-

ing from the combustion of coal, etc. Again, it is not known but that those diseases which seem to be coincident with an increase or decrease of ozone may not really be more markedly coincident with some other causative influence, winds, humidity, temperature, earth-emanations, etc. All separately or combined have their influence in this work, and it is not possible to assign to an unstudied agent its proper place in this causation. It has been generally esteemed that pneumonic diseases, bronchitis, pneumonia, pleuro-pneumonia, and even phthisis, are coincident with an increase of ozone; and that endemic and epidemic diseases of a low type, of which remittent fever may be taken as an example, are likewise coincident with a decrease of ozone. Though detached observations would seem sometimes to favor this view, more extended study lessens the probability. Nor has it been possible to connect closely the presence of zymotic diseases with the absence of ozone. This was attempted during the prevalence of yellow-fever on the Mississippi River, but the burden of the proof was that there could be traced no positive connection between the disease and the ozone tests. Here it may be stated that the presence of ozone is not the same in the different portions of our country, and that observations go to show that some of the Western portions are full of this agent, and that the Eastern show less of it. These variations, however, may simply show the greater amount of noxious matter in the older States to be influenced by this powerful disinfectant and antiseptic, and the less present amount in the newer States. It makes the study of the health statistics more complicated, and yet more interesting; for if the presence of ozone determines the presence of influenzas, catarrhs, pneumonias, etc., why are those States in which ozone is the more present the more healthful in cases of phthisis, and especially in mucous phthisis? It is an undoubted fact, that the respiration of ozone in a concentrated form will produce all the symptoms of influenza and acute catarrh; and can it be that the infinitesimal portion of it in the normal atmosphere — one volume in 700,000 — acts according to the law which we love so well? As a partial answer to this, reference is made to the following table. But why, then, do we shut out night air from our patients, when Table I. shows ozone to be so much greater in the night than in the day?

The maximum of ozone occurs in different months, also, in different parts of the Union, but sufficient study has not yet been made to certify the direct relation of this maximum to pneumonic diseases, or those of the mucous membranes. It is a fact, however, that the increase of ozone in south-eastern Massachusetts occurs near the date of the greatest prevalence of these diseases. The maximum of my own station seems to be

in the months of June and August, to subside rapidly in September, and to be at minimum level in October, November, and December, months when typhoids and remittents are the most prevalent. This is almost the reverse of that experienced in the State of Michigan, in which the maximum comes in the winter months, and the minimum in July and August. The reasons for these variations have not yet been determined. Hence, instead of assigning the presence of a large amount as the cause of diseases of the respiratory passages, these observations would rather indicate that they were caused by the almost entire absence of that agent. During the winter months, coincident with the decrease of ozone, there is always thought to be a decided increase in the deaths from phthisis. Considering the months of high ozone to be April to August<sup>1</sup> inclusive, and those of low ozone to be September to March inclusive, the following table will be of interest in determining the relation of fatality of diseases of the respiratory tract to ozone. This table is compiled from the certificates of death reported to me as chairman of the Board of Health of our city.

TABLE II.

Diseases.	High Ozone, April-Aug., 1884.	Low Ozone, Sept.-March, 1884-85.	High Ozone, April-Aug., 1885.	Low Ozone, Sept.-March, 1885-86.
Phthisis . . . . .	18	34	28	33
Pneumonia . . . . .	4	18	8	12
Bronchitis . . . . .	4	8	4	5
Croup . . . . .	3	7	4	2
Totals . . . . .	29	67	44	52

I will add four other diseases :—

Diseases.	High Ozone, April-Aug., 1884.	Low Ozone, Sept.-March, 1884-85.	High Ozone, April-Aug., 1885.	Low Ozone, Sept.-March, 1885-86.
Diphtheria . . . . .	13	35	5	1
Typhoid fever . . . . .	2	5	2	9
Heart diseases . . . . .	12	11	10	11
Asthenia, senile . . . . .	12	20	9	17
Asthenia, infantile . . . . .	1	6	4	9
Totals . . . . .	40	77	30	47
Full totals . . . . .	69	144	74	99

<sup>1</sup> For Taunton, as the table is given for Taunton only.

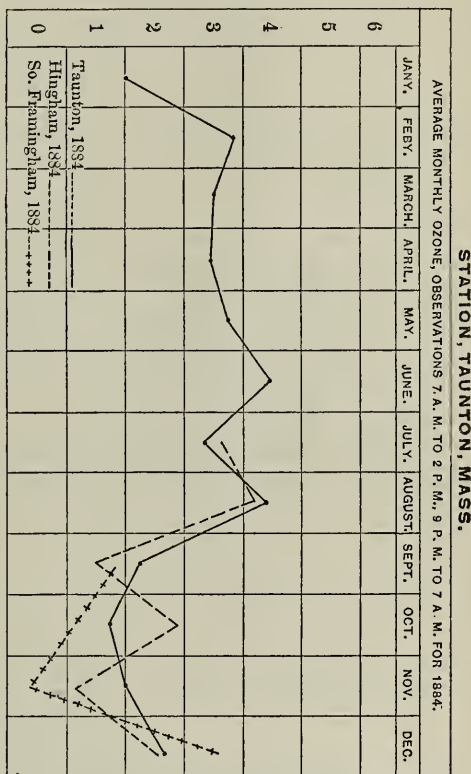
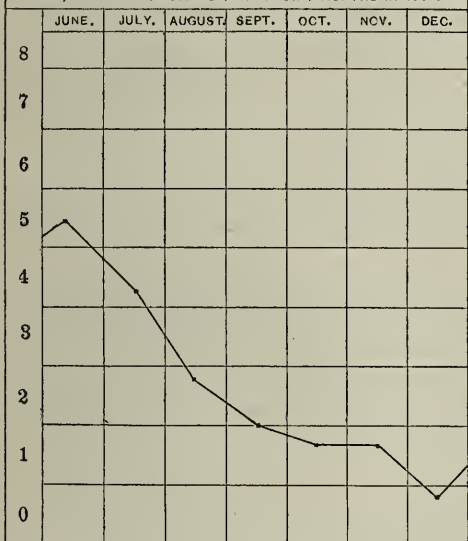
Choleraic and enteric diseases are coincident with high ozone, and cease as the ozone falls.

It will be seen from these tables, that the probable increase of pneumonic diseases is coincident more on the low ozone, — its absence, — than on its free exhibition in the air, or what might be called its surplusage. The other elements causative of these diseases are not here considered, but merely the relation which ozone may possibly bear to them.

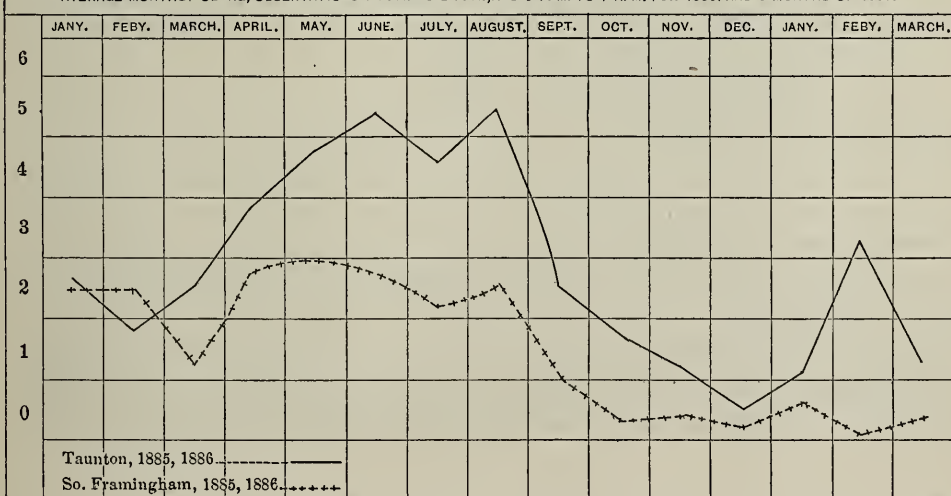
You will please consider this as but a partial report, to be modified as wider observation and longer time may decide.

**STATION, TAUNTON, MASS.**

AVERAGE MONTHLY OZONE, OBSERVATIONS FROM 7 A. M. TO 2 P. M., AND FROM 9 P. M. TO 7 A. M. FOR 7 MONTHS IN 1883.



AVERAGE MONTHLY OZONE, OBSERVATIONS 7 A. M. TO 2 P. M., AND 9 P. M. TO 7 A. M. FOR 1885, AND 3 MONTHS OF 1886.



## SOCIETIES.

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE November meeting of the Society was held at the Parker House, Thursday evening, Nov. 18, 1886; the President, Alonzo Boothby, M.D., presiding.

After approval of the records, Maude Kent, M.D., of Boston, was elected to membership, and the following proposed: Mary H. Baynum, M.D., of Boston; M. Florence Taft, M.D., of Boston; Mary E. Nutter, M.D., of Dover, N.H.

Under the head of "New Business," a committee consisting of Drs. Boothby, Walker, Packard, and Richardson, was appointed to arrange for the annual meeting to be held in January.

SCIENTIFIC SESSION. — Dr. A. L. Kennedy being absent, the Secretary read his paper, "A Case of Puerperal Convulsions;" after discussion of which, the Society listened to a report of "Cases of Nephritis during Pregnancy, Forceps at the Pelvic Brim in Occipito-posterior Cases, Transverse Presentation with Arm in the Vagina, Placenta Prævia, and Craniotomy," by George R. Southwick, M.D.

A spirited discussion of these cases served to bring up many interesting questions, and added greatly to the success of the meeting.

F. C. RICHARDSON, *Secretary.*

*WESTERN NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.*

AT a recent meeting of the Western New York Homœopathic Medical Society, a committee was appointed for the purpose of securing, if possible, positive evidence, clinical or pathogenetic, as to the potency of attenuated drugs.

The fact was recognized, that from the early history of homœopathy till the present day, a portion of the profession have attributed to attenuated remedies qualities which were not claimed for the material drug; while another large body of homœopathic practitioners have insisted that all curative power ceases when by no known method can the drug substance be detected in the medium employed.

The desirability of a solution of the question of the potency of attenuated drugs was recognized by the society, that their employment might, with justice, be indorsed or condemned. In

answer to the view which many hold, that the matter has already been demonstrated, and that published reports of alleged cures are accessible, the committee would say that the selection of certain clinical reports would be invidious, while others are by no means conclusive.

Without bias, therefore, the committee approach the question, and invite your co-operation as in the solution of a purely scientific problem.

They would be pleased to receive from you reports of cases in which the following requirements have been met:—

*First*, Reports of recoveries of self-limited diseases, in which thirtieth or higher potencies have been employed, in which the duration of the illness has been shorter than in those cases treated on the expectant plan.

*Second*, Reports of recoveries of diseases, the tendencies of which are not to spontaneous recovery, in which thirtieth or higher potencies have been employed.

It is further desired that not only the names of the diseases treated be given, with the symptoms for which the remedy is employed, but as well the pathogenetic symptoms on which the diagnosis is based, with any idiosyncrasies which may exist. The diagnosis shall be verified by at least one other competent observer if possible.

The committee would also be pleased to receive results of tests of attenuated drugs on the healthy, and to that end will furnish any who desire to experiment on those especially sensitive to any drug a thirtieth attenuation of that drug, with five bottles of blanks, the phials to be marked in such a way that neither the one upon whom, or by whom, the experiment is made shall know which contains the attenuated drug.

Trusting that we may receive your valued assistance in these tests, we are

Fraternally yours,

F. PARK LEWIS, M.D.,  
188 Franklin St., Buffalo, N.Y.,

E. P. HUSSEY, M.D.,  
493 Porter Ave., Buffalo, N.Y.,

M. A. WILSON, M.D.,  
North East, Penn.,

Committee.

BUFFALO, Sept. 1, 1886.

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VACCINATION.—In 1874 Germany made re-vaccination compulsory. The re-vaccination was ordered just before the child left school at twelve years of age. Prior to this law, the deaths from small-pox were 15 to 20 per 100,000 population; since the law was enacted, the mortality has varied from 0.3 to 3.6 per 100,000; while in Austria, where no compulsory law is in force, the number reaches 50 to 82 per 100,000. Not a single case of variola has occurred in the German army since 1874.—*P. and S. Investigator; Medical Era.*

## REVIEWS AND NOTICES OF BOOKS.

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THERAPEUTIC METHODS: AN OUTLINE OF PRINCIPLES OBSERVED IN THE ART OF HEALING. By Jabez P. Dake, A.M., M.D. Otis Ciapp & Son: Boston and Providence. 1886. 195 pp.

No reader of Dr. Dake's book can, we are convinced, lay it down without feeling distinctly the richer in knowledge acquired; and more firmly resolved than ever before, to resort to no remedial expedient without thoroughly satisfying himself of his reasons for its employment. His conviction cannot fail to be deepened, that it is an honor, and not a stigma, to belong to a school which acknowledges itself to be guided by a definite therapeutic law.

Dr. Dake employs "therapeutics" in its widest and most practical sense, embracing under this heading every thing done for the cure or relief of the sick. He therefore protests against the use of the term "adjuvants" as seeming to refer to nondescript measures, without the pale of recognized principles. He asserts, and, to our mind, with all reason, that the day has come, when every therapeutic procedure should be governed by a therapeutic principle, and that, by deduction from observation and experience, it is not difficult to discover these guiding principles in any given case.

Dr. Dake presents first a brief historical *résumé* of the different therapeutic methods before the time of Hahnemann; followed by a pertinent summary of the necessary "pre-requisites" to a study and application of therapeutic methods, and the importance of each pre-requisite, dwelling especially on pathology and drug pathogenesis. Secondly, we find a consideration of the therapeutic systems now in vogue,—the empirical, the theoretical, and the scientific. In this connection Dr. Dake makes a powerful plea for the more precise and scientific recognition of what he classifies as "physiological therapeutics:" the air breathed, diet, clothing, habits of life, etc.; chemical, mechanical, and anti-parasitic methods of treatment; acknowledging the value of, and assigning a distinct position to, each. This part of the work concludes with a just estimate of the methods and principles employed in the use of drugs, or "pathogenetic therapeutics." The relationships of drug effects to disease are clearly pointed out, special emphasis naturally being laid on the sphere, rationale, value, and clinical proofs of *similia*. These latter paragraphs may be thought to tell an old story;

but it is a story made more powerful for good by every such masterly and worthy telling as the present one.

Thirdly are treated "the demands of *similia*," a positive drug symptomatology being justly considered as of prime importance among these. Useful suggestions on drug-provings, posology, pharmacy, and the applications of *similia*, abound.

There is but a single exception, as it seems to us, that a just critic can take to this thoroughly admirable book. This is the prominence, and evident adherence given by the author, to Hahnemann's theory of the curative action of the similar, as found in the *Organon*, §§ 29 and 148; viz., the substitution of a drug disease for the natural disease. Dr. Dake even goes so far, on p. 145, as to refer to this theory as "*the* homœopathic principle;" a statement with which we think that the majority of thoughtful homœopathic physicians will hardly be found to agree. Explanations of natural laws are rarely found to be permanently satisfactory; and we cannot but feel it to be matter of regret, that in the present instance a theory of the sort should be given the prominence of a principle. With this single exception, we have for the work only unmixed and unstinted praise. Its form should adorn the shelves, and its contents enrich the mind, of every practitioner of homœopathy. The publishers have offered it an altogether worthy form. The absence of typographical errors is most exceptional and commendable.

LABOR AMONG PRIMITIVE PEOPLES. By George J. Engelmann, A.M., M.D. Third edition. St. Louis: J. H. Chambers & Co. 227 pp.

The author of this book has rendered a substantial service to the profession, by thus offering it the fruit of his labors in comparatively unworked fields of research. As a practical study of parturition, when taking its own course in a manner as nearly natural as possible, the book is of great value. The enthusiasm of the author is matched by his thoroughness, which assures the reader of the work that he will be both instructed and entertained. The material has been largely contributed by army surgeons, and others immediately resident among uncivilized peoples. The author studies not only labor itself, but pregnancy, the post-partum condition, lactation, and the care of the child. Comparisons are occasionally made between the customs of barbarism and those of civilization, not always to the glory of the latter. No lecturer on obstetrics should fail to possess and to study the volume, and it is of great interest to the general practitioner. Regarded from an ethnological, a literary, or a practical standpoint, its value is equally apparent. It is fully illustrated.

A LABORATORY GUIDE TO URINALYSIS AND TOXICOLOGY.  
By R. A. Witthaus, A.M., M.D. New York: William Wood & Co., 1886. 73 pp.

The worker in the laboratory could hardly desire a more thorough and practical assistant than this little volume. The tests recommended for the qualitative and quantitative analysis of urine are accurate and valuable; though, in the interests of condensation, certain well-known ones have been omitted. The tests for the detection of poisons — volatile, acid, alkaline, metallic, and vegetable — are complete and comprehensible, and such as it is the duty of the physician, as well as of the chemical expert, to familiarize himself with.

The form of the book is exceptionally convenient; it being printed on but one page, while the opposite page is left blank for notes. The reputation of the author is sufficient guaranty for the reliability of his work. The little book is tastefully bound. Its form is that of the student's note-book.

DEEP BREATHING. By Sophia, Marquise Ciccolina. Translated from the German by Edgar S. Werner. New York; M. L. Holbrook & Co. 48 pp.

A most important subject is treated in this little work, and a subject on which no physician can afford to remain uninstructed or indifferent. By "deep breathing," the authoress understands the abdominal type of respiration. Physiologists describe three types of respiration: the abdominal, characteristic of childhood; the costo-inferior, characteristic of male adults; and the costo-superior, characteristic of woman. We entirely agree with the Marquise Ciccolina, that the respiration given — and too justly — as characteristic of woman is abnormal in character and harmful in effect; there being no anatomical or physiological reason why woman should breathe exclusively or habitually in the manner described. The hurtful custom is doubtless engendered by the senseless and dangerous constriction to which the lower thorax and the abdomen are subjected by the prevailing style of feminine dress. For this, fashion, rather than the physician, — whom Madame Ciccolina so stringently criticises, — is to be held responsible. We cannot agree with the authoress, that the only true type of respiration is the abdominal, "*in which the ribs remain perfectly motionless:*" but we wholly agree with her, that this is a type of respiration which should be universally taught and frequently and intelligently practised; and that, by its practice, the singing voice can be vastly increased in power and quality, and the speaking voice in sweetness; and that the benefit of the systematic practice of deep breathing to those afflicted

with any form of weakness of the lungs, is quite beyond calculation. We cordially commend the reading of this little treatise to all physicians, and would urge upon them the communication of its teaching to the patients under their care.

DISEASES OF THE NERVES, MUSCLES, AND SKIN. Being the third volume of the Handbook of Practical Medicine. By Dr. Hermann Eichhorst. New York: William Wood & Co, 1886.

This volume forms the October issue of Wood's Library, and is entirely worthy its place in that valuable series of publications. The text deals chiefly with the etiology, pathology, diagnosis, and symptoms of nervous diseases; the treatment being disposed of rather more briefly than seems consistent with the general character of the work. *Apropos* of the treatment of tabes dorsalis it is said, "Great care should be exercised in the administration of ergotin, since Tuczec has shown that chronic ergot-poisoning may give rise to tabes;" a statement richly worth remembering by homœopathists. An interesting chapter is that on Toxic-Spinal Paralysis, since paralysis, more or less severe, "may be produced by poisoning with lead, arsenic, phosphorus, mercury, carbonic oxide, alcohol, tobacco, camphor, copaiba, ergot, absinthe, opium, belladonna, strychnine, etc." As a contribution to drug pathogenesis, the value of this chapter hardly needs to be pointed out.

OUTLINES OF THE PATHOLOGY AND TREATMENT OF SYPHILIS, AND ALLIED VENEREAL DISEASES. By Hermann Von Zeissl, M.D. Second edition. Translated with notes by H. Raphael, M.D. New York: D. Appleton & Co., 1886. 402 pp.

This excellent treatise on venereal diseases deserves to rank with the most authoritative and standard works on its important subject. The experience gained from the intelligent study and treatment of upwards of thirty thousand cases of syphilis, in hospital and private practice, should surely justify one in speaking with authority, and should insure a large audience for the statement of opinions so solidly founded. Sufficient, though not undue, emphasis is given, in the present volume, to the pathology of venereal diseases, and the absence of too many and too complex formulæ for their treatment is to be noted with satisfaction.

Some of the author's conclusions are especially worthy of note: e g., the usually advised "abortive treatment" of gonorrhœa is discouraged as sometimes positively injurious. Again, "the more intense the inflammatory phenomena and the discharge, the milder should the treatment be; the milder the in-

flammatory symptoms, the more energetic — but not too energetic — may the treatment be.” Again, he urges great care in the local use of astringents; he no longer resorts to strapping in epididymitis (a treatment which has in recent years been strongly advocated and widely practised); he has discarded the use of internal urethrotomy and rapid dilatation in the treatment of strictures; and his rules for the use of iodine and its combinations, and of mercury in the treatment of syphilis, are very clearly and definitely stated.

The translator’s notes contain not a few excellent suggestions: one of them, referring to Dr. Bryant’s proposition of irrigating the urethral canal in cases of gonorrhœa, with corrosive sublimate, one part to 40,000 parts of water, is a rather strong testimony in favor of small doses.

It needs not to be said, since the book is published by Appleton & Co., that it is irreproachably printed and tastefully bound.

THE MECHANISM OF INDIRECT FRACTURES OF THE SKULL.  
By Charles W. Dulles, M.D. Reprinted from the Transactions of the College of Physicians of Philadelphia. Philadelphia: P. Blakiston, Son, & Co., 1886. 55 pp. and xxvii. plates.

This little *brochure* cannot fail of a welcome at the hands of all surgeons alive to the importance of the subject treated, and to the advance of their noble art. A careful historical study of the subject precedes a no less careful consideration of the elastic properties and the anatomical and architectural peculiarities of the skull, together with the other influences which may govern the production, direction, and extent of the fractures of which he treats. 119 cases are analyzed by the author, and the experiments of others are scrutinized and commented upon. No new mechanical principles are set forth, but the law, as illustrated by the experiments of Messerer, Greder, and others, is regarded as established; receiving, as it does, the support of reason, experiment, and clinical experience.

The illustrative plates add much to the value of the *brochure*.

HOW WE TREAT WOUNDS TO-DAY. By Robert T. Morris, M.D.  
Second edition. New York and London: G. P. Putnam’s Sons, 1886. 165 pp.

The author justifies his claim “that this book is modest only in size,” by attempting in the present edition to explain Mr. Tait’s phenomenal success in abdominal operations, in spite of his objections to antiseptics, by pointing out that his employment of hydragogue purgatives in the early stages of peritonitis after ovariectomy is in itself “a first-class antiseptic measure.” Dr. Morris nevertheless, in a spirit of brotherly love, urges upon

Mr. Tait the duty of recantation, and adoption of "antiseptics according to recent methods."

With the exception of certain bits of almost boyish bombast, of which the above is a specimen, and a lamentably conscious eccentricity of style, the little book is a very excellent and useful one, and gives as clear and concise a presentation as is anywhere obtainable, of the present claims and methods of anti-septic surgery.

THE MEDICAL NEWS VISITING LIST FOR 1887 is a most useful and ornamental little volume, unsurpassed among its kind for elegance of finish. Besides all possible facilities for keeping accurate memoranda of daily practice, there are hints on a wide variety of professional subjects: among them, "Signs of Pregnancy," "Dose Table," "Incompatibles," "Poisons and Antidotes," T. Lander Brunton's "Therapeutic Table," "Ligation of Arteries," etc. A full-page erasible tablet adds much to the convenience of the book. It is offered in four styles, dated, for thirty, sixty, or ninety patients a week, — in one, two, and three volumes respectively, — and undated, or "perpetual." The price is \$1.25 per volume. A thumb-letter index, if desired, adds twenty-five cents to the cost. Philadelphia: Lea Brothers & Co.

We take satisfaction in quoting to our readers the announcement of the Hahnemann Publishing House, that a new edition — the fifth — of PROFESSOR HELMUTH'S SYSTEM OF SURGERY is immediately to appear. The present edition will be revised, re-arranged, and by additions and omissions brought thoroughly up to date. New wood-cuts will appear, and a handsome and substantial binding is promised. We are sure the work will not fail to receive the welcome it richly merits.

THE PHYSICIAN'S VISITING LIST, published for so long by Lindsay and Blakiston, needs no introduction to the professional public, this being the thirty-fifth year of its publication. It appears without dates, in the popular "perpetual" form. It contains pages for all imaginable professional memoranda, an unusually complete posological table, a list of hints on new remedies, a full table for calculating the period of utero-gestation, etc. Philadelphia: P. Blakiston & Co.

THE POPULAR SCIENCE MONTHLY for November has a valuable paper on "The Hygienic Treatment of Consumption," by Dr. Benjamin Ward Richardson, the deservedly famous author of "Preventive Medicine;" Dr. Crothers has a paper on "Inebriate Maniacs," which covers substantially the same ground as his article on "The Responsibility of Inebriates," repub-

lished and commented upon by THE GAZETTE some time ago; there is a brief and striking contribution from Rev. A. H. Lewis, on "The Origin and Results of Sunday Legislation;" and much other interesting reading on subjects appropriate to the character of the magazine. New York: D. Appleton & Co.

THE CENTURY for November is a noble issue, fully worthy of its enormous edition of a quarter of a million copies. The long-promised history of Abraham Lincoln makes a most interesting beginning; the "war paper" deals with the battle of Gettysburg; Mr. Howells continues his history of Lemuel Barker; and Mr. Stockton enters on a new story which promises to be characteristically delightful. There are short stories, illustrated papers, essays, and poems. New York: The Century Company.

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#### PAMPHLETS RECEIVED.

- A TREATISE ON SOME DISEASES OF THE BONES AND LIGAMENTS OF THE SPINE. By S. M. Cate, M.D.
- IS ELECTROLYSIS A FAILURE IN THE TREATMENT OF URETHRAL STRICTURES? By Robert Newman, M.D. Reprinted from "The Medical Record," Sept. 25, 1886.
- ANNUAL REPORT OF THE COMMISSIONER OF PENSIONS TO THE SECRETARY OF THE INTERIOR FOR THE YEAR ENDED July 30, 1886.
- THE SURGERY OF THE PANCREAS, AS BASED UPON EXPERIMENTS AND CLINICAL RESEARCHES. By N. Senn, M.D. Reprinted from the Transactions of the American Surgical Association.

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#### MISCELLANY.

A SIMPLE APPARATUS FOR DETERMINING THE IMPURITY OF AIR.—Dr. A. E. Burckhardt of Basle warmly recommends a simple and small apparatus for determining the amount of carbonic acid in the air of schools, hospitals, etc., invented by Dr. Schaffer of Berne. The apparatus is based on the fact that diluted lime-water gives a violet-red stain on phenolphthalein paper, which stain disappears in the air containing carbonic acid, and does so the more rapidly the larger the amount of the acid present in the air. It is only necessary to mark the time which has been required for the disappearance of the stain, and to consult an appended table which shows the amount of the acid corresponding to the time.—*British Medical Journal; Medical Record.*

BETTER WAIT A WHILE.—*Patient*: "What would you think of a warmer climate for me, doctor?"

*Doctor*: "Great Scott! man, isn't that just what I am trying to save you from?"—*Medical Era.*

ANOTHER CEREBRAL TUMOR SUCCESSFULLY REMOVED.—The patient was a man who had been absolutely hemiplegic for a month, and had passed into a semi-comatose condition. Before these symptoms developed, he had endured terrible pain in the head, and had suffered from fits. On Thursday, Sept. 23, Mr. Victor

Horsley trephined over the motor region of the right hemisphere, and, after enlarging the aperture made by the trephine, succeeded in removing a large tumor from the brain; the tumor weighed four and a half ounces, was three inches long, two and a half inches broad, and two inches deep. On the day after the operation the patient was perfectly rational, and even amusing, in his conversation, and said that he was quite free from pain. On Sept. 27 the wound was entirely healed, and the man had recovered some power in his leg. This is the fourth case in which Mr. Horsley has operated successfully on the motor area of the cortex of the brain; the three earlier cases were described to the Section on Surgery at the last meeting of the British Medical Association. — *Med. Record*.

DR. FORDYCE BARKER says that in no case of confinement which he has attended, has a secondary operation for the laceration of the perineum been performed or called for. Nor had the primary operation for perineal laceration been performed but once. He had lacerations, but he took such care of them that they all recovered perfectly without operation. — *American Lancet; Medical Era*.

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## PERSONAL AND NEWS ITEMS.

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Dr. D. B. WHITTIER started, Nov. 4, for a four-months sojourn in Lower California.

Dr. BENJAMIN A. BRADLEY was married on the 23d of November, to Miss Magdalene N. House at Cincinnati.

Dr. N. R. SEELEY of Elmira, N.Y., has taken as a partner Dr. F. W. Adriance, late of Watkins.

OPENING OF THE NEW-YORK HOMŒOPATHIC MEDICAL COLLEGE. — The opening exercises of the New-York Homœopathic Medical College were held in the college amphitheatre, Tuesday evening, Oct. 5.

A large audience composed of the students of the college, numbering about two hundred, their friends, members of the faculty, and the profession generally, were in attendance.

The introductory address was delivered by Professor J. W. Dowling, the subject being, "Why we do not live out our threescore years and ten."

After describing briefly some of the wonders of the human body, the professor went on to show how it is, that, in violation of Nature and Nature's laws, the human body is subjected to all manner of abuses, and, as a result, becomes the subject of disease affecting various vital organs.

He enumerated some of these indiscretions, and many of the diseases resulting directly from them; and claimed that if parents would follow Nature's laws in the management of their children, the death-rate would be lessened, and, but for the follies of adult life, man's years would oftener reach threescore years and ten and more, and, what is of greater importance, his later years would be free from harassing and painful disease.

COCAINE ADDICTION. — *Mr. Editor*: If any reader of your journal has met with a case of cocaine addiction, and will send me the fullest details at his command, I'll thank him for the courtesy, re-imburse him for any expense incurred, and give him full credit in a coming paper.

J. B. MATTISON, M.D.

BROOKLYN, 314 State Street.

THE COST OF INFANT FOODS. — One of the greatest objections that have been made to the use of the various prepared infant-foods upon the market, has been their high cost. As it will be a matter of interest to the entire profession to know the comparative costs of the various foods, a careful computation of the cost of each class has been made, prepared according to the directions given for infants.

The so-called milk foods, or powders, are found to be the highest, averaging to

cost, when prepared ready for use, about nine cents per pint; next in cost is a class called Liebig's Food, which average six cents or more a pint; next is a class of farinaceous foods, which cost nearly as much as the Liebig Foods. Below all these is Lactated Food, which costs but four cents per pint, making it the most economical food the profession can use. A dollar package of Lactated Food will give an infant a hundred and fifty meals, or sufficient to last about four weeks.

THE SCIENTIFIC AMERICAN, published by Munn & Co., New York, presents weekly to its readers the best and most reliable record of various improvements in machinery, while the scientific progress of the country can in no way be gleaned so well as by the regular perusal of its pages.

Dr. ADALINE B. CHURCH of Winchester, having returned from Europe, where she has given much time during the past several years to the study of gynecology and gynecological surgery, is now ready to resume practice, and wishes to inform her professional friends that she has opened an office in Boston, associating herself with Dr. Almena J. Baker, 168 West Newton Street, where she will devote herself to the above specialty.

THE MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY meet at the Parker House Wednesday, Dec. 8. The secretary has promised an unusually good programme.

RARE chance for a smart man. A fine homœopathic practice for sale in a New-England village. Address M.D., care of NEW-ENGLAND MEDICAL GAZETTE.

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## OBITUARY.

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Dr. JABEZ PERCY DAKE, Jun., died at the residence of his father, beyond Vanderbilt University, in Nashville, Tenn., Dec. 5, 1886.

For years he had been in poor health, and had sought recovery at various health resorts in this country and in Europe. He was educated in our high school, in the University of Tennessee, and the University of Michigan, having a large store of knowledge, scientific and medical, added to natural talents of a high order.

He had been associated in practice with his father and brothers here, and afterwards with his brother Charles at Hot Springs, Ark.; but, owing to ill health, he was not able to do much medical work.

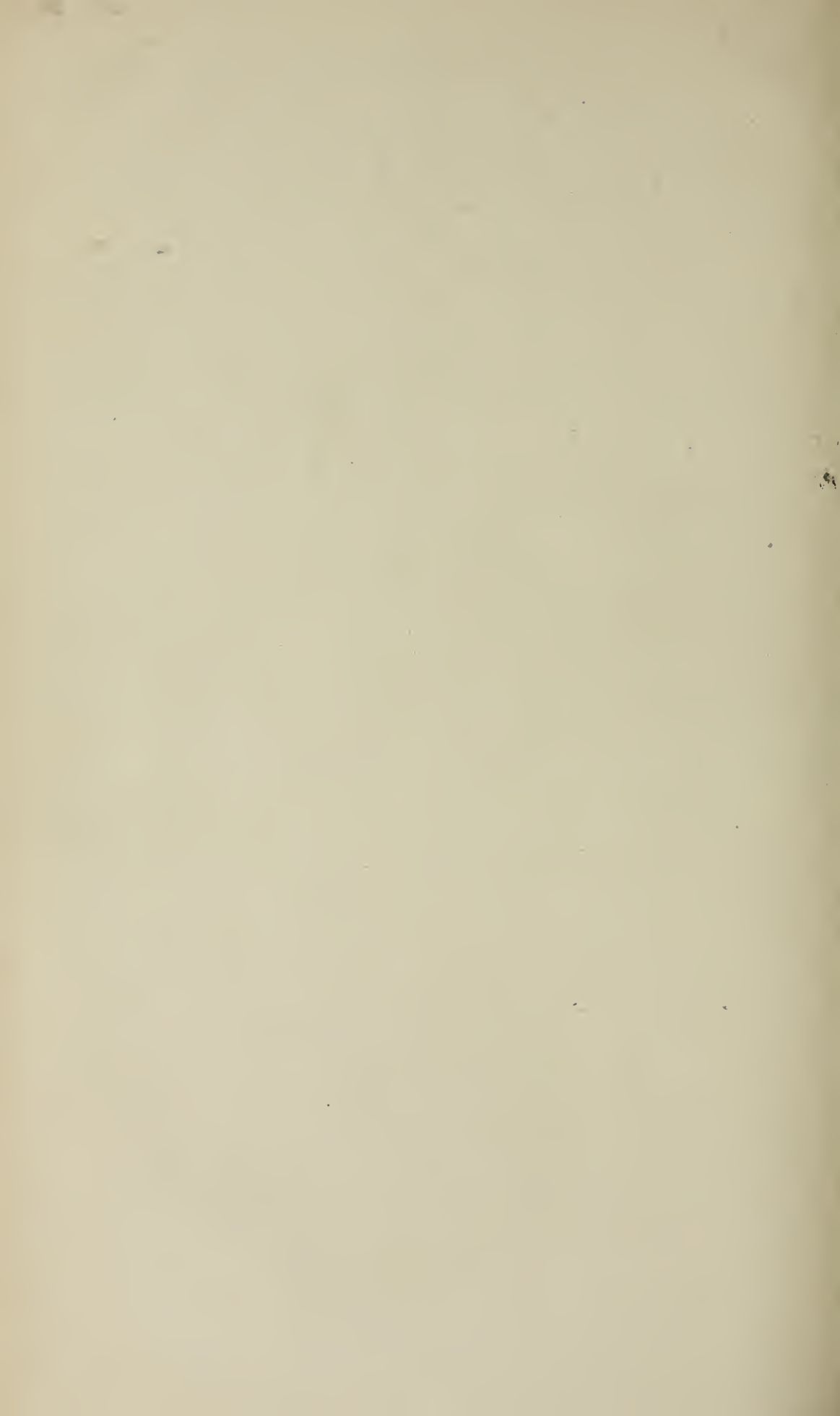
He united with the First Baptist Church here after a series of meetings held by Rev. Dr. Earle several years ago. He was a young man of sterling character and of most genial manners, and in the circle where he moved will be greatly missed; especially to his parents and brothers will the loss be great. The many friends of the family in this community will sympathize deeply with them in their bereavement. — *Nashville Union.*

Dr. JAMES OTIS MOORE died at his residence in Haverhill, Nov. 16, 1886. He was born in Parsonsfield, York County, Me., April 20, 1822. He was the youngest of ten children, and the third homœopathic physician among six brothers, the other two being Dr. Levi C. Moore of North Troy, Vt., and Dr. John Moore of Quincy, Ill. He was educated at the Carroll Literary Institute, Effingham, N.H., and, in 1848, graduated from the Castleton (Vt.) Medical College. In April, 1849, he located at Saco, Me., being the first homœopathic physician in the place. In 1863 he joined the Army as surgeon in the Twenty-second Regiment United-States colored troops. He served his country in this capacity until his regiment received honorable discharge from service in 1865, when he returned to the practice of medicine in Saco, where he remained for about a year, and then removed to Haverhill, Mass.

Dr. Moore has been city physician of Haverhill, and has also served on the School Committee. He leaves three daughters and one son, Dr. Herbert A. Moore of Brookline.

He was a member of the Massachusetts Homœopathic Medical Society, also of the Essex-county Homœopathic Medical Society.





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