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ORIGINAL COMMUNICATIONS.

PATHOLOGIC versus SYMPTOMATIC PRESCRIBING.

BY MAURICE WORCESTER TURNER, M.D., BROOKLINE, MASS.

[Read before the Boston Homœopathic Medical Society.]

It was only since I returned home this fall that I was asked to prepare a paper on this subject, and, consequently, on account of the limited time, I feel that I can offer but a fragmentary study of a most important and many-sided question.

The title of this paper is a clear and succinct statement of the true position of the two great schools of medicine in relation to therapeutics,—on the one hand the pathologic (allopathy), on the other the symptomatic prescription (homœopathy).

It may be asked here if the allopaths do not also treat cases symptomatically. To which I reply that while they institute, oftentimes, what they call symptomatic treatment, it is not what we would designate by that term, being rather the treatment of single symptoms,—as pain by morphia,—rise in temperature with the coal-tar derivatives, etc.,—and, besides, they follow the expectant plan, in treating some cases, which leads ultimately to therapeutic nihilism; but whether symptomatic, expectant, or pathologic, their therapeutics has as its central idea, pre-requisite to treatment, the finding out what the disease is that affects the patient, or failing that,

the building, from such data as can be obtained, of an hypothetical disease upon which to base their therapeutic procedures.

But it is not my wish to weary you with a recital of details with which you are acquainted, nevertheless, a synopsis of this part of the subject is absolutely necessary for even its partial consideration.

Treatment of cases from the standpoint of the pre-requisite diagnosis always reminds me of the joke I came across in an old copy of *London Punch*, in which an American physician speaking to an English colleague, says, "Now in Vienna they're first-rate at diagnosis; but then, you see, they *always* make a point of *confirming* it by post-mortem."

This is the outline, as I understand it, of pathologic prescribing, pure and simple. From this it shades off, with many gradations, until we come to the method of those who set pathologic prescribing aside as valueless, and who, therefore, prescribe symptomatically, *i. e.*, obtaining "the totality of symptoms" and using them, for the purpose of selecting the similimum, according to their "rank of value," as Hering expressed it.

And now will come the question,—is not *every symptom*, in a case, of equal value in prescribing? For example, the bronchial rales, the symptoms of the cough and expectoration, the times of aggravation and amelioration, the desires and aversions, the mental symptoms, the physical signs and even the microscopic examination of the sputum, for by these last especially do we know *what* we are treating, whether tubercular disease or not.

In reply let me follow what has been considered a characteristic Yankee habit and ask a question.

What are we to do in a case *before* a definite disease can be recognized? For there *is* such a time, in most chronic and in some acute cases, and many patients present themselves or ask for treatment then. At this time the symptoms, being indefinite, point neither to the brain, thorax, abdomen, nor

any other part in particular, and yet the *patient* is sick.

We can attempt to turn this question aside by saying, "Oh, these cases are functional." Perhaps they are, but some of them, at any rate, will later develop organic lesions.

How shall they be treated? Must we formulate an hypothesis before we can prescribe for such a case, or shall we wait until a positive diagnosis can be made? The latter alternative would be the logical procedure from the standpoint of the pathologic prescription.

It is evident that the pathologic prescriber is here between the two horns of a dilemma,—either he must prescribe early without the aid of a diagnosis, and so it will *not* be a pathologic prescription, or allow the patient to drift along for months, and even years, without treatment, until a diagnosis can be made,—speaking, of course, particularly of chronic cases.

Under such circumstances, why not cut the Gordian knot and prescribe symptomatically? And, if the symptomatic prescription be useful in such an indefinite state, when a diagnosis cannot be made, the question naturally follows, what is the need, in any case, of a diagnosis for the purpose of selecting the curative remedy? Do not misunderstand,—I do not say a diagnosis is not necessary nor useful for other purposes when it can be attained, I am only questioning its utility as applied to the actual purposes of prescribing.

And if symptomatic prescribing is of value in cases where the diagnosis is impossible,—and it has time and time again proved so,—why not go a step farther and use it when the disease has advanced to a definite lesion?

It is evident, from what has been said, that the diagnostic symptoms may be set aside as useless in making a homœopathic prescription, for if the diagnosis is of doubtful aid, in prescribing, it follows that the symptoms by which the diagnosis is made are similarly valueless.

Having eliminated the diagnostic symptoms, the question arises again, which of the remaining ones are most useful in making a symptomatic prescription?

Hahnemann tells us, and all acknowledge, that the "totality of the symptoms" is the basis of the prescription.

Hahnemann tells us, and all acknowledge, that the more prominent, uncommon, and peculiar features of the case are especially to be taken into account in making the prescription.

Are these prominent, uncommon and peculiar features freak symptoms? It does not seem reasonable to think so. In fact, there is nothing in paragraph 153 of the Organon to warrant such an assumption, and, furthermore, it would seem that the question is fully answered in this paragraph. Let me read it:—

"This search for a homœopathic, specific remedy consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbific potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent, uncommon* and *peculiar* (characteristic) features of the case are especially, and almost exclusively considered and noted; for *these, in particular, should bear the closest similitude to the symptoms of the desired medicine,* if that is to accomplish the cure."

We must note here what is said as to the more prominent, uncommon and peculiar features of the case being the ones to be *especially* and *almost exclusively* considered.

Which ones are they? The answer, which is a negative one, comes in the last part of the paragraph; it reads:—

"The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease, and almost to every drug."

Not the more general and indefinite symptoms which are common to diseases and drugs, but the symptoms which are *uncommon,* peculiar and characteristic, *in diseases* and also in *drugs.*

What is the element that is present in this, that, and the

other case which makes them vary, ever so slightly, as to the peculiar symptoms, one from the other?

What can it be but those inherited or developed peculiarities, mental and physical, which are the expression of the true man,—of the part which never dies.

To quote the golden words of Edmund Spenser, in his *Hyme in Honour of Beautie* —

> "So every Spirit as it is most pure,
> And hath in it the more of heavenly light,
> So it the fairer body both procure
> To habit in, and it more fairly dight
> With chereful grace and amiable sight.
> For of the Soul the body form doth take ;
> For Soul is form and doth the body make."

It seems reasonable to conclude that *this* is what Hahnemann had in mind when he wrote of the prominent, uncommon and peculiar features of the case which were to be almost exclusively considered in selecting the remedy if a cure was to be accomplished.

Te repeat the trite sentence,—we must treat the patient and not the disease, avoiding hypothesis and using the facts that are present.

I have a case to report which illustrates the effective work of the similimum in pre-diagnostic states and also the fact that sometimes, in chronic diseases, we have to wait until an "acute exacerbation" of the chronic miasm occurs before we can obtain the symptoms which point to the remedy.

Early in August, 1901, I was consulted by Mr. ——. He was then fifty-nine years old, of medium height, weight usually one hundred ninety-five pounds, complexion dark, but skin and sclerae of good color. He is a moderate user of alcohol. No specific history.

In the army (Civil War) he had malaria with quinine *ad infinitum*, but has since been well, until five or six years ago, when he began to have some gastric irritability, at irregular times, with attacks of gradually increasing distress, the sen-

sation of a ball in the stomach, and, finally, after four or five days' vomiting of much partly digested food and relief. No history of blood in the vomitus was obtained. During these attacks some vertigo. With some of the early ones he was jaundiced.

He has pains about the right shoulder blade, more or less, with aggravation from moving the hands or arms and relief from pressure and lying on that side. He can generally lie on either side or on the back with comfort, except that when an attack is on, he feels, as he turns over in bed, as if the "ball" rolled from side to side.

At times pains in the liver region also, without particular reference to the stomach disturbances, not relieved by lying on the right side.

Stool every day, generally normal in character, sometimes gray and dry, but usually the color is light yellow to brown. He has been lately developing more of a tendency to constipation.

Urine often red and even brown, but for days at a time macroscopically normal. Urinalyses usually negative, except solids decreased, specific gravity high, and once bile pigment was found.

He had lost from thirty-five to forty pounds in the last six months and is now very sensitive to cold.

Tongue clean except mucous streak at edges. Mentally depressed and worried and sensitive to noises.

Physical examination: Chest,—lungs negative, no cough. Heart,—first sound somewhat valvular, impulse good; pulse fifty to fifty-five, full and regular. Abdomen,—also negative, neither swollen nor retracted, no ascites and no tumour nor thickening to be felt. Liver normal. Spleen not palpable.

As he had been taking much old school medicine, among which were several drugs which are antidoted by nux vomica, he was given that remedy at first, and, some three or four weeks later, when a few symptoms seemed to indicate it, and also because it follows nux vomica well, sulphur was exhibited.

His condition slowly changed, no marked improvement, and yet he was better, but still the symptoms were so chaotic that no other prescription was hazarded. At the end of two months or so, there was very little progress, on the whole less pain, but he was not able to attend to business the whole day.

The state of things was such that I felt like Mr. Micawber when he was "waiting for something to turn up,"—but I didn't have to wait long, for there came on a series of attacks of abdominal pain which finally suggested the similimum.

At first the pain was moderate and was relieved after taking food, so he had to eat every three hours to be comfortable,—but after two days this failed. The pain then gradually became more violent.

Such remedies as sepia, nux vomica, colocynthis, lycopodium, rhus toxicodendron, dioscorea and cuprum metallicum seemed indicated, at various times, but all failed to give more than temporary respite. For hours there would be entire freedom from pain and then it would return as bad as ever. It was worse at irregular times in the twenty-four hours, one morning at eleven o'clock, then free till the next day in the afternoon, at which time lasting well into the night, and then followed by a free interval.

The attacks developed slowly and the abdomen was slightly bloated. The pain was a sense of pressure beginning at the scrobiculum and extending to the cardiac end of the stomach and from thence through the chest to the left shoulder blade.

At times relief from bending backward and at others relief from bending forward. Usually he was helped by pressure, and especially by pressure with a hot water bottle. Temporary amelioration from warm drinks; skin dry, extremities cold, tongue coated, and breath offensive; constipation, vomiting with the intense pain.

Having at last obtained the foregoing symptom-complex it seemed very suggestive of lead poisoning, and on examination of the gums there, sure enough, was the blue line. But not being able to find any reason why poisoning should have oc-

curred, I gave him plumbum metallicum 3x with the result that the pain gradually left him, and the next day he was free and so remained. Not only was the colic cured, but all the old indefinite symptoms became less, and finally disappeared.

The remedy was repeated a month later, and again three months after that, in higher potency each time. He has been well since.

I forgot to say that at no time while he was under my care was there any icterus.

THE INFLUENCE OF FOOD PRESERVATIVES ON DIGESTION.

BY H. W. WILEY, M.D., CHIEF OF THE DEPARTMENT OF CHEMISTRY, BUREAU OF AGRICULTURE, WASHINCTON, D. C.

[Address before the Society of Arts, Massachusetts Institute of Technology.]

The traveler who enters the state of Colorado by the Santa Fé and Southern Railway, or across the Colorado River, can hardly persuade himself that he has entered a state which in self-progress ranks among the first in the Union. He sees spread about him vast deserts with now and then a stray cactus or a bunch of sage brush, but aside from this nothing but desolation. As he enters further in to the state matters become still worse, and finally the Santa Fé Railway runs into a spot known as Death Valley. Now this valley, although it seems so devoid of everything which could contribute to the aggrandizement of a state, contains a portion of the wealth of this country of the greatest importance, for here is found a vast and valuable mineral deposit, something which consists of almost pure borax. In connection with this deposit are also found the chemicals needed for its conversion, on the spot, into the form in which it is dispensed by the pharmacist.

The use of borax, in which we have the greatest interest, is for the preservation of food, and a large number of official experiments have been made with both borax and boracic

acid, especially the latter, because of the world-wide importance of determining whether or not the health of a people will be affected by the introduction of such a preservative. The question has to do not only with the home consumption of home products containing borax, but also with the foreign trade, both exports and imports. The question is also a question of international commerce.

Our government, recognizing this, decided to arrange for a series of scientifically conducted experiments, which would result in data from which reliable conclusions could be drawn.

Such experiments can be carried on in three ways, viz., in the laboratory by studying the effect of preservatives upon food during the processes of artificial digestion; second, by experimentation upon the lower animals; third, by experimentation upon man.

Lower animals have been devoted very extensively to experimental work, and in using them there are a great many advantages and disadvantages. The advantages are that the animal has no will of its own, and the work may be continued or varied at the will of the experimentor. If the results are to be applied directly to man, it would seem advisable to begin directly with man, but in the past neither of these methods has proved wholly satisfactory, so far as yielding sufficiently reliable results as to the effect of preservatives on the digestion when administered by means of food.

By looking up the records it was found that the number of persons experimented upon had been quite limited, the experiments generally extending over a period of but five or six days; in one case, two or three weeks. It was deemed necessary to eliminate all personal idiosyncrasy; therefore, for the new series of experiments twelve persons were selected. The very best foods the market could supply were obtained, with the guarantee that they would be absolutely free from preservatives of any kind. Each article of food was carefully inspected both at the time of buying and when delivered. Then all the food was carefully measured and weighed.

After taking everything into consideration, it was decided to divide the experiment into three periods.

First, the period of preparation. This period to ascertain how much food it would take to keep the body in equilibrium. It was ascertained that ten days was the time required.

The use of alcohol and intoxicating beverages was prohibited, and, in cases where tobacco was habitually used, it was arranged that it should be taken at the same time and in the same quantity daily. A memorandum was made of the kind of tobacco.

All the young men engaged in the experiment were government employees who signed for a year. During this period the regular vocations were to be carried on. It is necessary to have the most reliable and trustworthy men, for it is impossible to keep them under constant supervision. They agreed not to eat or drink anything except what was given them at the government table. There they were and are watched to see that they eat and drink the whole of what is set before them, the "poisoned" meat, etc., the butter made in inspected dairies, from inspected milk, from chosen and inspected cows. This butter contains neither salt nor coloring matter.

The period of preparation was followed by a second period during which the limit of toleration of each man was determined, his toleration of constantly increased quantities of borax. One gram would be administered daily for five days, then two grams, and so on until marked symptoms of toxic results were obtained. It was very interesting to note the different degree of resistive powers in different individuals. The limit of toleration was reached in some cases when two grams a day were administered. One man's limit of toleration was not reached until eleven grams a day were being taken.

The work of the overseers of the work was and is something tremendous. I would say that at the present time experiments are being made with salicylic acid. Work begins at six in

the morning and ceases at seven at night; not the hours usually attributed to government employees.

Every meal the "poison squad" receives is sampled by portions, is weighed on delicate scales and carefully measured. A chemical analysis is made, and every examination of any kind must be signed by the examiner. The amount of nitrogen, oxygen, etc., in each sample of food is determined. Forty determinations a day are secured. A schedule of the daily weight of each man, stripped, is kept, and the number of grams of each kind of food he has had. The temperature and pulse are taken twice a day; the excreta analyzed. There is a combination made of the data for the three meals for each day.

The examinations of the blood are among the most important and instructive; the changes in the corpuscles and in the coloring matter are marked. It is difficult to get even approximately correct estimates of the difference between what a man eats and what is thrown off from the body. We cannot analyze what passes away insensibly from the body, we cannot account for all that is lost in finger and toe-nail cuttings, though we do try to account for what should be credited to hair parted with in an ordinary hair cut. At least we weigh it and analyze it.

A record, in brief, is kept of the constituents in the food administered, their kind and quantity; of the amount of same recovered, and of the amount unaccounted for.

We have obtained incidentally some suggestive information about foods, and I might almost say that sugar is about the only article not adulterated at the present time, and that this is an exception with many exceptions.

The following letters, which are two out of scores, show that even our exacting work has its lighter side, and that the public takes notice of what we are doing, and in individual instances either desires to participate in it or share our accumulating knowledge:

Dr. Wiley:

Sir,—In view of the fact that you may need a few more young men for to experiment on befor long, would like you to except this letter as an application from me for a job as one of your experimental boarders. If you do not need any at the present time it will do no harm to write me in the future as I may still be willing to take the job. ———

Prof. Wiley:

Dear Sir,—Kindly tell me the effect of intoxicants upon the iron in the blood. Do they rust it and cause sputem carrying disease germs? In this light the soul of the flesh is in the blood. Is that soul the iron? And oblige, ———

I regret that it is impossible to state here the result of the first year's work. It is impossible to do so, because the amount of clerical work involved by the first series of experiments is still going on, and is not only very great, but also very complicated. There can be no question of the ultimate value of the undertaking. Borax is used extensively as a food preservative, and is yet only one of many substances made to serve the same purpose. Their effect on the human system is a question affecting our own people, and the people of all countries now supplied to a greater or less extent with our food products.

TREATMENT OF THE NOSE AND THROAT CONSERVATIVE TO THE EAR.

BY ELMON R. JOHNSON, M.D., WOLLASTON, MASS.

[Read before The Massachusetts Homœopathic Medical Society.]

When asked to prepare a paper for the Society, I took this opportunity to say something in continuation of the paper which I prepared for the last meeting, but which, on account of the encroachment of business on the scientific session, was read by title only.

The subject of that paper was: "The Relationship of Morbid

Conditions of the Nose and Naso-pharynx to Affections of the Middle Ear." That subject precluded any discussion of treatment, and therefore it is my desire to suggest to-day some method of treatment of these affections which will aid the general practitioner in his efforts to save the organ of hearing.

In that paper I endeavored to demonstrate that the middle ear is the vulnerable point in the organ of hearing; that the eustachian tubes are the usual avenues of approach for morbid conditions; that the nose and naso-pharynx are most often the sources of danger, and that this danger is manifested by definite subjective and objective symptoms, and that, therefore, it must be easily seen that much can be done in prophylactic treatment of the middle ear by proper care of the nose and throat.

If every catarrhal inflammation, acute or chronic, of the nasal or naso-pharyngeal mucous membrane becomes a menace to the ear, or endangers so important a sense as that of hearing, then every effort should be exerted to reduce such inflammation in order to prevent such danger.

Those morbid conditions most apt to affect the ear through the eustachian tubes are acute and chronic rhinitis, post nasal growths, and acute and chronic pharyngitis.

Acute colds are too frequently neglected by the patients themselves, but if we are fortunate enough to see a patient during the chilly stage, before the aconite stage, then camphor gr. $\frac{1}{4}$ frequently repeated will do much to stop an oncoming cold. This may be used locally, also, as I shall soon indicate. Following camphor, aconite is the next in order with indications too well known to consider here. We rarely have the opportunity to prescribe either of the two, but more frequently see our patient after both of these would be useless. Arsenicum 3x, with the burning discharge and sneezing, characteristic thirst, etc., stands next in order and importance. Other remedies chosen according to their indications follow, but these are most important to abort a cold in the head.

I wish, however, to especially call your attention to several

methods of local treatment, which are very effective. When seen after the nasal mucous membrane has become thoroughly inflamed and congested and there is almost total obstruction, spray with equal parts adrenalin and normal salt solution, which will overcome the congestion and obstruction completely for a time, then cleanse the nose and naso-pharynx thoroughly with as hot a Dobell's solution as can be borne. This to be followed by an oily spray either sabalol oil, or I prefer,—

℞, Crystals Menthol
Gum Camphor, āā gr. viii.
Eucalyptol, m x.
Benzoinol, ℥ i. M.

Sig: Use in oil atomizer—to be used fifteen minutes after douche.

This treatment should be repeated twice daily at home by the patient. If necessary a return to the office once or twice. If the congestion is not at once overcome the patient may safely enough be given adrenalin 1-1000 and normal salt solution equal parts for spraying to precede the cleansing. Occasionally we may find the Dobell's solution irritating, although we use but one-fourth of a tablet to the douche full of warm water. Other alkaline washes, as the Seiler's or Rice's tablets, alkathesis or glyco-thymoline, will be found less apt to irritate such cases.

There is a great difference of opinion as to the safety of any form of nasal douching because of the possible danger to the middle ear. I believe those opposed to this form of treatment in the minority. If patients are properly instructed, and they follow their instructions carefully, there will be little or no danger of such an accident. The solution should be poured into one side of the nose, preferably the one most obstructed, in order that there may be a free outflow, while the patient slowly exhales through the mouth. If the syllable "ah" is sounded during the entire time the solution is being poured

into the nose it serves two precautionary purposes: first, by lifting the soft palate it prevents the solution from flowing down into the larynx, which would cause attacks of coughing; second, it prevents the act of swallowing which would open the eustachian tubes and permit a possible entrance of liquid into the middle ear. The nose should not be blown hard after douching lest loosened mucus might be blown into the eustachian orifices. The douche cup which permits the solution to enter both nares at once is apt to do injury, forcing some of the water through the eustachian tubes because there is no outflow.

Among the methods of treatment for acute rhinitis are the following for dry inhalation:

℞, Menthol, gr. xv.
Oil Eucalyptol
Oil Terebinth, āā ʒ i.
Ether
Spts. Rect., āā ʒ iv. M.

Sig: Inhale from a few drops sprinkled on the palms of the hands.

℞, Menthol
Cocaine Hydrochlorate, āā gr. x.
Pulv. Acid Borac, ʒ iv. M.

Sig: Insufflate into the nose.

This powder is especially useful to overcome the congestion and obstruction.

Ferrier's snuff has long enjoyed the reputation of aborting a head-cold. The formula is:

℞, Morphin Hydroclorate, gr. ii.
Bismuth Subnitrate, ʒ iv.
Pulv. Acaciæ, ʒ ii. M.

Sig: Insufflate into the nose.

There are exceptions to the use of almost any local appli-

cations in some individual cases. Those who suffer from any form of hyperesthesia of the nasal mucous membrane may find the oily preparations or adrenalin very irritating. In such cases very little can be done locally.

Chronic rhinitis, if simple and but the sequela of an acute attack, will readily yield to local cleanliness and the indicated remedy, but if due to mechanical irritation, such as a deviated septum, ridge or spur, or polypoid degeneration, any one of which causing contact, or where such irregularity has produced hypertrophy of the turbinateds, operative measures must be resorted to. If a spur, ridge, or polypus, removal must be resorted to, and the nose thoroughly cleansed until perfect healing has taken place.

Such operative measures should be followed by careful attention to prevent adhesions or redundant tissue, in order to obtain the best results. All contact points must be destroyed. An hypertrophied inferior turbinated body which is the result of long-continued rhinitis is, in itself, a potent cause of catarrhal inflammation of the naso-pharynx and eustachian tubes. Frequently the first symptom which causes the patient to consult the physician is deafness, and on examination the inferior turbinated body is found to fill the entire inferior meatus and extend into the naso-pharynx. This more or less destroys the drainage from the nose through its natural channel, hence the general congestion of the nose and naso-pharynx. There is usually alternate stenosis, that is, first one side, then the other completely obstructed. This is more noticeable at night, the side upon which the patient lies being obstructed, while the other is free, this obstruction changing to the other side as soon as the patient turns.

Here local cleanliness and the indicated remedy usually fail for obvious reasons. Cauterizing with chronic acid, trichloacetic acid and the actual cautery is but palliative treatment in the majority of cases. A portion of the inferior border, including a sliver of bone, should be removed, care being exercised not to remove too much and yet sufficient to include the

posterior hypertrophy. The cicatricial tissue formed in the healing process produces as nearly as possible a normal sized turbinated body, with clear drainage on the floor of the nose, which is of the utmost importance.

Post-nasal growths are productive of catarrhal inflammation in the tubes and middle ear, not so much on account of their size and position as their vascularity, and thus they cause general congestion of the mucous membrane of the naso-pharynx which readily extends by continuity to the middle ear. An adenoid growth may be extremely small and yet cause much congestion of the naso-pharynx, and therefore no matter how small it is, it is a menace to the ear and as such should be removed, to be followed by care of the throat and light inflation by Politzer's method if necessary.

Acute pharyngitis usually accompanies acute rhinitis and should be treated much the same. Apis, bell., capsicum, kali. mur., lachesis, merc. bin., and phytolacca are the chief remedies. Local cleanliness will do much to cut short an attack and prevent the spread of the inflammation to neighboring tissues. Gargling is of little or no value, because few can do it in such a manner that any of the solution will come in contact with the inflamed area. The nasal douche is the best method combined in some cases with spraying the throat through the mouth. Here the Dobell's or other alkaline wash is best, the patient being instructed in its use according to suggestions already given. The cleansing should be followed by a three per cent. camphor menthol oil spray with eucalyptol the same as in acute rhinitis. If there is marked nasal obstruction and congestion accompanying a very inflamed pharynx, spraying the nose and naso-pharynx before cleansing with equal parts adrenalin solution 1-1000 and normal salt solution, will do much in reducing the obstruction and congestion in the eustachian orifices, and thus maintain equal air pressure on the membrana tympani. As soon as there is pain and fullness in the ear accompanying a cold in the head, the local application of adrenalin to the eustachian orifices by

means of a cotton carrier bent to the shape of an eustachian catheter and passed through the nose, will do more than any other local application to prevent an acute otitis, this to be followed by spraying the naso-pharynx at home with adrenalin and normal salt solution, because by this method the patency of the tubes is maintained, resulting in normal drainage from the middle ear.

The acute pharyngitis which is concomitant with the exanthematous diseases, especially scarlet fever and measles, is apt to be productive of otitis media, more especially so if there is any adenoid tissue, regardless of the size of the growth. The most destructive and the most obstinate form of middle ear disease is undoubtedly due to scarlet fever. Diphtheria may also extend to the middle ear and is less amenable to preventive measures than the others. I fear that too often the nose and naso-pharynx are overlooked in these diseases,the physician giving his attention to the graver constitutional symptoms. But nothing short of the patient's life is of much more importance than the organs of hearing, which are too often jeopardized by negligence.

The frequent spraying of the throat through the mouth with dioxogen combined with some alkaline solution, and also the frequent cleansing of the nasal cavities by an alkaline wash, preferably Dobell's, will aid very greatly in preventing the spread of these destructive bacteria to the middle ear. If for no other than the purpose of modifying the severity of these destructive throat inflammations, every parent should be informed of the danger of adenoid growths and hypertrophied tonsils.

Perhaps this is not the time or place to bring up any discussion of antitoxine and its accomplishments. But if for no other reason than to learn the opinion of others, I will state that I believe that the early use of antitoxine has done much during the past few years to lessen the number of cases of otitis media following diphtheria.

Chronic naso-pharyngitis is usually secondary to some nasal

abnormality and if so, such should receive first attention. Calc. phos., kali bi., hydras., kali mur., merc. dulc., merc. bin., and nux vom., are the principal remedies. The condition of the stomach and bowels should be taken into consideration in treating any form of chronic inflammation of the throat. Local cleanliness is here again paramount. Some mild alkaline wash is here best which the patient may use daily. The alterative and stimulative action of the following will aid in the treatment of these affections.

℞, Protargol, 5% to 10% ʒ i.
Sig: Applied locally.

℞, Iodine, gr. x.
Potas. Iod., gr. xx.
Glycerine, ʒ i. M.
Sig: Apply locally.

℞, Silver Nitrate, 5% to 10% ʒ i.
Sig: Apply locally.

℞, Glycerite of Tannic Acid, ʒ ii.
" " Carbolic Acid, ʒ ii. M.
Sig: Apply locally.

I appreciate that this paper is in a measure unsatisfactory following so remotely the paper on "The Relationship of the Nose and Throat to the Ear," which was published in the April number of the *Medical Student*. It was my wish then to show the close relationship that exists between these organs, in order to prevent the extension of a simple affection in one organ to the other in which a storm of destruction may run riot, sweeping everything before it. It has been my desire to-day to call attention to such treatment of the nose and throat as shall prove in the highest sense conservative to the ear.

Briefly, to summarize: Every abnormal condition of the nose or naso-pharyngeal mucous membrane should be recog-

nized and treated, in order to stop the extension of catarrhal inflammation to the middle ear. This can almost always be accomplished by use of the indicated remedy, plus local cleanliness in acute affections—the chronic ones requiring the same, and, usually, surgical interference.

REPORT OF A CASE OF ACUTE DIFFUSE CELLULITIS WITH SEPTICEMIA IN AN INFANT THREE MONTHS OLD.

BY W. MACDOUGALL, M.D., HAVERHILL, MASS.

I report this case because of its apparent hopelessness, at the time when all other measures were abandoned, and resort was had to serum-therapy.

The patient, a male infant, three months old, was brought to me for inability to use the right arm, associated with pain. An examination disclosed a swelling, almost the size of a horse chestnut, situated at the apex of the right axilla.

The swelling was hard, immobile, and well blended with the surrounding tissue. The child carried about a degree and half of fever. A diagnosis of adenitis with periadenitis was made, with the possibility of ensuing suppuration. For the following five days the child was treated with hepar sulph. internally, ichthyol ointment externally, and rest to the limb by fixation to the body.

At the end of the fifth day the child being very ill, and some fluctuation being determinable, with the usual antiseptic care, and having the child anesthetized, I opened the swelling and drained it. A considerable quantity of pus was evacuated, and great care was taken not to break through the circumscribing wall of the abscess, except at the point of opening and drainage.

Within twenty-four hours, a septic cellulitis set in that included the entire axilla, and the arm from the deltoid region to the elbow. In twenty-four hours more the brawny, ede-

matous condition had extended to the finger tips. By the third day the right pectoral region, the clavicular, cervical, and upper scapular regions, were all edematous and of brawny hardness.

The skin over the entire area was discolored a deep bluish-red. The child's pulse varied between 190 and 230, the temperature varied between 103° and 105°. The infant was in a state of deep coma, coma vigil being present. There was occasional vomiting, and occasional diarrhœa. Everything pointed towards a collapse from septicemia.

No further operative interference was allowed by the parents, and for the two and a half days succeeding the operation I was limited in treatment to frequently repeated moist, warm, antiseptic compresses, stimulation, and the indicated remedies.

The child going from bad to worse, I finally resorted to antistreptococcic serum. I administered the contents of one bulb hypodermically in the flank. On seeing the child eight hours after, there was a marked change, he was no longer comatose the temperature had fallen from 105° to 102°, the pulse had improved, and most marked of all, the arm that had been swollen to three times its normal size, as determined by comparison with the left arm, had shrunk one-third in size, its bluish-red discoloration of the skin giving place to a nearly normal whiteness. The brawny hardness was less marked. I repeated the antistreptococcic serum twice more at twenty-four hour intervals, and at the end of the fifth day from beginning its use, apart from the necessity of draining the cavity of the abscess, the arm was practically well. On the sixth day from the first administration of the serum, there was a recurrence of the cellulitis with the same discoloration over the deltoid region.

I promptly administered a dose of the serum, and within fifteen minutes of injecting it, there was a noticeable fading away of the discoloration. The temperature and pulse and general condition of the child improved steadily, corresponding with the local improvement, so that in ten days from the first administration of the serum the patient was well.

Was this a case of "*post hoc*" or "*propter hoc*"?

I am inclined to think the latter, because the results followed so closely upon the use of the serum, and the change wrought in the first eight hours from the administration of the serum was so great that it could scarcely be attributed to anything less than the working of a powerful antidote against the existing toxemia. It might be urged that the child's own tissues furnished the antidote, but this is scarcely credible, for previous to the use of the serum, the course of the case had been steadily downward, the general toxemia and collapse having kept pace with the spread of the poison in the cellular tissue, until it seemed futile to hope for recovery. The prompt response of the case to the serum treatment is exactly similar to the results obtained from the use of antitoxin in cases of diphtheria.

In the latter disease it is simply marvelous, at times, to see how the edge of the membrane will curl up and wither away, and how the disappearance of the toxemia will keep pace with the local improvement.

The prompt recovery of this case, after using the serum, reminds me very much of the results I am accustomed to see following the use of antitoxin in diphtheria. Prompt, rapid action I take it is one of the hall-marks of a specific antidote. Have we in the antistreptococcic serum a specific against some of the worst forms of septic infection to which humanity is heir?

I hope so. At any rate, I give the report of this case for what it is worth, as evidence helping towards an answer.

EDITORIALLY SPEAKING.

Contributions of original articles, typewritten if possible, society reports, news items, etc., should be sent to the editor, A. Temple Lovering M.D., 10A Park Square, Boston. Articles accepted with the understanding that they appear only in the GAZETTE. News items and reports must be sent in by the tenth of the month. Books for review, journals, subscriptions and advertising matter should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

PHYSICIANS AND MORTALITY STATISTICS.

By this time probably every physician in the country has received the circular addressed to physicians by the Government, on their relation to mortality statistics. This circular gives information concerning the scope and requirements of the international classification of causes of death, as adopted by the United States Census Office and approved by the American Public Health Association. Conformity with the recommendations embodied in this circular is of the greatest importance if any reliable statistics are to be obtained. The circular well says:

"Such statistics, to be comparable, must be uniform; and to be valuable for scientific purposes they must be accurate. Their chief value is in the distribution of deaths *by causes*, but the cause of death must be properly *stated* before it can be properly *classified*. In this particular the entire value of the statistics depends solely upon the lucidity and certainty with which the physicians supply the information.

"In all statistics of deaths by causes there is much too large a proportion of unknown or indefinite items for which the physicians alone are directly responsible and which they alone can remedy."

With the general adoption of a definite and comprehensive plan such as the one now recommended by the Government, and clearly outlined not only by giving the arrangement of titles of the international classification, but also by pointing out why certain titles used in the past are incomplete or misleading, we may hope to shortly obtain statistical matter from which justifiable deductions can be drawn, materially aiding us in our knowledge of the increase or decrease in the preva-

lence of those diseases with which constant warfare must be waged. We shall be able to learn not only the degree of success attending the efforts put forth by scientists in and out of the profession to reduce the mortality from the more commonly fatal diseases, but also, if the national "Standard Certificate of Death" is uniformly used, the relation to and influence upon such mortality which age, sex, color, occupation, nativity, parent nativity, locality, bear and exert.

Colorado, Illinois, Indiana, Michigan, New York, and Vermont are already using this form of certificate, and other states will undoubtedly make the change as rapidly as circumstances permit. The adoption of the international classification secures not only the advantages already mentioned, but also the certainty that changes will not be made at the caprice of local statisticians.

A periodical revision will, indeed, be made, 1910 being already determined upon as the year in which the international commission of revision will meet, but the action of this commission will be determined largely by the suggestions and representations received from registration offices using the international system of classification. Such a revision, conducted by experts but broad in its scope, will keep the classification in close correspondence with the development of medical science; while an accurate observance of the system during the years which intervene, will furnish sufficient data to materially aid in the solution of any perplexing problems of terminology or assignment of diseases which may arise in the course of perfecting this system.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the society was held at the Boston University School of Medicine, East Concord Street, Boston, Thursday evening, December 3, 1903, at 7.45 o'clock, the President, William F. Wesselhoeft, M.D., in the chair.

The records of the last meeting were read and approved.

Henry E. Rice, M.D., of Boston, was elected to membership.

The President appointed the following committee to nominate officers for three sections: Drs. J. T. Sherman, W. N. Emery, and L. A. Kirk.

Officers for the Section of Materia Medica, for 1904, are: Chairman, E. H. Gay, M.D.; secretary, William E. Barnes, M.D.; treasurer, E. P. Ruggles, M.D., who were duly elected.

Upon motion, duly made and seconded, it was voted that a committee be appointed by the chair to represent the society at the Tuberculosis Congress to be held in Washington, D. C. Members of the committee to be announced later.

The following resignations were accepted: Chester H. Gould, M.D., Braintree; Frank Albert Davis, M.D., Boston; and Adeline E. Francis, M.D., Waltham.

Upon motion, duly made and seconded, it was voted that a rising vote of thanks be extended to the guests of the evening, Samuel W. Abbott, M.D., Samuel H. Durgin, M.D., and Hugh W. Ogden, Esq., for their interesting and instructive addresses.

SCIENTIFIC SESSION.

Dr. Watters exhibited a specimen of catgut, sterilized by Dr. William F. Wesselhoeft's method two years ago, which was still perfectly sterile.

REPORT OF THE SECTION OF SANITARY SCIENCE AND PUBLIC HEALTH.

C. H. Thomas, M. D., Chairman; M. R. Lakeman, M. D., Secretary; W. T. Lee, M. D., Treasurer.

The following sectional officers were elected: Chairman, S. H. Calderwood, M. D.; secretary, Clara E. Gary, M. D.; treasurer, Thomas E. Chandler, M. D.

PROGRAMME.

1. "The Popular Fallacies of Adulterated Food." Samuel W. Abbott, M. D., secretary of the State Board of Health.

2. "The Prevention of Tuberculosis." Samuel H. Durgin, M. D., chairman of the Boston Board of Health.

Dr. H. C. Clapp: I would like to express my thanks to Dr. Durgin for his able remarks, and to express the wish that the members of our society will do their utmost to carry out his directions.

I was also much interested in what he said about the city caring for cases of advanced consumption. We can not push the matter too fast. Each large city ought to have one of these institutions, and perhaps each county, near the homes of these poor people. If the physicians present would do all they can to get one of these institutions established in Boston much good would be accomplished.

REPORT OF THE MEDICO-LEGAL SECTION.

F. C. Richardson, M. D., Chairman; M. M. Pearson, M. D., Secretary; N. R. Perkins, M. D., Treasurer.

The following sectional officers were elected: Chairman, A. H. Powers, M. D.: secretary, Martha E. Mann, M. D.; treasurer, H. D. Boyd, M. D.

PROGRAMME.

1. "Medical Expert Testimony from the Legal Standpoint." Mr. Hugh W. Ogden.

2. "Medical Expert Testimony from the Medical Standpoint." Edward P. Colby, M. D.

Dr. Allard: I am very glad to have heard Mr. Ogden's remarks, and also that he called the attention of the society to the magnitude of the accident or tort cases that come out of the modern machinery of every-day life and more and more

involve the medical man. The physician is excited when he goes on to the stand and testifies to the conditions. Expert testimony is too expert, courts do not want to hear it, but want the facts in a plain way. An unprejudiced man the court is willing to listen to, and the cross-examination is less severe and more satisfactory to the court. I see no way it can be adjusted. I think every one, whether plaintiff or defendant, has a right to call such witnesses as are necessary who can and are willing to testify to the truth.

Adjourned 10.15 o'clock.

H. O. Spalding,
Secretary.

MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.

The sixty-first session and twenty-seventh annual meeting of the Massachusetts Surgical and Gynecological Society was held at "The Nottingham," Huntington Avenue, Boston, Mass., Wednesday, December 9th, 1903, at half past three o'clock.

The following officers were elected for the ensuing year: President, F. W. Halsey, Boston; vice-presidents, Carl Crisand, Worcester; George E. May, Newton Centre; general secretary, F. W. Colburn, Boston; associate secretary, H. D. Boyd, Boston; treasurer, Isabel G. Weston, Wellesley; auditor, F. A. Gardner, Salem; censors, S. H. Calderwood, Boston; Mary Lakeman and George E. Percy, Salem.

At the close of the business session Dr. George R.Southwick exhibited a sample of radium—0.5 gram, 7000 radial activity.

The following programme was then carried out:

REPORT OF THE BUREAUS OF SURGERY AND GYNECOLOGY.

(Combined by a special vote of the society.)

Charles R. Hunt, M. D., Chairman; Winslow B. French, M. D., Secretary; Martha E. Mann, M. D., Treasurer.

1. "The Year's Progress in Surgery and Gynecology." Charles R. Hunt, M. D.

2. "Intestinal Obstruction by Enterolith." Report of a case. Edward A. Fisher, M. D.

Discussion opened by Dr. G. Forrest Martin.

3. "A Safe and Simple Method of Prostatectomy with Perfect Results." Horace Packard, M. D.

Discussion opened by Dr. William F. Wesselhoeft.

4. "A Fatal Case of Tetanus, Treated with Anti-Tetanic Serum." Joseph W. Hayward, M. D.

Discussion opened by Dr. Alonzo G. Howard.

5. "Three Consultations: with Remarks on Ectopic Gestation; Cystic Degeneration of Chorion; and Vicious Insertion of Placenta." H. A. Whitmarsh, M. D.

Discussion opened by Dr. Henry E. Spalding.

6. "Diagnosis." Eloise A. Sears, M. D.

Discussion opened by Dr. Martha E. Mann.

Dinner.

President's Address. N. H. Houghton, M. D.

Adjournment.

The meeting was largely attended and the articles presented were of a high order. The papers and discussions will appear in the February number of the GAZETTE.

VIGOROUS measures are being taken by the board of health to prevent an outbreak of smallpox in New York, and to that end it has appointed sixty-four new inspectors, who will cooperate with the large force of regular inspectors in searching for persons who have not been vaccinated.

All schools, tenement houses, department stores and similar places where people congregate are to be visited by the inspectors, and efforts will not be relaxed until the department is reasonably certain that every man, woman and child in the city has been vaccinated.

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

SYLLABUS OF LECTURES ON PHYSIOLOGY. By William H. Bigler, A. M., M. D., Professor of Physiology and Pediatrics, Hahnemann Medical College, Philadelphia, Pa. Second edition, revised and enlarged. Philadelphia: Boericke & Tafel. 1903. pp. 205. Price, flexible covers, $1.25; interleaved, $1.50.

Dr. Bigler's resume of physiology teachings is well adapted to fix the leading facts in a student's mind. The various sections supply a comprehensive summary of present day knowledge about food, digestion, absorption, circulation, respiration, voice and speech, animal heat, secretion, the muscular system, the nervous system, the senses, the reproductive function.

Salient points may be easily grasped, readily memorized, and quickly recalled by using this syllabus.

We hope the next edition will be better bound. The present covers resemble Traddles' hair—they fly up as soon as restraining pressure is removed. We would also suggest that a more pacific color be selected; a violent scarlet is bad for the nervous system.

THE MEDICAL EPITOME SERIES. NORMAL HISTOLOGY: A MANUAL FOR STUDENTS AND PRACTITIONERS. By John R. Wathen, A. B., M. D., formerly Professor of Histology in the Kentucky School of Medicine. Illus. Philadelphia and New York: Lea Brothers & Co. pp. 229. Price, $1.00 *net*.

The gist of histology is tabulated in a clear and concise form in this worthy addition to the "Epitome Series." There are over one hundred well-chosen illustrations to supplement the reading matter. Considerable embryology is introduced, increasing the helpfulness of the book, and paving the way to later studies in pathology. A special chapter has been added on the technic of preparing and staining tissues.

At the close of each chapter will be found questions for review

and for use in quizzing. This epitome is adapted to a more general use than will be given it by under-graduates, though primarily adapted to the needs of the latter.

Compend of Diseases of the Ear, Nose and Throat. By John Johnson Kyle, B. S., M. D., Lecturer on Otology, Rhinology and Laryngology in the Medical College of Indiana, etc. Illus. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 280. Price, 80 cents *net.*

This is No. 19 of Blakiston's famous series of Quiz Compends. There is one error made by the publishers and common to the whole series by which the profession profits—the price is too low. These compends are fully worth a dollar each. However, the publisher's loss is the medical student's gain, and the latter often needs to be favored.

All specialists in diseases of the ear, nose and throat know that Dr. Kyle is an expert, with the gift of writing down what he knows in an acceptable manner. Physicians who do not wish to go deeply into these subjects, and who engage in the practice of this specialty to only a limited extent, will like this epitome of ear, nose and throat knowledge. The book is more like a manual than the traditional quiz compend. The illustrations are not new, but answer the purpose of showing the structures involved, and the instruments commonly used in examining and treating them.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. Part IV. The Acid Autointoxications. By Prof. Dr. Carl von Noorden and Dr. Mohr. New York: E. B. Treat & Co. 1903. pp. 80. Price, 50 cents.

This is the fourth monograph of the series, and has been ably translated by Dr. Boardman Reed of Philadelphia. The translation has been authorized by Dr. von Noorden, and gives American readers the privilege of profiting by the researches of the distinguished authors. The present volume discusses autointoxication with acid products of metabolism, the sources of acetone bodies, the facts and theories about their formation; the pathological non-diabetic acetonurias; diabetic acidosis.

The final section is on the treatment of the conditions more or less due to the acid autointoxications.

There is much that is suggestive and illuminating in this series of monographs, especially to the rapidly increasing number of investigators who wish to identify the causes of disease, and trace them to their beginnings.

A Non-Surgical Treatise on Diseases of the Prostate Gland and Adnexa. By George Whitfield Overall, A. B., M. D., formerly Professor of Physiology in the Memphis Hospital Medical College. Chicago: Marsh & Grant Co. 1903. pp. 207-X. Price, cloth, $2.00; half leather, $3.00.

While the writer would not confine the treatment of diseases of the prostate gland and adnexa exclusively to the use of medicines, electrolysis, cataphoresis, and similar methods, he offers this book as explanatory of their value, and as showing in how many cases resort to the knife is inadvisable and unnecessary.

This monograph is well written, and shows practical familiarity with the subject. The directions for applying the treatment recommended are clear and explicit. Many cases from the author's practice are given. Two chapters, forming an appendix, contain much instruction on electro-physics, electrolysis, and cataphoresis. Illustrations are used freely.

The Physician's Visiting List for 1904. Fifty-third year of its publication. Philadelphia: P. Blakiston's Son & Co. 1903.

There are several editions of this necessary doctor's companion, one for a varying number of patients, twenty-five, fifty or more, by the day or week; another "perpetual" edition, without dates, which can be commenced at any time and used until full, and still another, a monthly edition in which the name of the patient need be written but once during the month, the whole account being kept in one place. A dollar or a dollar and a half is the price of the average volume, depending on the style. One can pay as high as $2.25, but that would be for the two volume edition for two hundred patients. Every List includes a calendar, table of signs, incompatibility, poisoning, weights and measures, dose table, instructions in treatment of asphyxia and

apnœa, obstetric table, etc., etc.; also pages for recording addresses, births, deaths, cash account, engagements, etc.

The covers are flexible morocco, and each book is supplied with a pencil and pocket for papers.

The Outlook: A Weekly Newspaper and Illustrated Magazine. New York: The Outlook Co. Price, $3.00 a year in advance; 10 cents per number.

Among the good resolutions for the new year should be included one to subscribe for "The Outlook." To resolve and to do, should be parts of one process in this case. Our readers cannot afford to be without "The Outlook." No one has asked us to say this. We write it "out of our own head," and sincerely believe what we write. To receive every week a fair presentation of important questions which are live issues; to have information supplied on subjects of general interest; to be taught how better to appreciate social conditions, the revelations of human life and spiritual growth; to be brought in touch with nature; to be given a clear idea of what literary workers are doing, to have all this brought to one fifty-two times a year is worth a paltry three dollars. We should really be interested to hear from the person who has received "The Outlook" for a year, and not been satisfied that he has had more than his money's worth. But such an individual is probably non-existent.

A statement prepared at the Treasury Department shows that since the pure food act of March 3, 1903, went into operation, nine importations of food products into the United States have been rejected and refused entry. The prohibited shipments include three invoices of olive oil and one of wine from France; a consignment of frankfurter sausage at the port of New York; shipments of olive oil at Boston and Philadelphia; sauterne wine at Baltimore and coloring matter at San Francisco.

THE SPECIALIST.

DISEASES OF THE EYE AND EAR.

Under this heading will appear each month items bearing upon some special department of medicine; next month "Gynecology."

VASELIN IN PURULENT OPHTHALMIA.—In purulent ophthalmia keep the lids from sticking together by smearing their edges with vaselin *from a collapsible tube*, or, better, with fine lard that has been washed thoroughly with 1:3000 formalin—it is not absorbed so quickly.—*Exchange.*

CONSTITUTIONAL TREATMENT IMPORTANT.—There is a tendency for the otologist to give the middle ear too much and the naso-pharynx too little treatment.

Constitutional treatment is very important, and the specialist must not commit the common error of regarding all troubles as local.—*Archives of Otology.*

ARNICA AS A LOCAL APPLICATION. — Undiluted tincture of arnica flowers is very apt to cause an irritative inflammation —particularly of the eye—probably owing to the presence in the flowers of a minute insect which haunts them. For local use a dram of tr. arnica to six or eight ounces of water is sufficiently strong.—*Hahnemannian Monthly.*

EPITHELIOMA OF THE AUDITORY CANAL.—An epithelioma-tous nodule was removed from the posterior auditory canal of a man aged twenty-eight. After being twice removed it again recurred and was subjected to X-ray treatment. From fifty to sixty applications were made without the slightest reaction on the part of the tympanum. The growth shriveled up and disappeared. Hearing normal.—*Archives of Otology.*

TUBERCULOSIS AND EAR DISEASE.—In a statistical article, Ostmann finds that there is a close relationship between consumption and deafness, for in tuberculous families just twice as many children were found troubled with ear disease as in the non-tuberculous. Conversely, in those families where

otitis abounded consumption was most prevalent, and a severe type of this was often present when a large number of children in a family had trouble with their ears. The conclusions are that tuberculosis predisposes to the development of ear disease and decides an unfavorable course, the more so the more intense the infection.—*Medical Era.*

Treatment of Detached Retina.—Deutschmann, at a recent meeting of the Aertz. Verein, in Hamburg, described three cases of detachment of the retina cured by his method. His plan consists in the injection into the vitreous chamber of vitreous humor of the dog. In ten years Deutschamann has operated one hundred sixty-two cases, after the failure of the usual methods, and reports thirty-eight cases cured. Among them was one who was operated in 1892. The patient was absolutely blind, but for the past eight years has followed his occupation as officer of a vessel, without any disturbance of vision.—*Muench. Med. Wochen.*

Glaucoma.—Steindorf has discovered, from an exhaustive study of the statistics of Hirschberg's clinic, that glaucoma of the simple acute variety appears with greatest frequency in the colder months. This conclusion is drawn, that the cold is only indirectly responsible, the more evident factors being disturbances of the digestive and respiratory organs, with accompanying straining and congestion. Another factor is assumed to be the continuous dilation of the pupil due to the dim light of those months. It is suggested that patients inclined to glaucoma be given special care at such times and guarded against these slight ailments.—*Wochen fuer Therapie und Hygiene des Auges.*

"Moist" Treatment of Middle Ear Abscess.—Thorough syringing, the use of dilute peroxide of hydrogen, followed in some cases by syringing again and then drying with absorbent cotton, or in some cases mopping out the ear with numerous pledgets of cotton immediately following the use of the per-

oxide of hydrogen. I rarely use inflation with Politzer's bag at this stage, because I believe there is fully as much danger of driving the germs into the mastoid with the Politzer's air bag as the supposed danger of carrying it with the peroxide of hydrogen.

I use all such adjuvants as hot applications, dry heat, hot water bottles, etc., and, after careful treatment, leave a small amount of cotton in the ear to absorb the discharges, but not thorough packing, and then protect the whole head with a dressing of cotton and a loose bandage. Such patients should be in bed, of course, until all danger of involvement of the mastoid is over.—*Dr. C. G. Fellows in The Clinique.*

The Prognosis of Myopia.—In myopia of any degree, if the radius of curvature is less than 7.65 mm. we have a case of refractive myopia and not an elongation of the eyeball; in all reasonable possibility the myopia will not increase, and with full correction our patients may continue their studies, or use of the eyes, with every prospect of good and useful vision. Furthermore, with a reduced curve, showing a normal or longer radius, with any degree of myopia, then we have for consideration a case of axial myopia that may tend to increase, even to serious impairment of sight. These cases must have a full correction of the myopia with an examination of the refraction and glasses every six months or a year. If in time we detect any increase in the myopia our patients must be cautioned, but a decided increase will call for atropin, if necessary, and entire cessation of the use of the eyes for close application until the refraction remains stationary for at least a year.—*Ophthalmic Record.*

Foreign Bodies in the Ear.—These are always found in the meatus or external auditory canal. So rarely do they gain entrance into the tympanum and labyrinth that such need not be discussed under the above caption. This canal should be thoroughly studied in three particulars, viz., its construction, direction and dimensions at salient points. (1)

A little less than its external half is cartilaginous; a little more than its internal half is osseous. (2) The flexible portion is directed inwards, upwards, and backwards; the bony portion inwards, downwards and forwards. (3) Its lumen is narrowest at the junction (isthmus) of the cartilaginous and osseous sections; it is wider at both the tympanic and external ends. The following fact must be noted, viz., at birth and in young infants there is no bony canal; the superior and inferior walls are in contact. In order to inspect the meatus in infants the auricle should be drawn downward, outward and slightly backward; in adults as is well known the auricle is drawn upwards, backwards and slightly outwards.—*The Clinical Reporter.*

The General Practitioner and Ear Diseases.—Dr. Hiram Woods, of Baltimore, in a paper read before the Maryland Medical and Chirurgical Faculty of the University of Maryland, calls attention to the responsibility which devolves upon the general practitioner in preventing the serious complications in ear diseases and correctly says that the physician *must* regard the ear as a part of his diagnostic territory, just as the aurist has to study pulse, temperature, pain, associated physical conditions, heredity, environment, etc., if he is to arrive at a correct diagnosis and prognosis, and must have a working knowledge of the principles of clean surgery if he is to cure many of the cases which come to him. Otology and general medicine dovetail all along the line. It is the duty of both physician and aurist to work on that basis. And it is only by such coöperation that the more serious complications of otitis media are to be avoided, such as permanent deafness, more or less complete establishment of chronic otorrhœa, extension of infection from the tympanum to neighboring structures—mastoid process, meninges, brain, blood vessels, specially the lateral sinus—and general septic infection.—*Medical Review of Reviews.*

Gonorrhœal Ophthalmia: Treatment.—Argentum nit.—I have found more benefit from this remedy in this disease than from any other drug. A profuse purulent discharge, great swelling of the lids, intense chemosis, and with commencing haziness of the cornea, will often be beautifully controlled under this remedy.

Hepar.—Where there is ulceration of the cornea of the deep, sloughing variety, and especially if hypopyon be present. It has also the swollen lids, chemosis and sensitiveness of the eye to touch. The purulent secretion seems to be less profuse and not as yellow as that of argentum nit., more of a yellowish white.

Mercurius.—The discharges are more muco-purulent, thin and excoriating. Not so much swelling of the lids or chemosis. More in the later stages of the disease.

Calcarea hypophos.—Extensive ulceration of the cornea with a tendency to slough of the entire cornea, in old, debilitated patients who have little vitality.

Rhus tox.—In cases where the lids are red and edematously swollen, profuse flow of tears, discharges thick and yellow.

Other remedies, such as acon., apis, pulsat., sulphur, etc., have been useful in some cases.—*Dr. A. B. Norton in the Homœpathic Eye, Ear, and Throat Journal.*

Tobacco Nerve Deafness.—The cases which I have examined are seventeen in number. They were those of typical nerve deafness, for which no cause other than tobacco abuse could be found. To save time I give you a brief abstract of their features.

Ages.—With regard to age, eight occurred between twenty-four and forty, nine between forty-eight and sixty-four.

Tobacco.—They all smoked very strong tobacco or cigars, and in large quantities.

Deafness.—They were all subjects of nerve deafness; the appreciation of low tones was defective in eight, tinnitus and vertigo being generally well marked.

Vision.—There was marked impairment of color sense—red—in twelve; of these four had well-defined scotoma.

Treatment.—Treatment consisted in complete abstinence from tobacco in every form. Strychnia pushed to full doses proved the most successful remedy. Three severe cases were completely cured in eight, nine, and twelve months, respectively; nine showed marked improvement, two improved only slightly, and two refused to continue treatment.

That the improvement was in a great measure due to arrest of smoking was shown in several cases, which always relapsed on resuming the habit, although the strychnia was continued in all. Improvement was again marked on abstainingfrom tobacco.

Ocular Headaches.—Sydney Stephenson says that the cardinal diagnostic point of ocular headaches is that pain, whatever its exact site and nature, is brought on, or at least rendered worse, by using the eyes. He reports a number of cases which illustrate the following practical points:

1. That it is the low degrees of hypermetropia, and especially of hypermetropic astigmatism, that have the greatest tendency to give rise to headaches.
2. That in such cases the sight at the distant types is usually normal or better than normal.
3. That it is of vital importance to correct even such low degrees of astigmatism as 0.25 D or 0.50 D.
4. That the greatest discomfort is likely to be met with when astigmatism is asymmetrical as regards the two eyes, or when the axis of the cylinder is horizontal or nearly so, instead of being, as is the rule, in hypermetropic astigmatism, vertical or nearly vertical.
5. That the ametropia must be estimated under the influence of a cycloplegic, as atropine or homatropine.

The relief to the pain obtained during the use of these agents is sometimes very marked. When this is the case one may safely promise that the headaches will be cured by glasses,

although the converse is not invariably true. We should expect athenopia to be marked in patients who are recovering from some general illness; in those of neuropathic disposition; in those of sedentary habits who use the eyes for long periods; in persons of good social standing and of more than ordinary education, and in children and those who belong to the female sex.—*Medical Press and Circular.*

ABSTRACTS FROM BOOKS AND JOURNALS.

In Aiming at Success.—Be very sure that you are right in your principles and that you are conforming to customs, neither right nor wrong in themselves, but which are commonly accepted as the index of right principles. Be sincere and charitable and you will succeed according to the measure of ability that is your endowment.—*Editorial, Medical Times.*

Syphilis of the Fingers.—Primary syphilis of the fingers and hands, for obvious reasons, occurs more frequently in physicians than in any other class of people. Hence no physician is justified in failing to disinfect his hands with the utmost care after every examination of male or female genital regions or of mucous membranes. The worst way of diagnosing syphilis is by a culture experiment on the doctor himself.—*Medical Era.*

Vulvitis in Little Girls.—In vulvitis of little girls, always examine the discharge bacteriologically, but avoid awakening suspicions that may be unfounded. It way be due to thread-worms, dirt, incontinence of urine, eczema of the pudenda or strumous ulceration, as well as to gonorrhœal infection. A blunt retractor can be readily made by bending the handle of a spoon to the proper angle. A sharp retractor is made in the household by bending inward the tips of the tines of a fork.—*International Journal of Surgery.*

Treatment of Pruritis Ani.—Rest and sleep are necessary to the restoration of the patient's physical tone. Among the

chief and simplest of the remedies for this purpose is hot water. The patient should be instructed to bathe himself before retiring with water as hot as he can bear it, without any scrubbing or rubbing. The bath may be repeated in the night if itching occurs. It is generally well, however, to use some other local application after the bathing.—*International Journal of Surgery.*

The Single Remedy.—The weakness of our practice is frequently dependent upon a lack of investigation. We do not go as thoroughly into the case as it frequently demands. In this age of rush it is difficult to realize that patients are willing to pay for the time that is necessary to make a thorough examination and sift their case to its last analysis. And this I believe to be the foundation that leads many to select two remedies in a given case.—*The Clinique.*

The Non-Operative Treatment of Appendicitis.—(1) The indicated homœopathic remedy. (2) Absolute rest in bed. (3) Cleansing the lower bowel by the normal salt solution. (4) Absolutely no food per mouth for three, or even four weeks if necessary. (5) Rectal feeding. (6) No morphia or other palliatives except hot applications. (7) Almost certain recovery. *Try it and be convinced.*

In one of my cases rectal feeding was adopted for a few days. I should certainly allow a little liquid food by the mouth, but in very small quantities.

The cecum and appendix are a long way from the stomach. —*Dr. Gordon, in The Clinique.*

Bryonia in Articular Rheumatism.—Bryonia inflames the muscles, causing an exudation of fibrin, and swelling and increase in the size. With this there is high fever and pain all over from least motion.

In articular rheumatism when joints begin to swell, use first aconite 3x, then bryonia 3x. There is a stiff, splitting, bursting feeling; the part is either dark red or very pale; not bright red as in belladonna. Is stiff and sore, can't bear touch

or movement, with coated tongue; no appetite, great thirst. Skin has a white miliary eruption. In typhoid it is more particularly a dark measly rash or eruption.—*The American Physician.*

Pleurisy Remedies: Differentiation.—In pleurisy I have found it necessary to differentiate between aconite, bryonia, kali carbonicum, phosphorus, arnica and mercurius. Aconite has full, bounding pulse, dry, hot skin found in early stage. In bryonia patient lies on affected side, stitching pain, aggravated by inspiration or least motion. Kali carbonicum has darting, shooting pain, especially in right side, with dry cough, all worse about 3 A. M. Arnica has stitches, especially in left side, with sensation as if ribs were bruised, bed feels too hard. Mercurius has great soreness, with stitches through right chest to shoulder blade, cough worse at night when lying on left side, with perspiration which does not relieve, all worse at night. Phosphorus has short, difficult respirations, with piercing pain on left side, or when pressing on intercostal spaces, and tightness across the chest.—*Dr. F. E. Stoaks, in Medical Century.*

Typhoid Diet.—1. Milk, hot or cold, with or without salt, diluted with lime-water, soda water, apollinaris, vichy; peptogenic and peptonized milk; cream and water (less albumen); milk with the white of egg, slip buttermilk, koumiss, matzoon, milk whey, milk with tea, coffee, cocoa.

2. Soups; beef, veal, chicken, tomato, potato, oyster, mutton, pea, bean, squash, carefully strained and thickened with rice (powders), arrow-root, flour, milk or cream, eggs, or barley.

3. Mellin's food, Eskay's food, bovinine, somatose.

4. Beef juice.

5. Gruel; strained corn meal, crackers, flour, barley water, toast water, albumen water with lime juice.

6. Ice cream.

7. Eggs, soft boiled or raw; eggnogg.

8. Finely minced lean meat, scraped beef. The soft part

of raw oysters. Soft crackers with milk or broth. Soft puddings without raisins. Soft toast without crust. Blanc mange, wine jelly, apple sauce, and macaroni.—*The Medical Times.*

Some Causes of Appendicitis.—The most common factor in its etiology is a loaded and gorged cecum. Exceptional constipation often precedes the attack. Ill-digested foods, such as nuts, tough meat, lobster, etc., would favor an attack, as also hurried meals, bolted food, etc. Fecal concretions, worms, foreign bodies, may all be factors in the production of an attack, and some think rheumatism is an important cause, and judge so because the salicylates are so useful, they say. An engorged cecum favors appendicular troubles by becoming the seat of catarrh; by dragging on the appendix; by blocking its orifice; by interfering with its blood supply; by encouraging torsion in it; and by developing inflammation, which may spread to the appendix. Its mucous membrane is similar to that of the colon, so that it has power of absorption. This favors inspissation of feces and the formation of enteroliths. Direct traumatism is another cause of appendicitis.—*British Journal of Homœopathy.*

Birth Palsies: Brachial.—The treatment of brachial palsies may be both surgical and medical. The resulting palsy is sometimes so serious that the expedient of exposing the brachial plexus should be fully considered. It is not impossible that in some of these cases nerve strands are actually torn across. In such cases nerve suturing would be indicated. Whether it could be carried out in practice is a problem for the surgeons.

The treatment of a brachial palsy, when once established, resolves itself into the employment of massage and electricity. How limited the results are is well known to all. In some cases, it is true, brachial palsies disappear more or less markedly, but this is not the rule when the condition is present in a typical degree. In this connection it should be added that

the arm must not be allowed to hang helpless at the side, but should be supported in a sling or a Valpeau bandage.—*New York Medical Journal.*

Diet in Chronic Bright's Disease.—A male patient with chronic Bright's disease may take as much as 112 grammes of albuminoid food per day, and a female patient may take as much as 100 grammes. Animal tissues rich in nuclein, such as sweet-breads, liver, kidneys, and all other glandular organs are not to be taken. The kidneys make no difference in eliminating the albumin of meat, fish, eggs, or vegetables. A patient with Bright's disease should not drink more than $1\frac{1}{4}$ liters of water a day, except once a week, when he may drink $2\frac{1}{2}$ to 3 liters. Too much water is likely to inundate the vascular system and increase the work of the heart, so that permanent damage may be done to that organ. Every patient with chronic nephritis has also heart disease, and in many cases the latter is more serious than the former. Too great restriction of fluid, however, usually increases the percentage of albumin in the urine.—*C. von Noorden, in British Medical Journal.*

Child Criminals.—Born with all the weakness which springs from defective heredity, they become, in congenial soil, precocious drunkards, thieves, or murderers. No jeremiad is needed to picture the influence of the worst factor of the day—the pollution of the tone of all grades of society by the irresponsible newspapers, which appeal to the ignorant and impressionable. Not only are all ordinary ideals of pure life thus perverted, but social distinctions and standards are upset, envy and covetousness are fostered, and murder and anarchy are encouraged by a disingenuous appeal to a falsely created sense of injustice. In the very young what might be growing principles of a high kind, are nipped in the bud. When the neurotic child is a little older, defiance of society is taught, and a feeling of unrest is converted into a delusion or delusions. The governmental regulation of newspapers

and injurious publications is to be hoped for, and the provision of a censor, as in Great Britain, who does some good in the regulation of plays, is perhaps a possibility of the future.—*Medical Record.*

Rest a Therapeutic Agent.—It must be manifest to every one that during the course of acute disease, rest, in the great majority of instances, is absolutely essential. The physician who permits a patient suffering from one of the acute infections to remain out of bed is usually guilty of lack of caution, to say the least, since by this laxity of discipline he fails to preserve bodily energies and permits a waste of vital force which may be needed later in the illness.

Another condition in which rest is very essential is chorea. Severe cases of chorea should always be kept in bed away from excitement, and it is remarkable how such cases will improve, even when they do not receive arsenic, if the rest treatment is insisted upon. Again, it is often possible to provide certain organs with what may be called physiological rest—partial or complete. Thus, in gastric cancer and gastric ulcer, foods which require great gastric activity should be carefully avoided. It is also of interest to remember that sleep, which we are wont to think of as being a form of rest for the nervous and muscular system, is also restful to every other portion of the body, since every function diminishes its activity during this process; the circulation and respiration becoming slower, the digestive mechanism diminishing in its activity, and the secreting organs being less active.—*Therapeutic Gazette.*

Dietetic Treatment of Measles.—When, in spite of all precautions, violent gastric symptoms prevail, absolute rest of the stomach must be enjoined. In the interim, rectal feeding may be necessary to sustain life until the gastric irritability has passed away. In older children, who have taken milk for thirst, buttermilk may be substituted with advantage. Buttermilk has a very laxative effect; it will also quench thirst and is very nutritious. Concentrated food, such as cream

and butter, owing to their nutritious character, should be administered. Thus a small quantity of cream rather than a large quantity of milk, if the stomach will tolerate it, will be beneficial. Soups, broths, eggs and paps of oatmeal and farina and milk, are indicated. In older children, calf's foot jelly, chicken jelly, raw scraped steak and oysters, in addition to broths and milk and cream, may be allowed. Fruit and fruit juices may be given *ad libitum*.

The convalescence of the patient, and the restoration of the body to its normal state, will depend on the nutrition rather than on the amount of drugs poured into the body. Subnormal conditions must be restored to the normal. Insist on feeding by mouth if possible, per rectum when necessary, and then, and then only, can we hope for the resolution of what the author considers one of the most dangerous of infantile diseases.—*Medical Record*

From an Interview with M. Pierre Curie.—"That," he said, pointing to a black speck, about the size of a fly's foot, lying at the bottom of a yellow liquid in a watch-glass, "is radium." I then asked him if there were any use to which he thought radium might be put. "Only the medical, at present," he replied, after a pause. "The doctors think that they can cure lupus and polypus—perhaps cancer—with it; but I know nothing about that—it is their business, not mine. But it will burn, I can testify to that. I put a tiny bit of salt of radium in an india rubber capsule, fastened it on my arm, and left it there ten hours. When I took it off the skin was red, and the place soon turned into a wound, which took four months to heal." He pulled up his sleeeve and showed a white cicatrice the size of a shilling, with the skin round it puckered and discolored. "Another time I tried it for half an hour only. A wound appeared *at the end of a fortnight*, and took another fortnight to heal. On a third occasion I tried it for eight minutes only. *Two months later* the skin became red and a bit sore, but it soon passed off. Dr. Daulus has tried

it in cases of skin disease at the St. Louis Hospital, and believes it will be more efficacious than either violet light or the Röentgen rays, and it is much more easily applied. But the effects have not yet been sufficiently studied."—*Pall Mall Gazette.*

Bronchitis and Bronchopneumonia in Children.—E. W. Mitchell says that in the general management of the children who "take cold" easily, the chief work is the education of the mothers in the feeding, clothing, bathing, etc. Apartments are kept too warm, sleeping rooms are not sufficiently ventilated, and too much clothing is worn. Delicate children should have a long night's sleep and a midday nap as well. They should also be gradually accustomed to a cold bath. An open-air life is the best possible means of prevention, and a useful measure for furthering the hardening process is going barefooted in summer. In the fear of draughts, windows and doors are apt to be closed in these diseases, whereas the child should come as nearly as possible to breathing outside air. Of all measures of treatment of severe cases of bronchitis and bronchopneumonia, the hot bath is the most valuable. For the control of cough, inhalations are often more efficient than medicines. In cases which become subacute or chronic, the creosote preparations are invaluable. Where dyspnœa and cyanosis are severe, oxygen is of great service, and may save life.—*Archives of Pediatrics.*

The last United States census report gives an average death rate of sixteen per hundred thousand inhabitants, as follows: under five years, 31.34 per hundred thousand; five to fifteen years 0.81; fifteen to forty-five, 2.80; forty-five to sixty-five, 8.88, and upward from sixty-five years, 38.55, so we see it is a disease fatal in the extremely young and old.

OBITUARY.

Dr. Horace M. Paine, father of Dr. N. Emmons Paine of West Newton, died December 5, at Atlanta, Ga., of pleuro-pneumonia, after an illness of but one week.

He was born at Paris, Oneida County, N. Y., November 19, 1827, and was a graduate of the University of the City of New York, class of '49. For thirty years he practiced medicine in Albany, and was the first homœopathic practitioner there. He was the last surviving charter member of the Homœopathic Medical Society of the State of New York.

Dr. Paine was twice appointed by the Board of Regents as a member of the State Homœopathic Examiners, on which he served for twenty-one years.

He was prominently identified with the founding of some of the first homœopathic hospitals of New York state; was a member of the first board of trustees of the Albany City Homœopathic Hospital and Dispensary and a member of its medical staff; an incorporator of the Middletown State Hospital, and was largely instrumental in securing the bill by which the Gowanda State Hospital for the Insane was established, which institution he served as member and secretary of its first board of managers.

He leaves a wife and four children.

PERSONAL AND GENERAL ITEMS.

Dr. Marion Coon has removed from Hotel Ilkley to 184 Commonwealth Avenue, Boston, where she will give her attention to the chemical and microscopical examination of urine.

Statistics from 1882 to 1901 show that the deaths from intemperance in England and Wales have increased sixty-six per cent. among males and one hundred and twenty-five per cent. among females. The growth of intemperance in Great Britain as well as in this country is a serious problem.

Drs. Sicard and Roussy, of Paris, have recently reported two cases of Dercum's disease in women who had been subjected to ovariotomy. The four cardinal symptoms were seen in these two cases: localized adiposio, asthenia, motor troubles, and pain.

Although he has held his office for only a few months, Lieut.-Gen. Young, chief of staff, has made a report to the secretary of war. It is, for the most part, a compilation of recommendations made by subordinate officers. He urges the re-establishment of the canteen. This will strengthen the belief very generally held that the canteen is favorable to the moral and physical welfare of our soldiers.

The action for libel brought by Dr. William Bayliss, assistant professor of physiology in London University College, against the Hon. Stephen Coleridge, secretary of the Anti-Vivisection Society, has resulted in a verdict of $10,000 damages. The defendant relied mainly upon the evidence of the two Swedish women students, who described a particular case that had been witnessed by them. It is noteworthy that one of the witnesses was Miss Lind, daughter of the late chief justice of Sweden, the defendant is a son of the late chief justice of England, and Lord Chief Justice Alverstone presided at the trial. The action was based on a book written by the women, entitled "The Shambles of Science." One passage which was quoted as being worthy of showing the bent of the mind of the writers runs thus: "The lecturer, attired in the blood-stained surplice of a priest of vivisection, has tucked up his sleeves and is now comfortably smoking his pipe, while with hands colored crimson, etc." The argument offered by the defence was that the animals experimented upon had been completely anesthetized.

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ORIGINAL COMMUNICATIONS.

THE RESPONSIBILITY OF THE PROFESSION FOR THE NON-PAYING PATIENT.

BY N. H. HOUGHTON, M.D., BOSTON, MASS.

[Presidential Address before the Massachusetts Surgical and Gynecological Society, December 9, 1903.]

We constantly hear on all sides of the abuse of charity by the laity, and especially of their unscrupulousness in seeking and accepting free medical advice and treatment. The statement that doing too much for the poor tends to increase pauperism is familiar to all of us, and one which can be demonstrated by facts; nor have we any reason to suppose that there is any lessening of the general desire to take unjustifiable advantage of unpaid medical service, or any decrease in the number of those availing themselves of the opportunities so freely afforded.

For this abuse of medical charity, so obvious and so much to be deplored, the laity receive unqualified condemnation; but it has occurred to me that, at least a share of the responsibility for this state of affairs, properly belongs to the medical profession.

The needs of the worthy sick poor must ever be relieved, and will ever be relieved, by the prompt and ungrudging response of a profession, second to none in philanthropy and

self-sacrifice. For those fallen upon evil days, ill and in distress, without resources, unable to care for themselves and with no one to care for them, for such sufferers hospitals were founded, and, as free institutions, for such only they should be maintained.

For the worthy poor earning barely enough to serve for their support, who, in illness, are literally unable to employ a physician, or for other individuals, who, because of some temporary emergency, are also similarly situated, dispensaries and hospitals were opened to give without cost medical attendance, and to this deserving class that service should be restricted.

But these opportunities for free relief have so multiplied and restrictions have been so few and inadequate, that it is hardly to be wondered at that a large number, not entitled to free treatment, have sought it at first as a favor, but soon, as a matter of course, and almost as a right. This they have done on their own initiative, and, for this disposition to impose upon charity organizations and institutions, and to cheat the physician of his just dues, they are to be reprobated. But the abuse begun by the unscrupulous has been, to a not inconsiderable extent, fostered by the very men and women who suffer the most from it, in a word, by members of the medical profession.

Does it not too frequently happen, for instance, that a patient presents himself at a dispensary or hospital for treatment, because some doctor has told him that, if he will do so, he will receive attention for nothing? And yet this same person if strict inquiry were to be made, would be found perfectly able to pay at least a small fee for medical care. The case has proved one the doctor who sent him did not care to treat, or was not in the habit of treating, or, it may be an instance where the physician wished to obtain the good will of the man or his friends by securing free treatment for him.

Again, it is not unexampled, that a man who has been under a doctor's care until both the doctor and the patient are weary,

has been sent by his medical adviser to a hospital or dispensary to obtain free the special treatment the case required, instead of being referred directly to some specialist who would have made his fees proportionate to the patient's ability to pay.

A case in point which might be readily duplicated this side of the Atlantic, was recently reported in the *British Medical Journal* by a member of the Royal College of Surgeons, he says: "Not long ago, I had arranged to operate upon a child for squint; the fee was arranged, and simply the day was to be fixed. When I next saw the child I found that it had been operated upon. On inquiring when, the mother said, 'Oh, Doctor So-and-so said, if I took it to the Manchester Eye Hospital they would do it for nothing,' and done it was for nothing. Those people, I knew, were in a position to pay a good fee, although their appearance did not betoken it."

Are the laity to blame for such an illustration of the abuse of medical charity as the above? What comment should be made? The editor of the *Hahnemannian Monthly* last May said: "Physicians under the mistaken notion that they are doing a kindness to their patients by referring them to a dispensary or hospital for treatment, are aiding in the pauperization of the community, unless it should happen that said patients are unable to pay. Many persons are so lacking in self-respect that, having once received medical aid free of charge, they develop an untold hunger for more of the same. The sooner such are discouraged by institutions and the profession at large, the better."

The better for the community undoubtedly, and undoubtedly the better for the members of the medical profession, dependent for their livelihood upon the knowledge and skill they are, so often, wrongfully expected to exercise for nothing. If we wish a low valuation to be placed on our services, we have only to continue to foster the belief now held by a considerable portion of the public, that, by simply visiting

dispensaries or hospitals, patients become entitled to free medical treatment.

Again there seem to be many people who assume that paying a moderate price for board and nursing in a hospital, should absolve them from any obligation to recompense the physician or surgeon who attends them while there, notwithstanding the fact that a daily visit, operative treatment, or special treatment other than operative may be, and generally is, necessary. Hospital officials and the profession at large should unite in correcting this erroneous belief, especially as the prejudice once entertained by the laity against hospital treatment is becoming a thing of the past.

Dr. William W. Keen, of Philadelphia, the distinguished surgeon and educator, in his presidential address at the Sixth Congress of American Physicians and Surgeons at Washington, last May, well said: "The old repugance to entering a hospital when sick or when any operation is demanded is rapidly fading away. The immense advantages of a good hospital over the most luxurious home are now acknowledged on all hands." And again: "In many instances, lives that would be lost in homes are saved in hospitals."

I am glad that this prejudice is dying out, because many cases can be treated to much better advantage in hospitals than at home. But because people are more willing to enter hospitals, it becomes more essential and imperative that they should realize that they ought to pay for the superior privileges thus secured.

I know that, in many instances, people are under the impression that medical men on the staff of a hospital or dispensary are in receipt of liberal salaries, and consequently may rightfully be expected to give their services to patients without further remuneration. Physicians not only receive no salary, but obtain such limited financial returns for their time and skill that, I venture to say, they contribute yearly in the aggregate the equivalent of the millions of dollars donated by the rich, who receive, in return, commendation, consider-

ation, and influence in hospital management, never accorded merely professional benefactors. I cannot think I am indulging in any exaggreation, in estimating that the gifts of the medical profession at least equal those of the laity.

Dr. Keen, in the course of the address to which I have referred, said: "The value of the professional services of the staff of the Jefferson Medical College Hospital, a single hospital in a single city (Philadelphia), on a moderate basis of fees, I found was more than half a million dollars annually."

I am sure you will understand that I am not taking exception to the number of our hospitals and dispensaries. To the researches carried on in the former, we are deeply indebted for the astonishing progress made in medical science during the past fifty years. But this I maintain, that hospitals should not be carried on at the expense of the welfare of the medical profession. Patients who can pay should pay, not only the hospital which receives them, but also the physician who treats them. Applications for admission should be carefully scrutinized, except in accident and emergency cases, and only the genuinely poor should be exempt from payment to the hospital and to the attending physician.

I understand that some method similar to this is being tried at the Children's Hospital, in this city, and any case that is not worthy of free treatment is not admitted without payment being made. This is as it should be, and it is for the medical profession as a whole to insist upon the adoption of such a reasonable and just requirement. Our own lack of business methods, yes, and of harmonious co-operation is largely responsible for the inadequate remuneration we too often receive, and the slight esteem in which we are too often held.

The physician, for instance, who countenances the contract system, agreeing to treat the members of a lodge, club, sick benefit society, or some body of employees for an inconsiderable sum far below the customary fees for similar services, is wronging his brother practitioners whose interests he is morally bound to consider as his own. There is too little

of the spirit of the Golden Rule shown by physicians in their dealings with each other. This is not only downright wrong and unworthy of enlightened and responsible men and women, but it is also extremely poor policy.

A case was brought to my attention not long since, where a physician carried a specimen of urine to an expert for examination. When the report was handed to him, and he had received additional information as to the pathological conditions present and the deductions to be drawn, he suggested that, as his patient was not very well off, the usual fee be abated to the inconsiderable sum of one dollar. The expert naturally acquiesced, only to learn later that the physician in question had charged and received from his patient the usual fee for the urinalysis.

All illustrations which might be offered do not point to something perilously near dishonesty as this certainly does, but suggest simply thoughtlessness on the part of fellow practitioners. A prominent specialist said to me recently: "I have done thirty dollars' worth of office work to-day; twenty-five of it is charity, and the other five is good." It cannot be that every one of the patients representing the other twenty-five were unable to pay any fee, not, perhaps, a fee commensurate with the value of the service rendered, but some small amount which would tend to preserve their self-respect, and their understanding of the fact that doctors must by their work support themselves and their families.

It requires a certain amount of courage for one to emphasize this side of my subject, the responsibility of the medical profession itself for the abuse of medical charity, and for the unnecessarily small returns, in the aggregate, which physicians receive for services rendered. It is in no sense my wish to lower the high ideals of our profession, or to lessen that conception of our obligations which lifts our work above the low level of trade or commercialism. We owe it to ourselves and to the community to be charitable, generous, and self-sacrificing, and that debt we daily pay. But we also owe it

to ourselves and to the community to exact reasonable recompense for our work; to discourage the rapidly increasing tendency to undeservedly obtain free medical treatment, and to educate the public to place a proper valuation upon our services whether those services are rendered in or out of a hospital. And last, but by no means least, we owe it to each other to observe not only the letter of the laws of fraternity, but also the spirit, that "fraternally yours" may be not a pleasant fiction, but a literal truth, so that while just to our patients and to our personal interests, we may be equally just to each other, and mutually helpful in furthering and securing each other's professional welfare whenever opportunity offers.

THE YEAR'S PROGRESS IN SURGERY AND GYNECOLOGY.

BY CHARLES R. HUNT, M.D., NEW BEDFORD, MASS., CHAIRMAN OF BUREAU.

[Read before the Massachusetts Surgical and Gynecological Society, December 9, 1903.]

PREPARATION OF THE SKIN BEFORE OPERATION.

Dr. Robert Morris (*Gaillard's Medical Journal*, Jan. 1903) says: The preparation of the surgeon's hands by potassium permanganate and oxalic acid seemed at one time the most thorough for asepsis of the skin, but this method leaves the surgeon's hands so rough that the superficial cracks of the skin harbor bacteria in their recesses, and further, the sense of touch is injured by the hardening of the superficial epithelium.

The same criticism applies to the use of bichloride of mercury solution.

Weir's method consists of sterilizing the hands by means of nascent chlorine gas. The surgeon takes in one hand a heaping teaspoonful of commercial chloride of lime and an equal quantity of powdered sodium carbonate. If water

is then poured into the hands the two powders make a paste which rapidly liberates chlorine gas, and, if this mixture is thoroughly rubbed over the hands for two or three minutes, he gets a very complete sterilization without much injury to the epithelium. This preparation has allowed him to escape after the day's work with his hands in condition for operative work the following day.

Dr. W. A. Briggs, of Sacramento, Cal., recommends the use of clove oil for disinfecting the hands of the surgeon and the field of operation, as it is effective, and keeps the skin smooth and soft.

To disinfect the operative field, he says to cleanse the surface thoroughly with soap, water, and a soft brush; dry with sterile towel; rub in with a soft sterile brush, a mixture of equal parts of clove oil and lanolin, cover with sterile gauze. Repeat this process just before the operation; cleanse well with ether.

Locally clove oil is distinctly analgesic and powerfully antiseptic. Dr. Briggs also packs abscess cavities, particularly when badly infected, with gauze saturated with pure or diluted clove oil, with excellent results.

He claims that the advantage of clove oil for this purpose is that it is practically non-toxic, producing no constitutional disturbance.

REMOVAL OF THE VOCAL CORD.

W. F. Chappell (*N. Y. Medical Journal*, Aug., 1903) reports a case of complete removal of the left vocal cord for malignant disease. The patient, a man of fifty-six, had a growth the size of a pea on the left cord, which extended on its under surface into the anterior commissure. A section frozen and examined showed squamous epithelioma extending into the cord and the thyroarytenoid muscle. The cord and the thyroarytenoid muscle and all the immediately surrounding issues were removed, down to the internal surface of the left wing of the thyroid cartilage. Complete recovery followed and the patient gained rapidly in weight.

CLOSURE OF HEART WOUNDS.

Dr. Charles H. Frazier (*Progressive Medicine*) says that "the history of this branch of surgery has been a series of successive triumphs," and that the record of the past year is but a continuation of this triumphal march; clinical observations and experimental research have yielded results that admit of but one conclusion. Together they have demonstrated to the medical world that surgeons must now apply to injuries of the heart much the same principles as guidet hem in the treatment of wounds of other organs.

During the past year, six cases have been reported with one death.

TEMPORARY CLOSURE OF CAROTID ARTERIES.

Extensive operations upon the head and neck are frequently attended with very serious hemorrhages, which not only increase the likelihood and degree of shock, but also makes an inspiratory pneumonia in operations in the mouth and pharynx a too common complication.

Crile recommends the temporary closure of the carotid arteries by a properly adjusted clamp. He reports a series of eighteen operations on patients ranging from seven months to sixty-nine years, in ten of which both common carotids were temporarily occluded; in five, one common carotid, and in three, one external carotid.

In fifteen of the eighteen cases, recovery was the result. In no case, could death be attributed to the temporary closure of the arteries. It was noted that a smaller amount of the anesthetic was required to anesthetize the patient when the arteries were closed, and less especially in the cases in which both common carotids were closed. The time required to complete the operation was lessened, the field was clearer, the amount of blood lost strikingly less, and the difficulty of keeping the blood out of the respiratory tract reduced to a minimum.

SURGERY OF THE GALL-BLADDER.

W. F. Mayo (*Medical Record*, Feb. 21, 1903) states that at least ten per cent. of all people have gall-stones, but only five per cent. of these ever develop symptoms.

Every gall-bladder presenting active symptoms should be looked upon as an infected organ, and be drained. Only in the latent cases is ideal cholecystotomy a safe procedure. If the walls of the gall-bladder are thickened, and especially if the cystic duct has been obstructed, the gall-bladder should be removed if possible. If the hepatic ducts are not entirely free from inflammation, the cystic duct should not be ligated, but drainage should be instituted. Kehr says that the hepatic ducts require drainage in at least thirty-seven per cent. of cases.

In such cases Mayo advises removal of the mucous membrane of the gall-bladder, leaving intact the peritoneal and the muscular coats; as the mucous membrane is firmly adherent at the fundus, the latter may be cut away and its edges sutured to the parietal peritoneum. This method furnishes the temporary advantage of free drainage for the hepatic ducts, and the permanent effects of cholecystectomy.

H. Kehr, having performed seven hundred and twenty laparotomies for gall-stones, presents his conclusions as follows: He disapproves of systematic early operations as soon as the diagnosis is made. When the attacks of colic are mild and the intermediate periods are completely without symptoms, he does not advise operation. Acute occlusion of the common bile duct should be treated medically, and only when the appearance of cholangitis becomes prominent and the patient wastes and is deeply jaundiced is there indication for operation. Serous and purulent effusion of the gall-bladder belong to the surgeon, as do cases or frequent repeated colic, without jaundice and without the passage of the calculus.

Chronic occlusion of the common duct should be handed over to the surgeon when medical means fail to bring relief, before it is too late to hope for surgical success. Those pa-

tients who have acquired the morphine habit on account of their gall-stones should always be operated on.

HERNIA.

In operations for the radical cure of hernia there is a strong tendency on the part of operators to combine the distinctive features of a number of operations into a single operation, which, they reason, must give better results than any of the methods if carried out as originally proposed.

As an illustration, J. Lynn Thomas, of the Cardiff Infirmary, reports seventy cases of inguinal hernia treated by the Kocher-Bassini method. Kocher's treatment of the hernial sac and Bassini's method of restoring the posterior wall of the inguinal canal.

Dr. Tansini, director of the surgical clinic of the Royal University of Palmero, describes what he considers improvements in the operation for the radical cure of hernia by the use of some new instruments and gold wire sutures. He believes that suppuration in the majority of cases is due to the use of silk or catgut, as sutures, neither does he favor silver wire, on the ground that to be of sufficient strength it must be of considerable thickness. He uses a very thin gold wire which he believes to be the ideal suture, and by the use of his special instruments, which consist of a hook for the spermatic cord, retractors and spatula, there is no need for the assistants to touch the wound during the entire operation.

Dr. Wm. B. Coley, of the Hospital for the Ruptured and Crippled, New York, thinks that quite as good results can be obtained without the use of either the instruments or the gold wire, and quotes his own statistics, in which rubber gloves were worn by the assistants and operator, and chromicized kangaroo-tendon was used for buried sutures, catgut for the skin. He had a series of one hundred and seventy consecutive cases without suppuration.

THE RADICAL CURE OF INGUINAL HERNIA.

In the Johns Hopkins Hospital Bulletin, for August, 1903. Dr. W. S. Halsted sketches the development of the operation

for hernia as performed at that hospital during the past fifteen years. The results of the first thousand operations for inguinal hernia are soon to be published. The chief points of the operation as now performed are excision of the veins, avoidance of the vas deferens, use of the cremaster muscle in probably seventy-five per cent. of the cases, transplantation of the neck of the sac, and overlapping of the aponeurosis of the external oblique.

Dr. Halsted himself has had no recurrence in an operated case since 1892, a record of which he may be justly proud.

CANCER OF THE UTERUS.

J. G. Clark, M.D., says this is the one gynecological disease which has resisted all forms of treatment and stands as a reproach to the abdominal surgeon.

Kroenig says that in recent years, two advances have been made in the subject of uterine cancinoma. First, we know more definitely of the glandular metastases, and secondly, new forms of operation have been developed, which permit of a more extensive removal of diseased structures than had heretofore been attempted.

The radical treatment of cancer of the uterus through the abdomen, with the removal of the lymphatic glands, is gaining favor.

THE RONTGEN RAY TREATMENT.

The very active experimentation with the rontgen ray as a remedy for cancer continues to bring forth evidence, both in favor of its efficacy and against it. We believe, however, this to be the most important of the recent additions to the therapy of cancer and many other affections.

Grubbe believes there is no doubt of the beneficent effects of the X-ray in the treatment of certain diseases, which he would arrange in the order of their amenability to this treatment, as follows: lupus, epithelioma, nodular recurrences (post-operative), primary carcinoma of breast, tuberculosis of lungs, tuberculosis of bones, cancer of soft internal organs, sarcomata, osteosarcomata.

Grubb says that the ray has a general stimulating effect upon the entire economy. He also submits the following conclusions:

1. In properly selected cases of so-called "incurable conditions" the X-ray has been curative.
2. Relief from pain is one of the most prominent features of the treatment.
3. The greatest value of the X-ray is in promoting post-operative recurrences.
4. The peculiarities of each case must be studied to determine the duration of exposure, vacuum of the tube, etc. No fixed rules can be laid down in this regard.
5. The ordinary photographic X-ray tube has such a changeable vacuum that it is unsuitable for radiotherapeutic work, and only tubes which allow of perfect control of vacuum should be used.
6. Even in hopeless cases, the X-ray prolongs life and makes the last hours of life free from pain.

The *Medical News* reports the death of Dr. Blacker from malignant growths caused by a burn from the X-ray, and furthermore states this is not the only case in which the origin of malignant disease has been traced to the X-rays.

THE TRUE VALUE OF LOCAL TREATMENT IN GYNECIC PRACTICE.

Dr. Frank C. Hammond (*Pa. Med. Journal*) says that the true value of local treatment in pelvic disease is frequently underestimated. Too often in the anxiety to resort to operative interference, the physician neglects the employment of palliative measures. There is a class of gynecological patients that applies for treatment in which surgical measures are not always indicated, or there may be positive contra-indications.

A large proportion of these patients have metritis, parametritis, pelvic-peritonitis and salpingitis, to a varying degree. Combined with these are displacements of the uterus and

adnexa, causing chronic congestion or venous stasis of the pelvic organs, with reflex and constitutional symptoms.

The various conditions may be markedly improved by local treatment, which aids resorption and relieves congestion.

The various methods of local treatment are by the use of (1) the tampon; (2) antiseptic and astringent applications; (3) vaginal douching; (4) high rectal injections; (5) pelvic massage; (6) local bloodletting, and (7) the pessary.

The materials that may be used for tampons are absorbent cotton, sterilized gauze and lamb's wool.

Churchill's tincture of iodine applied to the cervix or vaginal vault is of value as an astringent and antiseptic application.

In eroded os uteri, a ten per cent. solution of nitrate of silver, or a five per cent. solution of sulphate of copper is indicated. The vaginal douche at a temperature of 110° F. should be used to combat inflammation, and cause absorption of inflammatory exudates. When the cervix is enlarged relief may be given by multiple punctures.

It is clearly evident that a number of patients may obtain considerable relief by the use of these various local methods when more radical procedures are inadvisable or often impossible.

STERILE YEAST FOR VAGINAL DISINFECTION

Albert (*Med. Review of Reviews*, Jan., 1903) again makes a statement concerning the great value of yeast as a physiological disinfectant of the vagina. Persistent vaginal discharges together with erosion of the vulvæ diminish at once, and were entirely cured in the course of five or six injections. The vagina being restored to its normal condition, it was easy to cure the entire genital tract of catarrhal affections by cauterizing the interior of the uterus with thirty per cent. to fifty per cent. solution of formalin. The doctor's experience has been extensive and he has always found this method extremely satisfactory. He always uses yeast to disinfect the vagina preparatory to operations on the genital tract. It is injected and left in for twelve hours and then washed

out before the operation. This method saves the epithelium of the vagina from injury caused by vigorous disinfecting measures and reduces the danger of hemorrhage. Albert reports that sixty-two women prepared for laparotomy and fifty-three for operations on the vagina were disinfected by this method and the results were very favorable.

THREE CONSULTATIONS: WITH REMARKS ON ECTOPIC GESTATION, CYSTIC DEGENERATION OF THE CHORION, AND "VICIOUS INSERTION OF THE PLACENTA."

BY H. A. WHITMARSH, A.M, M.D., PROVIDENCE, R. I.

[Read before the Massachusetts Surgical and Gynecological Society December 9, 1903.]

My long topic does not mean a long paper. Do not fear that I shall even approximate to a full consideration of the diseases above named. But three cases have grouped themselves rather vividly in my mind, and the morbid conditions have been mentioned in advance to afford better preparation for discussion, with the hope too, that (as often happens) the discussion may prove more valuable than the paper itself. We trust further that the cases may prove interesting, not alone because somewhat rare, but also because these morbid conditions have to be considered in the diagnosis of diseases within the pelvis; a field of our science abundantly interesting to all, and fruitful too in errors, taxing constantly the skill of the most expert diagnosticians.

Now by "vicious insertion of placenta" we mean not what is generally understood by this phrase, viz., an implantation over the internal os, giving rise to placenta prævia complete or partial, according as the implantation is central or partial. There is another attachment of placenta that may prove a "vicious" one, even if not very "vicious," viz., that taking root high in one horn, over the mouth of a fallopian tube. That this may occur more frequently than we suppose and give rise to

no subjective symptoms, and so fail to come at all to the knowledge of the physician, is quite possible, the ovum finding lodgment just within the fallopian tube, but near enough to the uterine cavity to grow into the latter, and thus fall short of interstitial pregnancy, i.e., tubal pregnancy developing in that part of the fallopian tube enveloped by uterine muscular fibres.

At all events this theory explains certain experiences in illustration of which I will cite one or two cases.

Case 1. The wife of Dr. ——, pregnant for the first time, had suffered greatly in the early weeks from nausea. So little did the stomach retain and so reduced did she become, that a consultation had decided to terminate the pregnancy, and this though the urinary analysis showed no lesion of the kidneys. Accordingly under ether, the uterus was dilated and curetted. Her husband, who witnessed the operation, looked upon it as carefully and thoroughly performed. The nausea diminished and the patient improved in strength. The uterus, however, continued to grow larger. Called in at the end of the third month I found on examination a uterus so distorted as to suggest interstitial pregnancy on the right, together with the belief that operation would be necessary. The case was evidently not one of tubal gestation, at least the swelling was not separable from the uterus itself. One or two of our good men in Boston saw the case two weeks latter, and advised conservatism as regards operation. On examining a second time, some two or three weeks after the first visit, I found the organ still decidedly asymmetric, but presenting no such picture as before, and so far improved that I, too, could contentedly await developments. I did not see the case again, but in due time Mrs. —— gave birth to a girl babe (pronounced later to be one of the most beautiful in the district) and with no untoward results.

Pathologically this did not prove to be much of a case. But it is profitable as teaching two or three things: First, that one whose ability we all acknowledge, can dilate and

curette a uterus for the express purpose of dislodging the fetus and utterly fail to do so, the pregnancy going straight on to full term.

Second, that sometimes the ovum may be so tucked away in the uterine horn or perhaps into the tube itself, as not only to elude the curette but also later to distort the uterus enough to make it uncertain whether the pregnancy be interstitial or one sufficiently intrauterine to end in normal labor. Third, that nausea of pregnancy is sometimes reflex from the cervix, and not from the kidney at all, and can be relieved by dilation.

Case 1a. Right here let me briefly allude to a case more in point. I attended some years ago Mrs. H., who, having one child six years old, miscarried at three months. Disappointed that she was not to have another child she could give no cause for the mishap. No fetus appeared, but considerable placenta came away with rather copius flow. As my patient was "operaphobic," I was not allowed to curette, but had a witness a somewhat tardy convalescence. The point of special interest was not merely a dilated right tube, but a peculiar contour of the right cornus of the uterus. Only the outer portion of the tube seemed thin, the part towards the uterus appearing boggy, thickened and enlarged. There had been no previous history of salpingitis or peritonitis, but there had been two miscarriages. The subsequent course of this attack and tardy involution of the right cornus, inspire the belief that the case was one of intestitial pregnancy of mild degree, rupturing into the uterine cavity and cared for by nature's efforts. Long after recovery I found on bimanual examination a dilated tube and advised removal. My invitation was declined with thanks. Once again I found it, but have made no examination for two or three years, and suppose that vis medicatrix naturæ is responsible for a probable complete cure.

If one may speculate with profit, the sequence of events

in this case would seem to be this: First, a probable salpinx of unknown origin. Second, a tube denuded of ciliated epithelium failing to sweep the ovum on, allows, or more likely contracted at its uterine opening, compels the ovum to lodge just within the tube at its uterine end. Third, instead of rupture of tube, a fortunate rupture of membranes into the uterine cavity, with imperfect expulsion of placenta. Fourth, a belated involution of the uterus and its enlarged and thickened right cornus. And, finally, healing of the tube itself.

It is still generally the opinion that the most frequent cause of ectopic gestation is disease of the fallopian tubes. Does not your experience agree with mine that a salpinx frequently gives rise to miscarriage, if, in spite of tubal disease the woman has become pregnant? Does not this happen quite as frequently as rupture of tube?

The ordinary closing of the internal os with the mucous plug in pregnancy makes trouble for salpingitis, and the latter makes trouble for the pregnancy, the result being generally either termination of the pregnancy or rupture of the tube. But a placenta blocking such tube would more certainly and quickly occasion trouble, and hence we have seen fit to call such insertion of placenta also "vicious", though this term has generally been limited to an implantation at the lower segment of the uterus over the internal os.

Case 2. May, 1902. Mrs. E., aged 30. Menstruated first at thirteen years. Continued regularly with some pain the first day but otherwise normally. (Perhaps you would not all regard some pain on the first day to be *ab*normal.) Married at twenty-five years. First child still-born at six and one-half months. Second child, now three years old, came at full term, labor being normal. Menstruation once established occurred regularly till middle of Jan., 1902, when morning nausea and other symptoms of pregnancy appeared. In March the patient thought herself unusually large and noticed swelling, especially on the right side. She consulted her family physician, Dr. Pagan, of Westerly, who, on exam-

ining, could outline a tumor, large as a good-sized orange and apparently independent of the uterus. The uterus he estimated as large enough for fourth or fifth months. On April, 9, the doctor telephoned he thought he had a case of extra-uterine pregnancy.

On the right was an elongated swelling extending from the uterus parallel to Poupart's ligament and well over toward the right ilium. It was not globular but sausage shaped, smooth and fluctuating with a diameter of about two inches. At the left horn of the uterus were two nodular masses, evidently parts of uterine wall, either myomata of fibromata, softened by gestation. The os was soft and patulous, the fundus half way to the umbilicus. The cause of unusual size of this organ was not clear, but it seemed a case, not of extra-uterine pregnancy, but one certainly of pregnancy complicated with fibromata on the left side and a markedly dilated fallopian tube on the right. The fact that the uterus was more than large enough to contain a fetus of three or four months made it unnecessary to think the fetus extra-uterine. Moreover, a tubal pregnancy rarely goes three months without rupture. Some pain had been experienced on the right, but had subsided. I advised conservatism with careful watching, and asked to be informed in a few days as to the progress of the case. Two weeks later I learned that the uterus had grown rapidly in size, and that the patient had experienced pain and slight hemorrhage. Before we could arrange to operate, something like labor pains came on, attended by copious flowing, and escape of serous fluid, with cysts varying in size from a pin head to a large pea or bean, in all about one quart. A glance at some of the smaller ones mailed to me was sufficient to determine the condition as cystic degeneration of the chorionic villi. I therefore advised curetting as a preliminary measure, with such treatment of the tube as might be found necessary after recovery

from loss of blood, and general building up. On May 2, examination found uterus still to be felt above the pubes; os patulous; right tube less tense and somewhat smaller; the small tumors in uterine wall still prominent. Under ether we curetted carefully but very thoroughly the uterine cavity, little doubting that the mass on the right would later require laparotomy.

So satisfactory was the progress and so complete the recovery seemed to the patient, that it was many months before she visited Providence for the examination I had requested. At this time I was surprised to find how nearly normal the pelvic organs had become. The uterus could hardly be called enlarged; the fibroids might easily have escaped notice had I not been seeking them. The right tube could be palpated, but I found nothing sufficient to operate for, and had the pleasure of congratulating our patient, and recommended that she consider herself well, presenting herself, however, for examination at some future time.

Case 3. Mrs. W., aged 43, had four children; youngest, five years; no miscarriages; health generally good. In Oct., 1902, she had at times pain in abdomen, passing off with rest. In December her physician, Dr. Reed, of Woonsocket, found the attacks of pain more frequent, and discovered tenderness was present in right ovarian region. Later in the month he found some fullness posterior to the uterus and some distension of abdomen, which, on rest, disappeared. Menstruation *regular every twenty-eight days.*

Invited to the case Jan., 20 I learned she had experienced several chills at irregular times with decided fever, and followed by sweatings. Evening temperature 104.5°. The history seemed ideal for pelvic suppurative peritonitis.

On examination I found the pelvis too completely filled to outline very much. There was a fluctuating mass, with somewhat irregular border rising well above the pubes. The uterus was crowded against the right wall of the pelvis, and so lifted that the fundus could be felt at the brim of the pelvis,

but in the right iliac region. Note that the fundus was hard and *not* enlarged, while the cervix was somewhat elongated and *not softened.* At one point where the swelling bulged into the vagina was a spot such as can so often be felt in pelvic suppuration, softer than the rest, almost pathognomonic of pelvic abscess, and a most reliable guide to the point of selection for the incision. My diagnosis was pelvic abscess, complicated with some tumor I could not name. I advised operation as soon as preparations could be made. A trained nurse was secured, and two days later, in a humble dwelling, with unpromising surroundings, the operation was performed, Drs. Reed, Finch and Phillips assisting.

The thin spot above described was readily found, perforated with sharp pointed scissors, and the opening enlarged. Instead of pus there gushed out a clear fluid, slightly yellow It had no odor of urine so that no displaced bladder had been punctured. (Was it encysted serum from the peritonitis?) This flow of clear fluid was followed by generous bleeding, which I could not for the moment account for. Careful search found no source for it in the wound. As the hemorrhage increased somewhat alarmingly I pushed on with two fingers and came upon a dead fetus five inches in length! Clearly, then, the complicating tumor was an abdominal pregnancy. The fluid first escaping was amniotic fluid, the hemorrhage was placental, or from the surface from which placenta had become detached; and we had to deal with a chamber all too thinly walled from intestines and abdominal cavity. Thinking and working more rapidly than it takes to write it I passed more fingers, stretching the opening till the hand could follow, and quickly but carefully peeled off the placenta, clearing the cavity of clots as one does the uterus in post partum hemorrhage. We then irrigated with hot salt solution, and packed with gauze to control some bleeding that yet persisted. The patient was in poor condition at the start and was not improved by the operation, with its considerable loss of blood. Salt solution, one pint and a half, was introduced

into the cellular tissue beneath the breasts. A pint of hot water containing two ounces of whiskey was passed high into the bowel, and held there by pressure on the sphincter kept up for fifteen or twenty minutes. Patient responded to stimulation and was put in a bed elevated at the foot. As the case was septic to start with, we were not surprised to have the operation followed by local peritonitis and cellulitis. This rather large cavity was irrigated daily with peroxide, salt solutions or bichloride 1.6000, and later with vaginal douches given by the nurse till discharges ceased and patient could leave the bed. Fortunately she was able to take large amounts of nourishment, which helped greatly to the satisfactory recovery.

This then ends my series of three cases. In the first I fe red ectopic gestation and did not have it. In the second the physician summoning me feared ectopic gestation and did not have it. In the third, we did have it, abundantly, and did not know it.

The best of it is that all three women are happy wives and mothers in good health to-day. Naturally this last one interests me the most, not alone because most in extremis, but also because, from unusual and contradictory symptoms, most difficult to diagnose. Thirteen per cent. of hydatiform mole are said to prove fatal. The mortality in abdominal pregnancy is still higher.

In the case we have cited there should have been irregularity in menstruation, with perhaps the appearing of shreds from the uterine mucosa. The uterus should have been enlarged. There should have been no excessive temperature with severe chills and sweating. Especially there should have been no typical spot of softening such as indicate the point for opening and draining a pelvic abscess. (This was here found to be a necrosed spot at the vaginal vault.) Given, a dead fetus with such symptoms as we have narrated it is probable that not many days would have been needed to convert into pelvic abscess the condition we relieved by operation.

This case is consistent in one respect. It is stated that the nearer to the uterus the impregnated ovum develops, the more nearly that organ approximates to the normally gravid uterus in size and behavior; and the farther away, the less the uterus is influenced.

While extra-uterine pregnancy was known nine hundred years ago, we had heard little about it till twenty-five or thirty years ago, when coeliotomy became more frequent and grew to be a safe procedure. Then we began to discover the frequency of this condition, and that hematocele was ruptured tubal pregnancy. Now ectopic gestation is something to be regularly recognized in diagnosis. Knowledge is power. To know enough to look for a thing goes far toward finding it when present. (Only we must depend on our physical senses and not our imaginations to interpret what we feel.)

As to diagnosis:

1st. If a married woman has been regular and becomes irregular in menstruating, the flow differing in any respect in its nature or duration, such irregularity should be investigated.

2d. Abdominal or pelvic pain in one supposed pregnant, or any sudden pain, should be accounted for. Normal pregnancy is often a remedy for local neuralgias rather than a cause for them. If sudden pain, though slight, be attended with faintness of collapse, whether or not fever accompany, examine. And yet how large a percentage of tubal pregnancies occasion no pain before rupturing. (One author cites four cases of tubal gestation which went to full term. It is rare, however, for the tube to hold out after two and one-half months. If it remains intact after five months it will generally hold out the nine months.)

3d. Vesical or rectal irritability also claim attention. Physical examination decided upon, will, on finding any swelling, have to consider and differentiate between ectopic gestation and pus tube, tubo-ovarian abscess, hematoma, ova-

rian tumors cystic or solid, dermoids, tumors of broad ligament, or uterus, or even appendicitis. Without dwelling too much on detail, it may be said in general that the growing ovum compels for itself a greater supply of blood than is needed for more slowly developing tumors. We may therefore expect to find a certain vascularity, a bogginess, an indefiniteness of outline about the extra-uterine gestation. Has not this been your experience?

TREATMENT.

When once this condition has been determined, what is to be done? Electrocute the fetus? The electric needle for this purpose has, we trust, corroded long ago. Modern surgery offers a safer, as indeed at the same time a more radical measure removing tube and all.

And by what route shall we proceed? I feel pretty sure that in a case like the one related, occupying the whole pelvis, and pointing vaginally, apparently septic too, I would for speed in operating, and for better drainage, take the vaginal route. Nor expect to do better with the case, except that, being better prepared for hemorrhage, a few moments would be saved and less blood lost.

But for most cases the abdominal route is to my thinking, far better. (The operator likes to do that which he has done well already. And it chances that good men differ as to method, because taught differently and having begun and practised differently.) Yet there are advantages so apparent in the abdominal route for this disease, as in fact for all abdominal and most pelvic tumors, that I hardly look for much discussion on this point, yet will welcome any you way feel inclined to make. The fact remains, and it is "in the air," good men have been ranging themselves on the abdominal side of the question in recent years, some of whom have been ardent advocates of the other side.

Bovèe, in an article: "Treatment of Ectopic Gestation," in the *Am. Jour. of Obst.* for July, 1903, says that he wrote a paper in 1897, the conclusions of which were:

1. "That the vaginal route is preferable for operation for ruptured tubal pregnancy when the hemorrhage has ceased or is slow, the escaped blood limited to the pelvic excavation, and especially if a limiting diaphragm has formed above it.

2. "That the vaginal route is freer from shock, is less liable to permit infection and furnishes better drainage.

3. "That there is less liability to removal of the adnexa than when the abdomen is opened.

4. "That the period of convalescence is shorter and devoid of many of the usual complications of abdominal section."

Four fatal cases since, due, he thinks, to the vaginal incision in large measure, have caused him to state his preference for the abdominal route under eight points.

1. "Field of hemorrhage can be more quickly reached by this route, taking into account the relative amount of time consumed in cleansing the two routes under anesthesia

2. "The condition can more readily be treated and the ligation of blood vessels more readily and certainly performed.

3. "The danger from secondary hemorrhage in ectopic pregnancy is markedly less when ligation is practiced than when removal of blood clots alone is practiced.

4. "Any other important pathological lesion requiring attention in suitable cases may be treated at the same sitting.

5. "The shock, as a rule, will be less than if the vaginal incision and abdominal incision are both made.

6. "The tube can be more readily removed than by the vaginal route.

7. "The abdominal route is applicable to all stages of the pregnancy, while the vaginal cannot be employed for the later stages.

8. "The vaginal incision has no place in the treatment of unruptured tubal pregnancy, while the abdominal incision is the route par excellence."

Another practical reason can be given. In case of subsequent labor it is well to have as little cicatricial tissue as possible in vaginal walls. Fatal rupture of such wall has oc-

curred more than once in labor which otherwise would have ended normally.

Recent light thrown upon moles by Marchand, E. Frankel, and others, has even within the year, rendered this subject more interesting, both pathologically and also clinically. Vischow's theory of myomatous degeneration of chorion villi has given place to that of hypertrophic growth with degenerative changes and hydropic swelling of the *stroma* of the villi.

According to Segall, a proliferation takes place in both cell elements of the exochorion, and it is demonstrated that the mole stands in close relation with those tumors now designated as chorio-epithelioma malignum, and which were named by Sänger, deciduoma malignum or sarcoma uteri deciduocellulare; by Gottschalk, chorio-deciduoma malignum; by Kossmann, carcinoma syncytiale; by Pfannenstiel, endothelioma syncytiale.

Recent literature on ectopic gestation includes articles as follows:

Grandin, *Am. Gyn.*, N. Y., 1903, II. 42-6.

Wylie, in *Gaillard's M. J.*, N. Y., 1903, 1-6.

Goffe, *Am. Jour. of Obst.*, XLVIII., 88-91.

Neatby, *Hom. Jour. of Obst., Gyn. and Ped.*, Jan. and Mar., 1903.

ON MOLES.

Frankl. Beitrag zur Molenfrage, Wien, *Med. Presse*, 1903, XLIV., 1041, 1100.

DIAGNOSIS.

BY ELOISE A. SEARS, M.D., WALTHAM, MASS.

[Read before the Massachusetts Surgical and Gynecological Society, December 9, 1903.]

When asked to write a paper for this Society, it was suggested that I give something from my experience. The first thought that came to my mind was that I had encountered nothing unusual in my everyday work, and had made no

startling discovery. Emerson says, "Our life looks trivial, and we shun to record it." I have probably had my share of perplexing cases in my practice, and have learned a few things which did not cost much, but have learned more valuable lessons for which I have paid dearly. I am speaking from the standpoint of a general practitioner, as there are still a few of us left going in and out of the homes in our communities, meeting all kinds of conditions, and grappling with them as best we may. We have an opportunity of seeing disease in all its varied forms, and therefore feel the need of an early recognition of its presence. My plea, therefore, shall be for an attempt at more accurate diagnosis in our gynecological work.

As a rule, the family physician is the first one on the spot, and to him or her our patients have a right to look for guidance to lead them along the pathway towards health. In no field of work is there greater opportunity to play upon the credulity of our patients, or one where a hurried and careless diagnosis can do more damage and result in more unhappiness in the lives of those placed in our charge. These cases demand deliberate, painstaking consideration, and recognition of the many obstacles in the way which cannot be overcome oftentimes until the most remote parts of the body have been carefully examined.

Beginning with the cases in early life, we find dysmenorrhœa very common among young women, and to get to the *cause* of it is often extremely difficult. Local examination of a virgin should not be the first step towards a diagnosis, unless the history of the case points unerringly in that direction. I think all of us have had cases where local treatment has been carried to great excess, and where conditions did not warrant it. 'Tis an easy thing to insert a tampon with the injunction to call again in a few days; it takes time and patience to thoroughly examine the dress of a patient, inquire into her daily habits, her occupation, how she spends her leisure hours (if she has any), in fact, trying to get the whole

picture of the sufferer; but in so doing, we are often rewarded beyond our expectations. Too close confinement in the factory or store; too close mental application, making the girl's nerves the most prominent part of her; emotional causes; unhappy surroundings, may all be at work as causes of pain and discomfort at the menstrual epoch. Community life has become so complex, we hardly appreciate the nervous energy required to keep up in this strenuous age. I do not advocate a strenuous life in the advice I give my girl patients, but am continually preaching the law of laziness. Our young girls do not need to be lashed into a frenzy of excitement, rather to be urged to lead more quiet lives, to take more exercise in the open air,—in a word, to return to the simple life which brings health and happiness. When there is less expenditure of nerve force in the daily life, there will be less dysmenorrhœa.

Dysmenorrhœa is usually found associated with a highly sensitive nervous system. True, we sometimes are obliged to make an examination of the pelvic organs; and when, in spite of all our efforts, life becomes a burden, and we have to send some of our inveterate cases to the operating table, there to find cystic degeneration of one or both ovaries, we are not surprised that all our attempts to relieve *such* conditions were fruitless. Often, after a careful local examination has been made, with a determination to ascertain the condition of the whole generative tract, it requires good judgment and experience to determine the starting point of our patient's long train of symptoms, for sometimes touch and sight reveal nothing abnormal, though all the symptoms point to the pelvic organs. As in diseases of the heart the *functional* are often the first to demand notice, so here the loudest calls for help are frequently associated with an absence of lesions in the pelvis. To find out these multitudinous causes is indeed a Herculean task, but it should be our aim.

The venereal diseases cannot be too early recognized for the good of our patients and our helpfulness to them, as well

as our reputation. None of us escape such cases whether we practice in the Back Bay or in some less fashionable district, and many of them are overlooked because the general practitioner is not on the alert. Pain and distress located in the lower part of the abdomen, even in the right vaginal region is not always appendicitis, though we may be implored to thus diagnose it. We should not lose the opportunity of taking a drop of what might be passed over as an innocent leucorrhœal discharge, putting it on a slide, staining and seeing what the microscope reveals. If gonococci are dis covered, how much more intelligently the case will be treated.

Not every case diagnosed eczema of the vulva yields to appropriate treatment, and it *is* stubborn to treat; but if we heed what our specialists tell us on the subject, there is another disease which is often confounded with it—that chancroids have been diagnosed as eczema. If a round, clearly-defined sore is shown us in the genital regions, we should investigate the neighboring glands and keep our eyes open though we be treating the wife of Cæsar. Slowly and painfully I have taken my stand where I study my patients' bodies regardless of their social position. In the long run, it pays to take plenty of time to study our cases, if there is the least doubt in our minds, before we commit ourselves. Better to make *one* good diagnosis than three poor ones. We are all human and liable to err, all much hurried at times and liable to guess, but we are now speaking of the *ideal* way.

The great importance of the early diagnosis of malignant and benign growths was impressed upon me at the very beginning of my practice. A case came into my hands of a woman who had had a tumor of some kind for more than two years. It had been diagnosed as a pregnant uterus by one or more physicians during the early months, and six months before I saw her she had been examined in one of the large hospitals here in Boston, and the growth was pronounced a uterine fibroid. The menses were regular, no pain, no

hemorrhages. The examination in the hospital was so thorough she claimed she had an attack of peritonitis immediately following it. I was called, as she had taken a long walk over ice and snow, and was suffering with pain and much tenderness in abdomen. In the light of such a history, as soon as she was somewhat relieved, I called a surgeon from the Homœopathic Hospital who diagnosed it as an ovarian cyst. She was operated upon a few days afterwards, when there was found a very large, multilocular ovarian cyst of the right ovary, bound down to adjacent organs and tissues by countless adhesions. She succumbed two days later to internal hemorrhage,

One can but feel that if more care in diagnosis had been exercised during the first few months, and this patient had then been operated upon, the result would have been life and not death. If malignant growths are not recognized early, we cannot lay the blame on our surgeons for unfortunate results. I have great admiration for the patience they display (outwardly) with these belated cases, when they finally reach their hands, and most of them do eventually. It is true, many of them do not come to the general practitioner until they are far advanced, such is the perversity of human nature; but it is equally true that many of them might have been discovered earlier had not precious time been lost by waiting for the action of remedies, and explaining many symptoms by that elastic term "change of life," with the assurance that everything will be all right bye and bye. We have all seen cases on the operating table, where the history revealed the fact that women long past the climacteric had been suffering for months with a bloody or watery discharge from the uterus, but because it was not very profuse, and because there was no odor to it, and no pain had been experienced, it had been allowed to drag along in the hope it would cease. Finally, it has been found that the patient has been suffering from carcinoma in an advanced stage. I have four cases at the present time that have been operated upon for cancer of the

body of the uterus that I am watching with a great deal of interest and satisfaction, while a fifth had an epithelioma of the cervix.

Mrs. C. fortunately had several small fibroids which caused increased menstrual flow. She was fifty-seven years of age, had ceased to menstruate at fifty-one, had a very slight discharge, beginning about two and a half years afterwards, which lasted with short intermissions, about three years. Then came the first hemorrhage, followed by many more during several months. A fibroid was diagnosed, but the age of the patient, and the history of the case suggested the possibility of cancer associated with it. The uterus was curetted and the product sent to the pathologist who announced the finding of cancer cells. The conditions were explained to her and she consented to a hysterectomy. She rapidly regained her health and has maintained it to the present time, five years since the operation.

The second case was Mrs. N., who several years after the climateric, had a clear, watery, odorless discharge from the uterus for many months before she would consent to go to the hospital. There was no need of referring this case to the pathologist, as cancer was demonstrable without so doing. After hysterectomy, she returned to her duties in her home and has been a valuable member of the household ever since. This operation was more than four years ago.

A year and a half ago, the third patient, fifty-four years of age, had ceased to menstruate for six months, when she again began to flow, and was never wholly free from it for the following five or six months; no pain, and no odor to the discharge. Finally, after this long delay, she, too, was induced to go to the hospital; a hysterectomy was performed for cancer of the body of the uterus from which she recovered, feels well and is back to her accustomed work in the factory, as of old.

Last spring, the fourth patient of this series was taken without any premonition, with a severe hemorrhage; she

had passed her climacteric eighteen years before this time. This case was of unusual interest as there was difference of opinion manifest among her advisers, but she went the same way as the others, had the same operation performed, for the same cause and with the same result. In all these cases, the uterus was movable, no pain referable to the uterus, save one, and no odor to the discharge; all at or past the climacteric.

The fifth case was one of epithelioma of the cervix, past climateric, watery, and somewhat bloody, odorless discharge of six months' standing, no pain, no discomfort, apologized for consulting a physician, and was really the most discouraging of all when operation was reached. More than two and a half years have passed, and she is well and happy.

What have I learned from these few cases hastily reviewed, and others like them? No woman, after the climacteric, comes to me with a history of discharge from the vagina but I must earnestly strive to ascertain its source. If I cannot determine it, I lose no time in sending her where further investigation can be made, usually to the hospital where the surgeons and pathologists form the last court of appeal. Most of these cases are malignant in their origin, and we know of no remedies that will stay the disease. The surgeon should have them in his hands early, if he is to benefit them. Not all are so fortunate as the cases I have related, but many more would be, if we would diagnose the condition even when the discharge makes its appearance. The uncertain cases occur when we know we have a uterine fibroid, yet the patient is not suffering from loss of blood or from pressure of surrounding organs, and the climacteric is near at hand. Shall we calmly await its approach in the hope that we have merely a benign tumor to deal with? Considering the number of extinct fibroids we meet in elderly women, often unknown to the possessors, it would seem that the two diseases do not often co-exist. There seems to be a firmly rooted belief among the laity that cancer means death. If we could infuse a little courage into the souls of these unfortunates

they might come to us earlier. If it is true that the statistics of the best operators show freedom from the disease two or more years after vaginal hysterectomy in from about forty to sixty per cent. of all cases, surely we should be able to give them a little hope.

I have not dwelt upon the displacements of the uterus as the difficulty here seems to be in treatment rather than diagnosis, at least that has been my experience, although the reflexes from abnormal positions are often very misleading and occasion long search before we are rewarded with success. I have made prominent the most common conditions, those which we are called upon to diagnose and treat continually. Acute and chronic metritis should not be omitted, though we now have fewer cases of either class since the fear of infection from without during parturition and abortion has become so universal in the profession, and some encouraging signs are being manifested in the minds of the laity. Tubal pregnancy, many of us have not been obliged to diagnose, though we have sometimes had cases that so simulated this formidable disease that we have had much mental perturbation until they were cleared up. We often read in our medical journals, and are told in our medical societies that we should treat our patients, and not the disease; but many of us feel that an accurate diagnosis not only helps in making a prognosis, but enables us to render more valuable service to those who place their lives in our hands.

Atony of the Stomach.—Rest in bed is an important adjunct; care as to the diet, a nutritious and not too bulky one, and repeated analysis of the stomach contents to test the digestive capacity, are of importance. Cold bathing, massage, electricity, etc., exercises to strengthen the muscles of the trunk, play important parts in the treatment. The faradic current is to be preferred to the galvanic.—*Exchange.*

EDITORIALLY SPEAKING.

Contributions of original articles, typewritten if possible, society reports, news items, etc., should be sent to the editor, A. Temple Lovering M.D., 10A Park Square, Boston. Articles accepted with the understanding that they appear only in the GAZETTE. News items and reports must be sent in by the tenth of the month. Books for review, journals, subscriptions and advertising matter shou'd be sent to the publishers, Otis Clapp & Son, Boston, Mass.

APROPOS OF THE APPROPRIATE.

We have reserved our greetings, and our seasonable wishes for the health, prosperity, yes, and the multiplication of our friends, until this number in which the formal announcement is made of a halving of the subscription price of the GAZETTE.

There is a phrase not unfamiliar, we imagine, even to the learned professions, known as "hot air." We have not been informed whether "hot air" includes the promises of helpfulness never redeemed, the pledges of brotherly love unsupported by good deeds, the perennial professions of loyalty confined to glib and well turned utterances. We do not know whether "hot air" includes the above or not, but we strongly suspect it does. Not that such excursions from the path of honest intention plus resulting good works is confined to individuals. By no means. Societies, organizations, corporations and political parties all afford numerous instances of a tendency to increase the volume of July atmosphere. Even medical journals—but it is not "polite" to be personal—and then, too, for the majority of our contemporaries we have a hearty respect, unreservedly believing that those the average discriminating man would select are well worth every dollar asked for them. If there are some not of a high grade intellectually or morally, it is because there is a corresponding class in the profession to which they cater, and which supports them.

Now it should be the justified boast of the homœopathic profession that its publications of current medical literature compare more than favorably with the publications of the dominant school. The onus of making this boast a truth without exception rests—we say it advisedly—far more

with the members of the profession themselves than with editors or publishers. In the majority of instances, the editors of our leading journals give time and conscientious labor out of all proportion to the financial returns they receive. What is true of the editors is true of the publishers. Both unite in an honest and strenuous effort to serve the profession. They do not ask for financial gain, but for financial support, and the encouragement of many contributors to the common enlightenment.

Another thing that is very marked among our journalists and worthy of note and commendation, is that they almost invariably exhibit a spirit of helpfulness and good feeling towards each other's publications, which, if duplicated by the readers, would result in a lengthy list of subscribers to every journal worthy of such endorsement.

There is an evident revival of interest in our therapeutic system, and a more general outspoken assertion of faith in the incontrovertible foundation of truth upon which it rests. We rejoice in this renewed activity and loyalty, and we mean to encourage and increase it so far as lies in our power. We shall not be misunderstood, therefore, if we say it is good to cry "Hurrah for Homœopathy," if that is not all one does; for if it is all, then surely the breath of the lusty-lunged will send the mercury up the tube, and of what use is that? except to excite the smile of derision, and create a feeling of general weariness.

It is good and serviceable to cry "Hurrah for Homœopathy," when the cry is joined to work with brain, hand, and pocket-book to strengthen "the Cause." To be practical, to cry "Hurrah for Homœopathy," and to prepare a readable paper for a society or a journal; to cry "Hurrah for Homœopathy," and prove a drug or diligently hunt up a desirable prover for the much tried committee conducting provings; to cry "Hurrah for Homœopathy," and to send to some hard-working editor reports of cases for the general information of the profession, items of general interest, letters of travel,

experiences at home and abroad; to cry "Hurrah for Homœopathy," and before the echo dies away remit a dollar or more to the publisher of a journal of our own School, who will return it with good measure and a grateful recognition of the courtesy of prompt payment; to cry "Hurrah for Homœopathy," and send along recruits to our schools and colleges,—this is worth while, helpful and reciprocal.

The reproach of idle vaporings, lukewarmness and indifference in our School is going to be less and less deserved, we firmly believe. The rally of our forces already begun is going to be a more generally recognized powerful movement, a pressing forward of earnest men and women armed with the knowledge of the best system of offense and defense against disease yet given to the world. To this movement the profession in journalism is endeavoring to give fresh impetus, and the New England Medical Gazette will not be behind its contemporaries in this respect. We say, and independently, that the liberality of its publishers should be met by a cordial response on the part of every homœopathic physician, and not least by our younger physicians. And we wish the latter to know that they will be made just as welcome to our pages as to our subscription list, whenever they have even the shortest contribution to make of practical value. We heartily thank every member of our School who has contributed to the financial and literary support of the Gazette the past year, and assure them and all others who shall give us evidences of their goodwill during 1904, of our sincere appreciation and regard.

A TRIBUTE.

In recording the death of Dr. Henry C. Ahlborn, which occurred January 9, in his 79th year, we confidently express the sentiments of all our readers in declaring that the loss our wing of the profession has sustained is a most serious one. It is true that for a number of years Dr. Ahlborn had withdrawn both

from practice and from teaching, yet while he lived his personal influence continued to be felt in all that wide circle where his name was known. This influence was not only a personal one. His teaching and his practice had been of a kind to impress not only the younger generation of his colleagues who had had the advantage of attending his lectures, of feeling the force of his convictions and profiting by his wide knowledge and clear exposition of his subjects; his older colleagues as well, and even better, perhaps, knew how to value his rare qualities as a physician. His accurate knowledge of pathology, his diagnostic acumen, his patient study of cases, and cautious yet clear and frank opinions in the presence of doubtful and difficult conditions, made him a most valuable and much sought consultant, a man to be missed as hardly another among us.

Unfortunately, he wrote but little. The wide experience, the great store of knowledge on which we could draw during his active practical life he has taken with him. But his example remains, and will continue to live long after his name and his work are forgotten, since that which he was, the work he performed and the manner of his doing it have so deeply impressed themselves on his contemporary colleagues, that they will be handed down unconsciously to their followers.

The world goes on without perturbation when those drop out who have seemed to their particular sphere to be indispensable. Yet it is certain that the profound consciousness of such losses arises largely from the appreciation of the fact that we are left without the support and guidance to which we have confidently looked. Dr. Ahlborn's position was not alone that of a man who had endeared himself to all who knew him by the manliness which characterized his being; by his attainments and successes he stood for the best in our profession. Few know as he did how to steer that steady course between the just claims of homœopathy, and those of the ever widening and ever deepening knowledge outside, by which the limitations of our principles are determined. How

difficult this course is, those only can truly know whose love of their profession, coupled with an earnest desire to seek the truth, urges them on incessantly in the presence of danger, of suffering, of care and sorrow and sympathy, to weigh the demands of apparently conflicting therapeutic principles. Character and knowledge and scientific modesty are the requirements for such a course, and these Dr. Ahlborn possessed in a degree to stand as an example for all who feel the responsibilities of their profession, and who stand for genuine progress.

Walter Wesselhoeft.

The Ideal Physician.—The ideal physician is a member of a learned guild. He should be above the tricks and petty jealousies of trade. True, he lives by his profession, but he who practices for gain is only a hireling and not a true shepherd of the sheep. If you would attain, therefore, to this professional ideal, you must be a constant student, keeping abreast of that scientific progress of which in your community you must be the exponent. You must not be satisfied with the knowledge which you now possess, but you must read, especially the medical journals, or you will be left behind in this day of rapid progress.

You must not only be skillful, but careful. With all our varied instruments of precision, useful as they are, nothing can replace the watchful eye, the alert ear, the tactful finger, and the logical mind which correlates the facts obtained through all these avenues of information and so reaches an exact diagnosis, institutes a correct treatment and is rewarded by a happy result.—*Journal of the American Medical Association.*

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its annual meeting at the Boston University School of Medicine, Thursday evening, January 7.

The Treasurer, Dr. T. M. Strong, presented the following annual report:

Dr.

Cash on hand, Jan. 1, 1903	$4.20
Collected dues for 1900	12.00
" assessments for 1900	12.00
" dues for 1901	34.00
" " 1902	78.00
" " 1903	324.00
" " 1904	8.00
" " 1905	2.00
Amount overpaid in check	.20
Total	$474.40

Cr.

Expenses of Annual Meeting, 1902:		
Entertainment (music)	$14.00	
Caterer	26.25	
		40.25
Stationery, postage and printing		134.07
Stenographer and clerical services		63.24
Year Book		109.75
Carriages, December meeting (for guests)		4.00
Telephone and jantior service		12.00
Expressage		.30
Total		$363.61
Cash on hand		110.79
		474.40

Dues unpaid to date, $137.00

The following report was presented by the general Secretary, Dr. H. O. Spalding.

Number of meetings held	9		
Number of papers presented by members,	19		
Number of papers presented by guests .	6		
Active membership Jan. 1, 1903 . . .		232	
New members admitted during 1900 . .		8	
Corresponding members		27	
		——	267
Number of members resigned . . .	8		
Number of members died . . .	1		
	——		9
Total membership Jan. 1, 1904 . . .			258

The address of the president, Dr. William F. Wesselhoeft, dealt with the development of the Society and its present condition.

The nominating committee announced the following officers elected for 1904:

President, Dr. J. Emmons Briggs.
First Vice-President, Dr. Eliza T. Ransom.
Second Vice-President, Dr. George A. Suffa.
General Secretary, Dr. Harry O. Spalding.
Associate Secretary, Dr. Benjamin T. Loring.
Auditor, Dr. N. H. Houghton.
Treasurer, Dr. T. Morris Strong.
Censors: Dr. Everett Jones,
Dr. Mary E. Mosher,
Dr. George H. Wilkins.

It was voted that the year book for 1904 be discontinued, publishing only the list of officers, members and sections. The money saved in this way to be used in hiring a hall for meetings in a more accessible locality.

Music was furnished by the Technology Male Quartet, and a supper was served to the members and their friends.

H. O. Spalding,
General Secretary.

THE NEIGHBORHOOD MEDICAL CLUB.

The November and December meetings of the Neighborhood Medical Club, held at the Crawford House, Boston, were well attended. At the November meeting Dr. E. P. Ruggles gave an interesting and instructive paper entitled, "Extra-Uterine Pregnancy," with clinical reports of several cases. Dr. N. R. Perkins, at the December meeting, in his paper, "Some of the Uses of the Static Machine," showed the therapeutic value of electricity in many obstinate cases where remedies had failed to give satisfactory results.

WILSON F. PHILLIPS,
Secretary.

OOPHORECTOMY FOR PAIN.—Dr. Bedford Fenwick reported a case to the Gynecological Society, of removal of the ovaries from a young woman for pain persisting for ten years in both ovarian regions. She made no other complaint, but there was loss of weight, increased weakness, frequent sleepless nights. She was carefully observed for five weeks in the hospital. Then, as a last resource, Dr. Fenwick did laparotomy. Both ovaries seemed scarcely enlarged. The left had some adhesions round it, the right was quite free. To the operator and to Dr. Stevens, who assisted him, they were healthy to all outward appearance. But remembering her ten years' suffering and the results of some half dozen other cases, Dr. Fenwick removed both. From the second day after, she has been free from pain and rapidly gained flesh. The sections of these healthy looking ovaries showed that they were literally riddled with cysts, so that little ovarian tissue remained. Moreover the stroma and capsule appear condensed and thickened.

The question of removing ovaries for the one symptom of pain naturally arises. Out of hundreds of cases of severe pain Dr. Fenwick said he only had the courage to remove five or six ovaries, but in all these cases which were extreme ones, marked thickening of the capsule and cystic degeneration were found. In every one the pain was relieved permanently. In one the patient was also cured of maniacal attacks brought on by her pain.—*London Letter to the Medical Record.*

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

POCKET MANUAL OF HOMŒOPATHIC MATERIA MEDICA, comprising the Characteristic and Cardinal Symptoms of all Remedies. By William Boericke, M.D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco, etc. second edition, revised and enlarged. San Francisco: Homœopathic Publishing Co. 1903. pp. 682. Price, flexible morocco, $3.50.

It is really remarkable that the essentials of our materia medica could be so well sifted out and so completely gathered together in so comparatively small a work. And that, too, with due regard to good paper, large and clear type, and general compactness and availability.

This book has had a large sale, and in its present revised form will have a still larger. The well known verified characteristics of every drug are given, and other less important symptoms. Dosage is suggested under each remedy, but not in any dictatorial way. There are apparently no perfunctory or superficial references such as are sometimes made in books of this class merely to include a remedy.

This new edition has had many pages added to it, but is not too bulky. It contains a Therapeutic Index and List of Remedies. The manual is well gotten up except that the back margin is rather too narrow, a fault easily rectified in binding further copies.

THE PRACTICAL CARE OF THE BABY. By Theron Wendell Kilmer, M.D., Associate Professor of Diseases of Children in the New York School of Clinical Medicine, etc. Illus. Philadelphia: The F. A. Davis Company. 1903. pp. 158. Price, $1.00 *net.*

To begin with the assumption that the reader knows nothing about the proper care of a baby is the part of wisdom, even if the book in question were not addressed to the laity. It is in the seemingly minor matters that the average person is

deficient in knowledge. Even the physician, for instance, who knows exactly how to deliver a child, may not know the best way to hold a baby when carrying it. There is a niche, therefore, which Dr. Kilmer's monograph may well fill, for it is a painstaking and sensible discourse on his subject.

We can readily believe his wife and daughter had a hand in its composition, as he states, for no mere man could remember all the little points so well brought out. The illustrations would have been not the less helpful and much more attractive if a real baby, and not a large sized doll had been used.

LIPPINCOTT'S MONTHLY MAGAZINE. Philadelphia: J. B. Lippincott Company. Price, $2.50 a year; 25 cents a copy.

The publishers of Lippincott's in their announcement for 1904 neatly phrase their intentions as follows: "Now Lippincott's Magazine for 1904 is going to give you sane, simple, serene enjoyment. There will be twelve novels, not written to make you think, but to make you feel. There will be short stories that will arrest you from daily cares. There will be, now and then, a sensible paper on something you want to know about, and there will be wit and fun in plenty. What there will *not* be is: Dullness, goody-goodiness, cant, tragedy. There will be no weeping, no gloom, no horrors. All will be bright, clear, cheerful."

Those who read Lippincott's, and their number is legion, know that the publishers have given an earnest of their promises for 1904, by the excellence of their performances in past years.

THE SPECIALIST.

GYNECOLOGY.

Under this heading will appear each month items bearing upon some special department of medicine; next month "Diseases of the Nose and Throat."

NUX IN GYNECOLOGY.—In the female sexual organs, nux should often be thought of. It has profuse uterine hemorrhage—metrorrhagia; prolapsus and procidentia; menstruation too early; abundant leucorrhœa, yellow, fetid, and excoriating; fainting during labor, after each pain.

STERILITY.—According to Brothers, in a series of several hundred cases of women under forty years and married more than two years who have remained sterile after miscarriage or childbirth, the chances of further offspring are as follows: twenty-seven per cent. under thirty years, fifteen per cent. over thirty years, and only seven per cent. between thirty-five and forty years.

The local treatment of sterility to be efficient must always be supplemented by improvement of the general condition of the patient. In most of these cases there is more or less marked anemia and depression of the nervous system.—*Cleveland Medical and Surgical Reporter.*

OVARIOTOMY ON A PATIENT AGED SEVENTY-NINE YEARS.—The patient was a widow aged seventy-nine years. She had had six children. She had had no illness of any kind till five or six years ago, when she noticed a swelling on the sight side of the abdomen. This continued to increase. Recently, she had suffered much from a feeling of distention and shortness of breath. Operation was performed, and an ovarian cyst containing twelve pints of clear fluid was removed. The patient made an uneventful recovery, and now, four months later, is in good health, and going about daily.—*Dr. Thomas Worth in the British Medical Journal.*

HYPERICUM IN INJURIES OF THE COCCYX.—Many a woman sustains an injury of the coccyx during labor, and however

slight, soreness remains for years afterwards, and she is always in trouble, always hysterical and nervous, from this injury of the coccyx. Such injuries, if taken early, can be cured by hypericum. It is in the remedy. Slight inflammation or irritation of the lower part of the cord; it feels lacerated and sore, and aches dreadfully and never gives over until the results of the injury right in the spot have been removed. These injuries have been cured in after years by carbo animalis, silica, and other remedies as indicated.—*Dr. J. T. Kent in The Medical Advance.*

Hysterectomy.—It is too often true that the operator uses caution in beginning his dissection when rapidity is safe, and ends it with rapidity when caution is essential. The truth is that he gets tired by the time that he should work carefully. Beginning with short and painstaking strokes of the knife, he ends with long and careless ones. In abdominal surgery the time for rapid work is in exposing the field; the time for caution is in dissecting the depths of it.

In hysterectomy, whether abdominal or vaginal, speed is permissible everywhere except in the dissection about the cervix, for in uncomplicated cases no harm can be done by the most rapid methods. As soon as the broad ligaments below the ovaries are secured, no step should be taken without exact knowledge of what is being done. In this way, and in this way only, can the uterus be removed without the mistake of wounding bladder, bowel or ureters.—*Dr. Maurice H. Richardson.*

The Thermo-Cautery in Cervical Cancer.—In the relief of cervical cancer the value of the thermo-cautery, either the galvano or Paquelin, has superior advantages. Applied with skill, it is usually bloodless. A high amputation, accompanied, it may be, with coring out more or less of the corpus, if the disease indicates it, is comparatively easy of accomplishment. The cautery effectually closes the absorbent vessels and limits infection. In addition to

this the influence of heat on cancer cells, beyond the area of the actual destruction of tissues, is most satisfactory. Doubtless the superiority of the thermo-cautery treatment rests largely on these two results; the healing is often prompt, and the diseased growth is arrested and in some instances permanently so. Coincident therewith the pain and offensive discharge are mitigated or arrested. Reports of cases coming under palliative treatment two and a half years ago show no return of the disease, and to present appearances are cured.—*Dr. W. B. Chase in The Brooklyn Medical Journal.*

Nasal Dysmenorrhœa.—Erich Opitz records a case which he thinks adds increased evidence to the view that there is a distinct variety of dysmenorrhœa which should be called "nasal." The patient was twenty-one years of age and applied for treatment for nasal obstruction. At this time nothing was mentioned by the patient concerning any menstrual disturbance, nor was the fact that she suffered from dysmenorrhœa known to the attending physician. An operation was performed and the nasal passages freed. A short time thereafter the *mother* of the patient stated that since the operation violent attacks of dysmenorrhœa from which the patient suffered since she began to menstruate had entirely disappeared. Not many months subsequent the dysmenorrhœa reappeared. An examination of the nares showed that obstruction to a certain degree had recurred. The connection between the nasal appearances and the menstrual disturbance was then explained to the patient and a second operation upon the nares undertaken. This operation was not as successful as the fisrt, but although the patient was not aware of this fact, the attacks of dysmenorrhœa continued with their original intensity. Surely there can be no thought that in this case dysmenorrhœal attacks were influenced by suggestion, and it must be regarded as a genuine case of nasal dysmenorrhœa.—*Berliner klinische Wochenschrift.*

PERSONAL AND GENERAL ITEMS.

Dr. Anna Root Mann has located at 75 Pratt Street, Hartford, Conn.

Dr. S. Ella King has opened an office at 336 Washington Street, Brookline.

Dr. Mary A. Leavitt has located at 30 Adams Street, Somerville.

Dr. David W. Wells has been appointed oculist to the Newton Hospital.

The Dutch Government has recently founded a chair of homœopathy in the University of Leyden.

Montreal is suffering from an epidemic of typhoid fever, over a thousand cases being reported as being in or near the city.

Mr. and Mrs. George Ransom (Eliza T. Ransom, M.D.) are receiving congratulations on the birth of a daughter December 24, 1903.

Dr. F. A. Ferguson was married to Miss M. C. Faulkner at Hyde Park, December 19, 1903. Dr. and Mrs. Ferguson will reside at 19 High Street, Saco, Me. They have the heartiest good wishes of their many friends.

Dr. David P. Butler has provided accommodations for the treatment of pulmonary tuberculosis at Rutland. Cases examined Tuesdays, Wednesdays and Saturdays, 11 to 12.30 a.m., at 153 Newbury Street, Boston. Tuesdays, Wednesdays and Saturdays, 3 to 5 p.m., at 19 Elm Street, Worcester. Other days at Rutland, Mass.

The New York Homœopathic College reports the largest increase in its student body for any year during the past twelve years. The increase is due largely to advanced students who appreciate the splendid clinical advantages. Graduates entering the senior year may receive the diploma of the college. The clinical material is represented by thirteen hundred beds, and fifty thousand patients annually. Students attend clinics in small sections, and receive personal instruction.

The Boston Examining Office for applicants for admission to the Massachusetts State Sanatorium for incipient consumptives at Rutland, Mass., has been removed to rooms in the new Out-Patient Building of the Massachusetts General Hospital on North Grove Street corner of Fruit Street, and adjoining the new Eye and Ear Infirmary on Charles Street.

Dr. Clapp or Dr. Lapham will examine here for the homœopathic side, every Saturday from 1.30 to 3.30 P.M. Notice change of hour as well change of place.

Dr. George H. Talbot announces that his summer home, "Pine Ridge," at Northboro, Mass., has been thoroughly equipped for the so-called "active treatment" of neurasthenia and convalescence under the direction and according to the methods of Dr. Frank C. Richardson.. Northboro is only thirty-one miles from Boston, and nine, from Worcester. Dr. Talbot has a complete hydrotherapeutic plant, and all necessary electro-therapeutic apparatus, a sun parlor, gymnasium, etc. The fact that Dr. Richardson has personally superintended the equipment of the place is sufficient assurance of the excellence of the arrangements.

Incurable cases, mental cases, alcohol or drug habitues will not be received.

Applicants may arrange for examination at Dr. Richardson's office, 685 Boylston Street, Boston, or at their homes, or may be admitted on satisfactory certificate trom the attending physician.

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ORIGINAL COMMUNICATIONS.

A SAFE, SIMPLE AND EFFICIENT METHOD OF PROSTATECTOMY FOLLOWED BY PERFECT RESULTS.

BY HORACE PACKARD, M.D., PROFESSOR OF SURGERY, BOSTON UNIVERSITY

[Read before the Massachusetts Surgical and Gynecological Society, Dec. 9, 1903.]

The achievement of a safe, simple and efficient method of treatment of an annoying and always ultimately fatal malady is an accomplishment of great significance in its relation to human happiness, health and longevity.

There is no measure of the harassing annoyance, apprehension, pain and misery of the man who is the unfortunate victim of urinary obstruction from prostatic hypertrophy.

To the writer, no class of cases has appealed to his sympathy so profoundly as that which forms the subject of this paper. In a surgical experience covering a period of twenty years, it has been my fortune to meet, over and over again, with cases of prostatic hypertrophy in patients the value of whose life and activity, to themselves, their families and the public, cannot be expressed in words. There is a hope in every man's heart that in his evening of life, when the vigor of his physical activity is passed, he may realize the comfortable leisure of retirement from aggressive life, and live during his declining years upon a well-earned competency. How often this hope

is disappointed by the occurrence of prostatic hypertrophy and its attendant evils, is only too obvious to every physician.

During the past six years as much of my time and energy as could be spared have been devoted to the study of prostatic hypertrophy, and the search of a simple, safe and efficient method of treatment.

In alternation, medical treatment, castration, vasectomy, the Bottini incision, suprapubic prostatotomy, prostatectomy, by combined suprapubic and perineal incision, and perineal enucleation have been tried, and have failed in some one or more of the above-mentioned requisites; *viz.*, simplicity, safety or efficiency. Improvement or recovery has resulted in some cases by all these methods; but in so many cases there has been failure, or much suffering immediately following operation, or incontinence of urine, that prior to the adoption of the distinctive method to be herewith described, I had little courage to attempt more than palliation. The development of the following technic has resulted from the inexorable demands of cases which could no longer be palliated, where continuance of life depended upon the immediate establishment of an outlet to the urinary bladder.

At the outset I wish to disclaim exclusive credit for all the steps in the technic which I shall lay before you.

The relinquishment of the suprapublic incision, as a dangerous and useless mutilation, has come about as a mutual and almost unconscious agreement among the majority of surgeons.

The depression and fixation of the base of the bladder by the way of urethral instrumentation was first suggested by Dr. Guiteras of New York. The inverted Y perineal incision originated with Dr. Senn of Chicago.

The routine opening of the urethra in its membranous portion, while not invariably necessary, has become an almost essential step in prostatectomy.

The invariable conservation of the sphincter vesica, by limiting the violence of enucleation, and the dissection of the adherent portion of the gland from the urethra and bladder

wall, and the adoption of a definite technic applicable to every case, with definite indications for prostatectomy, and the design of a set of instruments to meet every step of the operation, is the work of the writer.

The scope of this paper does not include the etiology or pathology of prostatic hypertrophy. These are topics of general medical interest, but of no practical value in deciding when and how to proceed to effect a cure.

The task which I have before me is to lay before you in a simple and direct way the symptoms of prostatic hypertrophy, the indications for radical treatment, and the technic of an operation which shall safely, quickly and permanently cure.

Immediate Effects of Prostatic Enlargement.—Embarrassment in emptying the urinary bladder is the first hint of prostatic hypertrophy. It is a plight exclusively of the advanced years of manhood; hence any obstruction to the free outflow of urine in men under the fifties, is probably always from some other cause, and demands the keenest scrutiny in arriving at a diagnosis. Conversely a slowly appreciable diminishing *vis a tergo* of the stream until it falls straight to the ground, accompanied by a prolongation of the time required to perform the act, straining, with finally, after the flow has ceased, a sensation that the act is incomplete, with frequency of calls to repeat, increased to eight, ten or twelve times in the twenty-four hours, is almost proof positive that some form of enlargement of the prostate gland is the cause of the obstruction.

Secondary Effect of Prostatic Enlargement.—The sequelæ of obstruction, due to prostatic enlargement, are so profound and far-reaching, that too much consideration cannot be accorded them. Permanent and complete cure depends upon reduction of the obstruction before organic changes have occurred in the bladder mucous membrane and the detrusor urinæ muscle, before urinary calculus has formed, and before septic infection has wrought incurable cystitis and pyelitis.

Hypertrophy of the Bladder Wall.—This is a sequel of prostatic obstruction, which develops insidiously, as a direct

result of the increased amount of work which the detrusor urinæ is called upon to perform in overcoming the resistance offered to the outflow of urine by the enlarged prostate. This is a concrete example of compensatory hypertrophy, and the compensation may be so perfect that for a long time the patient experiences little or no embarrassment.

Finally the bladder wall becomes three or four or more times its normal thickness, this increase being at the expense of the capacity of the viscus, so that sooner or later the greatly diminished volume of urine which it can accommodate necessitates increased frequency of calls, to empty the bladder. At this stage, when the patient dares not wander far from home, and his sleep is interrupted by frequent calls to rise, the time has come to intervene, if you would save him from worse sequelæ.

Dilatation of the Bladder.—In the preceding we have considered what is virtually a contraction of the bladder as a result of prostatic obstruction, and indeed that is the usual change which occurs. In rare cases, however, particularly in old men of lax fiber, the bladder, possessing but little tone, does not react against the obstruction offered, but gradually dilates, thins and, finally, loses its contractility, and becomes an enormous reservoir, rising to the umbilicus and higher.

In such cases there is little pain, and the minimum of discomfort is experienced beyond what results from the constant dribble of urine, which is involuntary and represents the overflow from a fully distended bladder.

Residual Urine and Stone.—These are sequelæ which are so closely related that they cannot well be treated separately. In every case of prostatic obstruction there occurs sooner or later a residuum of urine which fails of expulsion. There is thus at all times a pool of urine at the base of the bladder in virtually a state of stagnation. Although the laws which govern the formation of urinary calculus are not fully understood, enough is known to demonstrate that the residual

urine of prostatic hypertrophy furnishes a condition most favorable to the deposit of the urinary salts.

Stone in the bladder, as an accompaniment of prostatic hypertrophy, is of such frequent occurrence that the probability of such should never escape one, and any scheme of treatment having as an object a radical cure should include steps to demonstrate the presence or absence of stone, and means for its safe and expeditious removal.

The Catheter Habit and Cystitis.—These accompaniments are also so intimately related that consideration of one must include the other. There comes a time in the course of every case of prostatic obstruction when instrumentation of the urethra and bladder is undertaken by the patient, either on his own initiative or through the advice of his physician. This is the beginning of the period of greatest peril in the career of the prostate case. The acquisition of a simple method of mechanical and complete evacuation of the bladder is a boon to the patient, which he seizes upon with avidity. He is thereafter wedded to his catheter, but in total ignorance of the menace which it entails. He carries it in his pocket; it lies convenient to his bed, in his bureau drawer, at night, and he uses it without thought of the hosts of pyogenic bacteria which infest it, and which are carried into the bladder with each insertion. Soon a cystitis is established, with all its attendant perils of an ascending ureteritis, pyelitis, septicemia, exhaustion and death. It is true that these various phases may in some instances be slow in reaching a menacing degree of development. Some patients, of great vitality and resistance, tolerate the vicissitudes of prostatic obstruction, residual urine, catheter habit and cystitis with wonderfully little apparent deterioration of the general health for a long time; but sooner or later a climax comes, either in complete loss of voluntary urination, coupled with impossibility of catheterization, stone in the bladder, or violent pyelitis, with dissolution imminent unless relief can be afforded with the greatest promptitude. That such a time in the career of the

case is not the best for treatment looking to a radical cure, must be apparent to all. It is a part of the object of this paper to urge upon the family physician the unrelenting and uncompromising appeal to his prostatic cases to seek radical cure before irreparable damage has been done.

For years ovarian-tumor cases and appendicitis cases put off the so-called "evil day" of operation until death menaced. Now every such case is operated on at the earliest possible time that diagnosis can be made, and all get well. Such is now to be the history of cases of prostatic hypertrophy. With the indications which I am about to lay before you, and the technic which I shall describe, I hope that we shall soon cease to hear of the long years of annoyance, misery and the premature death of men who are the victims of hypertrophy of the prostate gland. It is my firm conviction that these cases, if operated on prior to the occurrence of organic changes in the bladder wall and kidneys, will make as prompt and uncomplicated recoveries as interval appendectomies and ovariotomies, and without mortality.

The rational treatment for urinary obstruction due to prostatic hypertrophy is removal of the offending gland.

This seems such an obvious conclusion that it is humiliating to me to contemplate the years that have gone by while we have been pottering with useless medical treatment, castration, vasectomy and the Bottini incision.

However, the history of ovariotomy, hysterectomy for fibroids, and appendectomy has been repeated. Great discoveries and great accomplishments are almost invariably the sequel of long and hesitating gropings, ineffectual and disappointing attempts, until, finally, through the recognition of some apparently simple element in technic, like the Bigelow method in litholapaxy, or the attitude of fixation in the Lorenz operation, the object is accomplished.

So in the operation which I am about to describe to you, there is one element in the technic which *must be* observed; *viz.*, the prostate gland *must not be torn away* from the area of

its closest attachment to the urethra, sphincter vesica and neighboring bladder wall, but *it must invariably be cut away.**

A study of the anatomy of the base of the bladder wall will indicate the reason for this.

Dissection of the cadaver shows most intimate connection between the prostate and the prostatic urethra, sphincter vesica and muscular wall of the bladder. There are bands of muscular and fibrous tissue passing directly from one to the other. Attempts at forcible separation often result in rents into the urethra and bladder wall.

The other steps of the operation are important and require the greatest care in their performance, especially to avoid wounding the rectum and to avoid unnecessary mutilation of the urethra; *but failing in the first,* while removal of the

*"Gray's Anatomy," page 1027, Muscular Fibers of the Bladder: "They pass, in a more or less longitudinal manner, up the anterior surface of the bladder, over its apex, and then descend along its posterior surface to its base, *where they become attached to the prostate in the male.* They are disposed in a thick circular layer, forming the sphincter vesica, *which is continuous with the muscular fibers of the prostate gland.*" Further relating to the anatomy of the prostate, page 1033: "The muscular tissue is arranged as follows: Immediately beneath the fibrous capsule is a dense layer, which forms an investing sheath for the gland; secondly, around the urethra, as it lies in the prostate, is another dense layer of circular fibers, *continuous behind with the internal layer of the muscular coat of the bladder, and in front blending with the fibers surrounding the membranous portion of the urethra.*"

Morris, page 1037, Structure of the Prostate: "The muscular element represents about three-fourths of the entire mass, and consists principally of unstriped fibers, *continuous above with the vesical sphincter.*"

"McClellan's Regional Anatomy," page 134, Vol. II: "The prostate consists principally of a mesh of unstriped muscle fibers *continuous with the layers of the vesical wall.*" The muscle fibers in front of the prostate are circularly disposed about the vesical orifice of the urethra, and assist in forming the vesical sphincter. In this relation it is sometimes called the internal prostatic sphincter, to distinguish it from the external prostatic sphincter, *the fibers of which are continuous with the membranous part of the urethra.*"

"Deaver's Surgical Anatomy," page 351, Structure of the Prostate Gland: *"The muscular tissue is continuous with the sphincter of the bladder."*

prostate may be accomplished, *the embarrassing sequel of permanent incontinence is sure to follow in too many cases.*

Indications for Prostatectomy.—From what has preceded, the inference will have been drawn that, to the writer, the existence of urinary obstruction from enlarged prostate is a sufficient indication for the removal of the prostate.

This is emphatically so; and as wider knowledge is disseminated among the laity of the disastrous sequelæ of long-neglected prostatic obstruction, and the simplicity, safety and effectiveness of early prostatectomy, we shall have the satisfaction of saving our patients from years of annoyance and misery, and give to them in turn years of life and comfort, through early operation.

In tabular form, the indications for prostatectomy may be laid down as follows:

1. Diminishing *vis a tergo* of the urinary stream, with prolongation of the act and falling of the stream straight downward, in men past fifty, and absence of other causes for such change. (These symptoms positively indicate that something is presenting obstruction to the urinary current, and rectal examination for palpation of the prostate gland should be made. This may or may not afford additional data. Sometimes there is little or no appreciable enlargement of the gland on palpation, but nevertheless, through hypertrophic changes encroaching inward towards the urethra and sphincter, obstruction of the passage exists.)

2. Increased frequency, or urging to urinate by day and by night. (This may be accepted as a trustworthy indication in men past fifty, and in the absence of other causes, and preceded by indication No. 1: *viz.*, that there is residual urine in the bladder, and that the bladder walls are undergoing compensatory hypertrophy.)

3. *Pain All the Time.*—Dull aching in the perineum. Pain shooting along the urethra to the glans penis. (This, with indications Nos. 1 and 2, suggests stone, and examination with a stone searcher should be made. If a calculus is found,

operation for its removal is the only alternative, and invariably the prostate should be removed at the same time, unless some special general condition of the patient contraindicates such.)

4. *The Catheter Habit.*—When once the catheter habit becomes established in cases of prostatic obstruction, every week, and even every day, of delay is fraught with danger. In fact, it is a calamity to such cases to ever have started the catheter practice. Strict surgical cleanliness they will not and cannot observe. Bacterial infection is sure to be introduced, and cystitis established.

The beginning of the catheter habit marks a crisis in the career of the prostate patient. You will render your patient the kindest service if at this stage you can induce him to have the offending gland removed before septic infection of the genitourinary tract has been added to the other dangers of prostatic obstruction.

5. *Chronic Septicemia, General Debility, Scanty Urine.*—These are contraindications for operation. Indeed it is doubtful if a patient so far gone with the exhausting sequelæ of prostatic obstruction can be benefited by any form of treatment. When this stage is reached the urine is loaded with pus and mucus, the temperature is elevated 2 or 3° above normal, the tongue is dry and red, the appetite fickle, and weakness and debility indicate that the vital forces are fast ebbing. As an act of humanity, to establish an outlet for the urinary secretion, and furnish drainage for the septic bladder, some form of perineal operation must be performed. The best judgment of the surgeon must be exercised to decide whether a perineo-urethral opening shall be made, with dilatation of the sphincter vesica and adjustment of a drainage tube, alone, or a prostatectomy. Such patients are always senile, have a history of six, eight or ten years of prostatic troubles, and dissolution is, at best, a question of but a short time. Fatality following attempts to afford temporary relief in these dis-

tressing cases, should not be attributed to the operation, but to the ravages of the disease.

If the urethra is still pervious to the catheter, it is, as a rule, wiser to carry the aged sufferer along as best one may, with bladder irrigation with some mild antiseptic and soothing wash, and with such medical and hygienic treatment as may be indicated.

Technic of Perineal Prostatectomy.—Instruments: knife, mouse-toothed forceps, needles, silkworm gut, perineal retractors, combined staff and prostate depressor, sphincter dilator and bladder irrigator, dry dissector, prostate forceps, prostatome No. 1, prostatome No. 2, drainage tube, provisional equipment for stone (Bigelow crusher), extraction forceps, flushing pump.

Any operation designed for removal of the prostate gland should include in its technic provision for simultaneous removal of possible stone. In the light of modern knowledge, it is quite an unnecessary and useless step to proceed to a long, crushing and washing operation by the Bigelow method, prior to prostatectomy.

Detailed Description of Operation.—1. Anesthesia. Some discrimination should be observed in the choice of an anesthetic, which should be administered by a skilled anesthetist. Ether is not the ideal anesthetic for aged patients. It is a marked heart stimulant, and the violence of circulation accompanying its use may menace the cerebral blood-vessels. Fatal hemiplegia has followed ether anesthesia of senile patients. My choice, unless there be some special contraindication, is chloroform and oxygen. Anesthetization by this method is usually uneventful, and when conducted by a skilled anesthetist, should occasion no unpleasant results. Spinal anesthesia may prove in the future a desirable method, but at present confirmatory evidence is lacking.

2. Place the patient in the lithotomy posture, with the knees drawn well up towards the thorax, and the feet lifted high above the plane of the pelvis.

3. Shave and scrub, with soap and water, the perineum, external genitals and neighboring parts. Disinfect with alcohol and formalin 1 per cent.

4. Introduce the combined searcher and staff to the urethra to, but not necessarily beyond, the prostate.

5. Incise the perineum along the raphe from the scrotum to the sphincter ani, then continue the same backward each side of the anus until the whole forms an inverted Y.

6. Dissect carefully through the perineal tissues, retracting the parts widely to either side as fast as divided. Grasp and ligate all bleeding vessels as fast as exposed. Continue until the resistance of the staff can be felt in the membranous portion of the urethra. Through all this part of the operation observe caution against wounding the rectum.

7. Open the membranous portion of the urethra along the groove of the staff for a distance of about 2 c.m.

8. Withdraw the staff slightly, and thrust into the wound of the urethra, and on through the sphincter into the bladder, the beak of the irrigator.

9. Attach the irrigator tube and funnel, thoroughly wash the bladder with sterile water and, if it be a septic case, 1 to 500 formalin solution.

10. Withdraw the irrigator, and pass the index finger of the left hand through the dilated sphincter and palpate to determine whether there is a projecting or pendulous middle lobe. If such exist, it will be felt just within the sphincter encroaching upon the lumen of the outlet. If found, pass prostatome No. 2 carefully along the finger as a guide, and cut it off cleanly at its base. If there be a stone present, remove it at this stage of the operation; if small, by direct extraction with stone forceps; otherwise, crush with the lithotrite and extract, or flush out the fragments.

11. Now pass the staff into the bladder, and turn it so that the curve will rest against the left lobe of the prostate. The staff is now used as a lever—working on the arch of the pubis

as a fulcrum—to fix the base of the bladder, and at the same time push the prostate downward into the perineum.

12. With the tooth forceps and scalpel, trace backward from the posterior angle of the urethral wound until the capsule of the prostate gland is opened—all this without wounding the sphincter.

13. Grasp the edge of the capsule thus exposed, and with dry dissector and tip of the index finger dissect the capsule away from the gland as far out and around and above and below as can be accomplished without violence.

14. Grasp the left lobe of the partly enucleated prostate with the forceps, partly withdraw the staff, pass the forefinger of the left hand again through the sphincter, to act as a guide, pass prostatome No. 1 around the pedicle of the left lobe, and excise it close to the bladder wall.

15. Proceed in the same way with the right lobe, except that the index finger of the right hand is inserted within the sphincter, and the prostatome worked with the left hand. One needs to be ambidextrous to perform the operation handily.

16. Pass the drainage tube into the bladder, and through it give the bladder a final irrigation, to wash out any blood clots which may have accumulated.

17. Pack long strips of aseptic borated gauze into the cavities upon each side, from which the prostatic lobes have been removed. Close the posterior limbs of the inverted Y incision with silkworm-gut sutures, and fasten the drainage tube in place with the same material.

The operation is now completed, and in the average case should not have occupied, as a whole, more than half an hour. The after-treatment is simple, and the patient experiences but little pain or discomfort.

To the drainage tube couple a rubber tube long enough to lead into a bed urinal. Pack the whole perineal region with an abundant dressing of crumpled gauze. The uninjured sphincter will contract closely about the drainage tube, and

Illustration No. 1.

Inverted Y Perineal Incision.

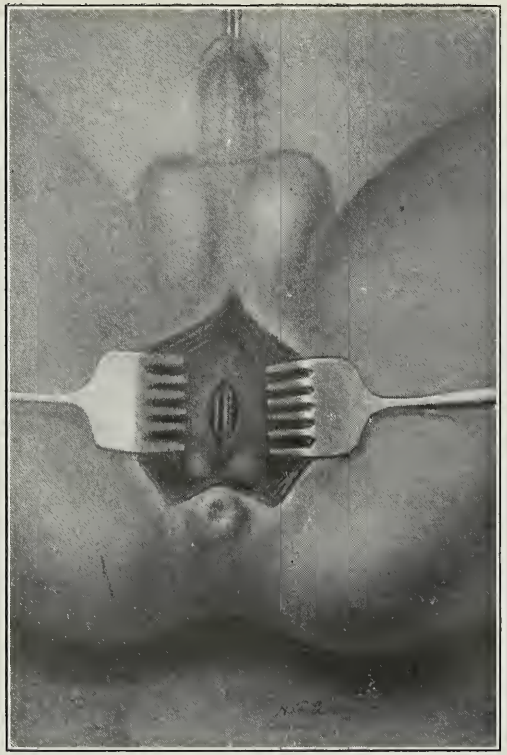


Illustration No. 2.

Deep structures of the Perineum widely retracted, exposing the membranous urethra which has been incised just anterior to the prostate gland.

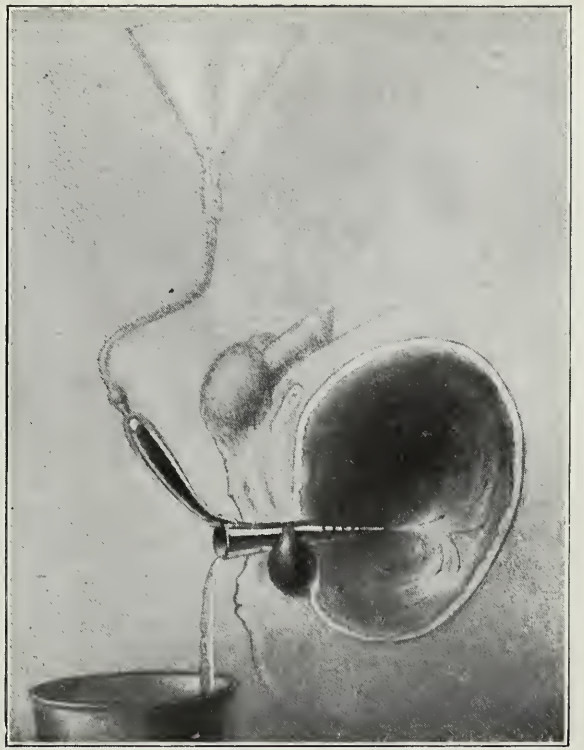


Illustration No. 3.

Bladder Irrigation. See page 107.

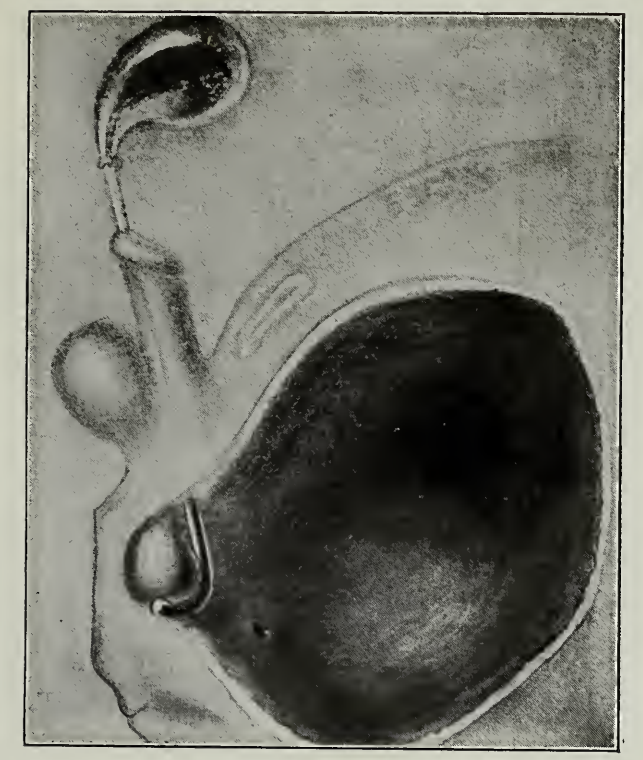


Illustration No. 4.

Base of bladder and prostate gland depressed and steadied by instrument introduced through the urethra.

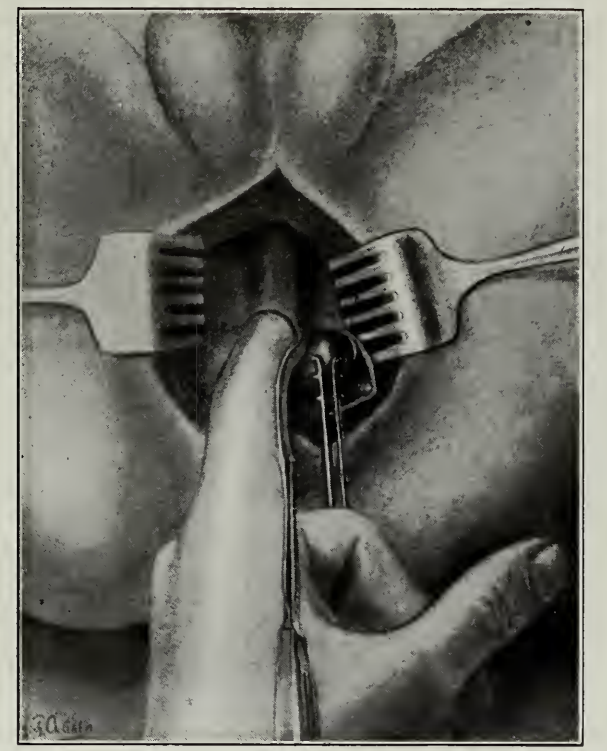


Illustration No. 5.

The operator's finger within the sphincter; lateral vulsellum forceps grasp the partly enucleated left lobe of the prostate gland; the curved prostatome severs the remaining attachments.

all of the urine will be conducted away into the urinal. Flush the bladder daily by irrigating through the drain tube. Hydrogen dioxide, one to three or four parts warm water, has given me the greatest satisfaction. It is not necessary to maintain a catheter in the urethra during any part of the convalescence. On the fourth day remove the perineal packing, and on the fifth the drainage tube. If there has been at any time of the operation a violent cystitis, it may be desirable to leave the tube longer. After the tube is out, and until the deeper parts are healed, the external perineal wound should be kept open by passing into it the index finger, guarded by an aseptic finger cot, using caution not to thrust the finger far enough, nor with sufficient violence, to penetrate the urethral wound or the sphincter. These latter are to be left alone. The object is to maintain drainage of the cavities from which the prostatic lobes have been removed, until they are obliterated. Neglect of this precaution may result in delayed convalescence, because of insufficient drainage and consequent absorption, vesiculitis, epididymitis and orchitis.

If all the steps of the operation have been executed as described, the patient will regain continence almost immediately on removal of the drain, although for a few days the urine will pass through the perineum. At the expiration of from ten to fourteen days the urine will be voided partly or wholly *via* the natural channel.

The patient may now sit up in bed, and if the general condition be satisfactory,—pulse and temperature normal, or approximately so, and appetite and digestion improving,—he may sit out of bed daily and begin to step about carefully. I know of no operation in the whole field of surgery which affords more gratifying results to both patient and surgeon than this which I have presented to you. The feature occasioning the greatest felicitation is that by this operation the patient is permanently cured, which cannot be said of any other operative measure resorted to heretofore.

DISCUSSION.

Dr. W. F. Wesselhoeft: There is hardly a more important subject before the medical profession to-day than the treatment of prostatic enlargement. It is estimated that 75 per cent of men over sixty years of age have enlarged prostates, and of these, a large, though unknown, percentage have symptoms more or less disturbing, due to such enlargement. The symptoms vary from the annoyance of getting up several times at night to pass water, to the most distressing conditions occasioned by retention, cystitis and the results of extension upward.

Some have done well with the catheter life, but, as Dr. Packard has pointed out, this is fraught with dangers, which usually lead to disaster, unless conducted by a skilled attendant well versed in the practice of surgical cleanliness.

The operative measures employed in this disease have progressed from operations indirect and correspondingly inadequate, such as vasectomy and castration, to a direct attack upon the prostatic mass itself.

These direct procedures have advanced from the Bottini method (most unsurgically in the dark) to a definite removal of the obstructing mass. At first this was done by the suprapubic route, then by the perineal, with a suprapubic opening, and finally by the perineal route alone, as described in the paper.

With the increased knowledge of the anatomy, and with improved technic, this method has proved itself as safe or safer than the Bottini, and far more satisfactory.

Of the various operative measures I have seen applied, none has appealed to me more than the method Dr. Packard has described this afternoon.

Whether cutting the mass away will be an improvement over peeling it out, and snipping attaching bands when necessary, time and experience alone will decide.

The instruments shown seem to me excellent, especially the side-grasping forceps.

I think we may feel that by various operators a perineal operation for prostatectomy has been developed that is justifiable and efficient, which offers to those in good condition, but with increasing prostatic trouble, a safe relief, and for those whose lives are made miserable by an enlarged prostate, and who can bear an operation, we have a measure which offers them a possible relief.

Dr. James B. Bell: I am glad to welcome any definite progress in the treatment of prostatic hypertrophy.

I might speak of one point in reference to the bladder. In enucleating the prostate carelessly with the finger, serious injury to the base of that organ may result, but with such knives as Dr. Packard exhibits, or by the use of scissors, incontinence may be prevented.

Dr. Lamson Allen: We must be ever grateful to Dr. Packard for making as clear as he has the necessity of not opening the bladder at the base, and the ability, with the instruments that he has shown, for taking care of the so-called middle lobe. It is one of the greatest bugbears to those of us who operate for prostatectomy, how to take away the third lobe without disturbing the texture of the bladder, and without danger of infection thereafter.

Dr. Packard: There is scarcely more than a word to be said in closing the discussion, and that is in reference to the middle lobe. That always has been a bugbear, and it has been stated, and emphatically stated, at a recent meeting of the state society, that you must make a suprapubic incision if you would take out the middle lobe. I assure you it is a very simple matter by the method which I have laid before you,—it is one of the important elements of this operation.

I will mention some other instruments that I have just received, designed by Dr. Murphy of Chicago, who has done a great deal in prostatectomy, but not just the technic that I have described. These are traction hooks for fastening onto the prostate after it has been exposed, and drawing it into the wound.

After opening the perineum you can dilate the sphincter and cut the middle lobe with this specially designed knife. In the cases operated upon to-day I was unable to introduce sound prior to anesthesia. I did not know that in one there was stone, until, sweeping my finger around, I found it. If I had not, the patient would have had continued misery and pain. Dr. Murphy has been obliged to operate a second time because of continued pain, and in one or two cases made a secondary suprapubic incision and found stone in the bladder.

Just a word regarding the convalescence of cases operated upon in this way. Since the first case, last January, I have operated on all that have appealed to me for operation. There has been none in sufficiently advanced stages to make me hestitate to advise operation, and there has been no mortality, and all are up and about and practically cured. The perfection of cure must depend, in a large degree, upon what has happened before operation. The thickening of the bladder wall, so that the capacity is reduced, will cause trouble after operation for a year or two; but there is likely to be an improvement in this condition, for the removal of the obstruction will be followed, as a natural sequence, by atrophy of the overdeveloped muscular walls of the bladder.

A CASE OF ACUTE INTESTINAL OBSTRUCTION FROM AN ENTEROLITH.

BY EDGAR A. FISHER, M.D.

[Read before the Massachusetts Surgical and Gynecological Society, Dec. 9, 1903.]

Mrs. D., widow, aged sixty-five years, in good flesh and without cachexia, but of poor vigor.

History obtained at first visit. Four months before present illness fell from a stepladder, striking on her right side and back, and has since been a partial invalid, having indefinite pains in the region of the liver, greatly aggravated by exercise; minor digestive disturbances, with anorexia and sluggish

bowels. Mental depression marked. No jaundice or history of biliary disturbances.

Present Condition.—Frequent violent vomiting of green bitter liquid. Severe epigastric colic. Abdomen not distended or tender. The patient assured me that for years she had been subject to similar attacks. Temperature and pulse normal. Gave a high enema, with fair results.

6*th.*—Next day the vomiting persisted, but she had less pain. No stool.

7*th.*—Less vomiting and very little tenderness. An enema came away slightly tinged with fecal matter. Passed some gas.

9*th* (*Fourth Day*).— Did not vomit until afternoon, though she passed some gas. Four gr. of calomel and a saline resulted in the passage of a small lump of fecal matter. Very little tenderness or pain, but the abdomen is slightly distended. Pulse 90, and good quality.

10*th.*—A great change for the worse in the appearance of the patient. During the early morning vomited twice—large quantities, distinctly stercoraceous in odor and appearance. Abdomen greatly distended. A large pad of intestine easily felt running across the abdomen. No pain and little tenderness, but the patient is in collapse. Heart extremely irregular in force and rhythm. Valvular sound nearly inaudible. Pulse weak and thready. The patient decided to accept the small chance of recovery offered by operative interference, and at 4 P.M. the operation was undertaken by Dr. Homer Gage, with the assistance of the writer. The condition of the heart made it unlikely that the patient would reach the table alive, but, to our surprise, by the time she was unconscious the pulse was regular and of good quality, remaining so until the day of her death.

Operation.—On opening the abdomen in the right linea semilunaris considerable dark straw-colored fluid escaped. The contents of the right upper quadrant evidenced a long-standing inflammation. In the midst of the adhesions, and well

up under the liver, a hard oval tumor was felt, which on delivery was seen to be entirely within the intestine, separating the distended portion above from the narrower collapsed section below. The serosa, overlying the tumor, and for some distance above it, was thickened, edematous, purple in color, and sprinkled with flakes of lymph. By a longitudinal incision in the gut over the tumor, a stone was removed, weighing a little over 12 oz., and $2\frac{1}{4} \times 1\frac{1}{2}$ in. in diameter. In spite of efforts to prevent it, considerable of the foul-smelling intestinal contents escaped. The wound in the gut was closed by a continuous silk suture, and invaginated with an interrupted Lambert of silk. The abdomen was rapidly closed with through-and-through silkworm sutures. There was no vomiting after 9 P.M. The bowels moved freely four times during the night. In the next twenty-four hours there were frequent attacks of Cheyne-Stoke respiration, and death seemed imminent, but the second day was free from serious symptoms; stool and gas passed freely. On the third day a right-sided hemiplegia developed, with same temperature. On the fourth day we were warned, by the fecal odor of the dressing, that a fecal fistula had been established. The tissues around the wound were inflamed and swollen and indurated. After removing some of the stitches for drainage, it was apparent that there had been very little healing. Each day the area of inflammation increased, further embracing the whole half of the abdomen and thigh, and there was no evidence of reparative effort. Until her death, on the ninth day after the operation, every effort was made to keep the wound clean and control the sepsis.

9th Day.—Post-mortem $2\frac{1}{2}$ hours after death, made rather hurriedly and in failing light. The findings of interest were as follows: Abdomen tympanitic. Fresh adhesions through the whole intestines, with considerable purulent fluid. Stomach contracted to one-quarter normal size. Dense adhesions between colon and liver. The gall bladder normal in size, thickened, and the seat of an empyemia. Contained several

faceted gallstones, about $\frac{3}{8}$ in. in diameter. A fistula bimucosa of uncertain diameter connected the gall bladder with the duodenum. The intestinal incision was found in the jejunum, four feet from the duodenum, closely adherent to the abdominal wound. A gangrenous area $\frac{3}{4}$ in. wide ran up the intestine from the incision nearly five inches. For a distance of three feet below the incision the intestine was reduced to about one-half its normal caliber, while at and above it the gut was dilated and thickened, apparently from hypertrophy of its muscular walls. A tumor, size of the fist, consisting entirely of calcareous matter, was found posterior to the uterus.

It seemed worth while to report this case to you, because of a discrepancy between experience and statistics, and for the sake of certain lessons it offered those who shared in the care of it. The standard works on surgery hardly mention this subject; even Cheyne, who gives a paragraph to it in his sixth volume, is most misleading. The investigator must depend entirely on current literature for his information. Yet Osler assures us, quoting Fitz, that intestinal obstruction is due to stone once in thirteen times, based on a collection of 295 cases.

During the last ten years, 8 of the 360 cases of obstruction treated at the London Hospital were due to this cause—six women and two men.

Gibson, *Annual of Surgery*, 1900, has collected 1,000 operated cases reported in *Medical Literature* between 1888-1898. Of these, 40 were due to stone; the youngest was thirty-five, and only 7 were under fifty years of age. In 18 cases there was a history of gallstone; the largest stone weighed $3\frac{1}{2}$ oz., the smallest 170 gr.

According to Naunyet, spontaneous movement of the obstructing calculus ultimately effects recovery in 50 per cent of the cases.

Indeed, Elsner, in *Transactions of the Medical Society, State of New York*, 1898, reports the passage of a stone *via* nat. $5\frac{1}{2}$ in. in circumference and 3 in. long. One year later the

same woman passed spontaneously another stone 3 in. in circumference and 2 in. long.

Yet in the 10 cases operated at the London Hospital, the largest stone was $2\frac{1}{4}$ in., the smallest $\frac{7}{8}$ in., in diameter, and all the others were less than $1\frac{1}{4}$ in.

It therefore seems to me reasonable to believe that a complete obstruction is ordinarily due rather to an abnormal narrowing of the caliber of the intestine at the point of obstruction than to the size of the stone. This was certainly true of the case reported to you. Lewis' interesting experiments would support this belief, for he found that with dogs any body which could be forced into the intestine would pass spontaneously and without the production of serious symptoms, provided it had no lacerating projections. In each of the 3 cases reported by Barnard (*Annals of Surgery,* Vol. XXXVI) the stone rested on a distinct septum, narrowing the caliber of the gut.

Although the enterolith usually finds its way into the gut by the ulceration of a gallstone through the intestinal wall, less than half the cases reported present any history of biliary disturbance, or present symptoms which attract attention to the process going on. The onset of the obstruction is usually sudden. Pain, tenderness, distention and collapse are less marked than when it occurs from other causes, and the severe continuous and profuse vomiting is likely to be the most prominent symptom. Even this, in the case reported to you, was misleading.

Unfortunately, for an early diagnosis constipation is likely to be illy marked, and the occasional passage of gas encourages a delay until urgent symptoms develop.

In closing I wish to call your attention to certain mistakes which we made in the case, that you may profit by them. The first one, the delay in operating, will always occur when the patient is old and frail, for on such a subject operative interference will be delayed until the diagnosis is certain. The condition of the pulse and the apparent futility of our

efforts hurried the preparations and some of the steps of the operation, to the detriment of its success. The incision in the gut should not be made directly over the stone, for the intestine, even if not gangrenous, is inflamed and edematous, and union will be less certain than if the opening is made a short distance above the point of obstruction. There will be no difficulty in forcing the stone back to this point.

DISCUSSION.

Dr. G. Forrest Martin: My own experience is limited to two cases.

The remark made at the close of Dr. Fisher's remarks, as to point of incision, I think is of sufficient importance to repeat and emphasize. The incision should be made above, rather than directly *over*, the obstruction, to insure a healthy union.

Another point in his paper, to which I wish to refer, is the statement that the obstruction is due to the enterolith reaching a point where there is an abnormal narrowing of the intestine. An obstruction from stones of one kind and another is sometimes due to the spasmodic contraction of the circular fibers of the intestines upon the growth, rather than to a pre-existing cause; this spasmodic action of the intestines holding the stone, interfering with the circulation and causing a constriction. Dr. Fisher stated that the obstruction takes place as a result of a pre-existing constricted condition of the bowel. In his case the symptoms at first were mild, then gradually worse; at first, gas and then some fetid material passed when medicines or an enema had been given. The obstruction grew worse, the tissue about it thickening, and the increased growth bears out the supposition that his case was more or less chronic. The cause had existed before his attention was called to it. This thickening of the intestinal walls, due to engorgement of the blood-vessels and increased peristaltic action of the intestine, would seem to indicate that the stone had been in the location where it was found for a considerable

length of time. These facts, with the finding at the post-mortem examination of a narrow fistula, opening between the duodenum and the gall bladder, show where the obstruction was originally located. Instead of an enterolith, primarily, he dealt with a gallstone. In support of this point, he stated that the growth proved to be largely cholesterin. The fact that a stone of that size could form and lie there a sufficient time to produce obstruction, inflammation, adhesion and, finally, a fistula without the patient calling herself sick and not calling attention to it, shows how little we know about some gallstone cases unless we examine cases post-mortem. A great many people have gallstones, in great numbers and of large size, without knowing it, and they do not have any trouble from them unless the obstructions get out of their original location. Safe to say, a stone of this size could not have passed into the intestine by any natural channel. Primary enteroliths generally contain a hard substance, such as a nutshell for a nucleus, and then layers of lime salts and hardened feces, and are not made up of the same substance as in the present case. Early operation probably offers the best chance in these cases. In deciding this question, one writer has tersely said: "The question is not, Where is the obstruction, or what is its cause? but, *Is there an obstruction?*"

I am quite aware that patients of this kind are usually opposed to operation, and that lives are often lost because the patient's consent to operate early cannot be obtained. In cases which refuse operation, the treatment may be a failure whatever we institute, but I wish to refer briefly to the use of atropine in the early stages of a case, like the one related, where there is a spasmodic condition. Some success may be obtained from hypodermic injections of atropine, because of its effect upon the peristaltic movement of the bowel, in the very early stages of an obstructed case, and also in some cases of strangulated hernia, where operation is refused.

Dr. W. U. Emery: Several years ago I had a case of fecal vomiting. An examination showed an enterolith, which

obstructed the bowel, causing a slight amount of inflammation in the vicinity. A longitudinal incision was made, and an enterolith taken out, and bowel closed by Halsted suture. Patient made an uneventful recovery. The enterolith was the size and shape of a pullet's egg, was composed mostly of cholesterin crystals, and wedged in the lumen of the bowel so firmly that it could not be dislodged until the incision released it.

Dr. H. A. Whitmarsh: I would like in this connection to mention a rare case, beginning apparently as fecal impaction, and so perhaps not strictly one of enterolith; yet so calcareous and dense had the masses become, that in gross appearance, as indeed to all intents and purposes, they were stones. They were four in number, the size of horsechestnuts, lying perhaps 2 in. above the anus; so imbedded in the tissues, and so immovable, as to seem to be outgrowths from the sacrum. Great hypertrophy of the sphincter had resulted from tenesmus, more or less constant for more than a year. Patient had suffered also from chronic diarrhea. Under ether these stones were dislodged, but with difficulty, and by use of considerable force.

Dr. J. Emmons Briggs: I have had two cases in my own experience of obstruction from enterolith, and both followed by very severe symptoms of intestinal obstruction.

Case 1.—Nov. 2, 1901, I was called in consultation, after an old-school physician had exhausted his resources in trying to obtain a movement of the bowel. The patient, a woman seventy-six years of age, was vomiting when I saw her, and had been vomiting for about three days, material fecal in character. Her condition was desperate. The abdomen was distended, and a little left of the median line a bunch was quite demonstrable. She was brought to the hospital. I made an abdominal incision and came directly upon an enterolith in the jejunum; cut down and removed it. It was made up of a hard material in the center, the outside layers of inspissated fecal material. It was quite friable and broke easily

as it dried. The fecal vomiting stopped after a few hours and the patient made a very excellent recovery.

Case 2.—Dec. 8, 1903, a woman about sixty or sixty-five years of age entered the hospital, having had symptoms of acute intestinal obstruction for nearly forty-eight hours. She was vomiting a greenish-yellowish material, very offensive, and contained a large quantity of feces. Her pulse was quite high, 120; temperature, normal. Upon examination of abdomen I could detect a bunch to the left of the umbilicus. I do not believe I felt the enterolith, because the abdominal wall was $2\frac{1}{2}$ in. thick. I decided to cut down, and came quickly to the intestine, which was very much distended; the lower bowel was collapsed. When small intestine is seen to be enlarged, and below an intestine entirely collapsed, it shows there is some obstruction. We sought for the obstruction and found an enterolith in the small intestine. I made an incision directly over the enterolith, and it came out very easily.

The operation took place at two o'clock, and the patient stopped fecal vomiting towards night. Her temperature is normal, and pulse 95.*

Dr. Fisher: My proposition that the obstruction is primarily due to pathological narrowing of the caliber of the intestine, rather than to the size of the stone, is based upon the findings reported in the paper and upon two other points: (1) That stones as small as $\frac{3}{4}$ in. in diameter have produced a fatal obstruction, and (2) upon the studies made by Fitz (I think), who has found such pathological narrowing extremely common in his autopsies. In my own limited experience I have made two post-mortem examinations illustrating this. In the first, a middle-aged woman, nearly the whole of the small intestine had contracted to the size of a lead pencil. In the other, an aged man, there were three or four short sections of intestine contracted to less than one-third the normal diameter.

* Dec. 18, patient has a normal temperature and pulse, and is now out of danger.

A FATAL CASE OF TETANUS TREATED WITH ANTI-TETANIC SERUM.

BY J. W. HAYWARD, M.D., TAUNTON, MASS.

[Read before the Massachusetts Surgical and Gynecological Society, Dec. 9, 1903.]

On the 24th of August, about 6 P.M., I was hastily summoned to see E. L., who had met with a serious accident. The case was about two miles away, but I was there in less than fifteen minutes after receiving the call. Still I was none too early.

I found a young farmer, about twenty-eight years old, in perfect health, but, as a result of hemorrhage, with blanched face, pulse faint, and flowing. The removal of an emergency ligature from the wounded arm showed that the right forearm had been nearly severed by a circular saw, the hand and two-thirds of the forearm dangling, held only by a small, undivided isthmus near the elbow. A careful examination of the proximal end of the wound showed that hemorrhage had ceased, and I made a hasty temporary dressing, put him to bed and proceeded to investigate.

I found that he had attempted to adjust a circular saw to the rear end of a farm wagon, which contained the propelling engine. Thinking he had made it secure, he started the engine to a speed of several hundred revolutions per minute, and as he approached in the rear to try its power upon a stick, one end of the shaft of the saw tore from its attachment, and the saw jumped at him and caught him near the junction of the lower and middle one-third of the ulnar; passing upward, it severed the ulnar and forearm diagonally, leaving only a narrow isthmus of soft tissue and the radius near the elbow intact. It then passed on up the arm, neck and face, showing each tooth-mark as it skipped along.

About two hours later, under an anesthetic, assisted by Drs. J. A. Hunt and Walter B. Hayward, we made a more thorough examination, washed out a large amount of dooryard dirt (which was evidently deposited there when he fell), ligated the ulnar artery, also the severed bone, sutured the muscles and part of the skin wound, applied a splint, to steady the arm,

and put him to bed. I made him two visits on the following day, and one on the morning of the 26th, and thought him in every way very comfortable, with nothing to cause regrets at our efforts to save the arm. On my evening visit, only forty-eight hours after the accident, I noticed suppuration at a point near the middle of the wound in the forearm. I divided the sutures at that point and syringed the wound most thoroughly, which was repeated thereafter every three hours by the nurse. The 27th and 28th everything went well. Toward night, on Saturday, the 29th, the patient complained of a feeling of stiffness of his neck, which he said was a rheumatism not unusual. I gave rhus tox. The following morning (Sunday) the muscles of his neck were rigid, and he complained of a feeling of stiffness of the temporal and masseter muscles, and I gave conium. Later he felt showers of pain in neck and jaws (not severe). Recognizing the disease as a certainty, I gave carbolic acid, to alternate with conium, and saw him again late in the evening; no apparent change, except that the showers of pain (or something, as he called it, which he could not describe) extended to the left chest. On the following morning (Monday, the 30th) the alarming symptoms had become more pronounced, and I procured, in Boston, some anti-tetanic serum, fresh from Pasteur's, and returning to my patient as quickly as possible, immediately injected 1,500 units, and two hours later 1,000 more. At this time the muscular rigidity was intense, and the paroxysms were accompanied by convulsions. Five hours later, on the morning of the 31st, I injected 1,000 units more, and during the day 1,000 more; but the patient rapidly failed, and died convulsed, early on the morning of Sept. 1. I ought to say that the most distressing symptom which occurred during the entire sickness was the terrible dread and expression of abject terror which preceded the terrible feeling at his heart in each paroxysm.

DISCUSSION.

Dr. A. H. Powers: Reviewing the case, all of us would have advised amputation of the arm, which at the time was

not to be thought of. I do not know that it is possible to avoid an occasional case of this kind. One thing I might suggest is that, since the tetanus germ requires closed spaces for its multiplication, in infected wounds, where tetanus is to be feared, the freest packing and drainage are things of utmost importance.

Dr. J. P. Stedman: I would like to speak of a case at the Brockton Hospital. I was not unfortunate enough to get a case of tetanus, but I was very much scared.

A little boy was putting tacks into a heeling machine, his hand caught, and the second phalange of the right thumb was crushed to pieces, and the thumb left hanging by a small isthmus of flesh on the underside, but the artery was intact. I trimmed the slivered bone down nearly to the joint, removed the other end of the phalange, and saved all the under surface of the ball of the thumb for flap, brought it up over and closed the wound. The little fellow made a good recovery, and was doing so well that I sent him home in three days. The following night he was taken with a chill, temperature 103°, redness and pain in wound, and was returned to the hospital. I opened up the wound and found pus around the bony surface; redressed it after soaking in creolin solution. Later the nurse stated that he was complaining terribly of toothache. I went as quickly as possible, and found the little boy's jaw muscles quite rigid. I then opened up the wound, turned back the flap, curetted, cleansed it of pus, dressed the wound and gave him hypericum 2x dilution. The next morning his toothache was gone; the wound granulated, and the patient has been discharged cured.

My first thought was that I had a case of tetanus, but subsequent results would tend to show that the parotid gland was slightly involved.

Dr. J. W. Hayward: I have had the misfortune to see several cases of tetanus in the course of my practice, and all but one have been fatal. If we treat with special reference to homeopathic indications, strychnia has been suggested as

its similimum, but with me it has been wholly disappointing. In the only recovery that I have seen, the patient was kept under the influence of chloroform. I regret in this case that I did not amputate the arm. If I have another severe wound filled with dooryard dirt, I shall think it likely to develop tetanus, and I hope God will forgive me if I do not amputate.

Hoarseness from Speaking or Singing.—The indicated remedy should be administered from the outset, and as aconite is oftenest indicated during the first stage of any inflammatory affection, and especially if caused by exposure to cold or by straining the voice, it easily and naturally heads the list. The mental symptoms of fear, anxiety and restlessness will usually be present to confirm the choice.

Belladonna may follow aconite, or may be the only remedy from the first if the affection is distinctly right sided, with headache, flushed face, bounding pulse and dread of noise, light and jar are present.

Ferrum phos. may supplant aconite if the anxiety, fear and restlessness are wanting.

Causticum has aphonia, complete or partial, from paralysis or paresis of the abductor or tensor muscles, and is often accompanied by cough, with escape of urine, from paresis of the sphincter vesica; aggravation from east wind.

Mercurius has much soreness of larynx and trachea, with metallic cough in twin explosions; all symptoms worse at night, etc.

Phosphorus has aphonia, with sense of weight on chest; much soreness of larynx, which prevents phonation, and cough worse from cold air or attempt to use the voice.

If caused by straining the voice, aconite, arnica, rhus or cimicifuga may be studied.

Homeopathic Eye, Ear and Throat Journal.

EDITORIALLY SPEAKING.

Contributions of original articles, typewritten if possible, society reports, news items, etc., should be sent to the editor, A. Temple Lovering, M.D., 10A Park Square, Boston. Articles accepted with the understanding that they appear only in the GAZETTE. News items and reports must be sent in by the tenth of the month. Books for review, journals, subscriptions and advertising matter should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

THE HEALTH OF OUR ARMY.

Within the past few months, Surg.-Gen. R. M. O'Reilly's report for the year ending June 30 has been published, giving reliable information about the health of our army. The account is by no means satisfactory. It chronicles the fact that the percentage of illness on account of the use of alcohol was 24.78 per 1,000 of white soldiers, and that venereal disease has increased to an alarming extent. In 1902 there were 13,000 cases due to this cause, equivalent to 160.94 per 1,000.

The report says: "It is impossible not to attribute a large part of the steadily increasing venereal diseases to the loss of the canteen, where the soldier, if he so desired, could get his beer throughout the month, but was not subjected to the temptations to intemperance and vice now attending on the expenditure of a full month's pay at the low resorts infesting the outskirts of our military reservations."

Now who is immediately responsible for "the loss of the canteen"? There is no one, lay or professional, who does not know that the canteen was closed because of pressure brought to bear upon the government authorities by the Women's Christian Temperance Union and kindred organizations. The cry was raised that the government was giving its endorsement to the sale of beverages that poisoned body and soul.

For the well-advised work of the Women's Christian Temperance Union and other similar bodies we have the greatest respect, and are sincere believers in the good they have accomplished, and in the great need for well-directed efforts to further temperance in our midst; but the arbitrary or ignorant exercise of power we would as heartily condemn, whether exerted by an organization or an individual. We believe

the coercion which brought about the closing of the canteen well merits such a characterization. We believe that such interference was, in the extreme to which it was carried, absolutely unjustifiable.

Alcohol will poison and even destroy body and soul when used in excess, and often, very often, when used in so-called moderation. But from the homes of those who would never acknowledge any approbation of intemperance, go forth into the ranks of the army the men who use alcoholic beverages to a limited or greater extent; go forth men who do not drink at home, perhaps, but who drink more or less when away and influenced by example, by invitations to drink, by weariness or exposure, and last, but by no means least, in connection with the gratification of other physical desires. Again there are men who drink little, and not to the extent of any marked injury to themselves or others, but who, if forbidden an occasional glass, will resent the prohibition, and when free will wantonly abuse their opportunities. What have the fathers and mothers of these men done to prevent the development of such tendencies and their expression? Have they lent their aid actively or tacitly to the abolishment of the canteen? Perhaps yes. Have they taught our rank and file, from the cradle to manhood, to fear God, to pray and strive every day of their lives to keep their bodies clean, their souls clean, their minds clean? Possibly yes. Have they taught these men, as children, the plain facts about the sexual development of their bodies, the right use of the organs of generation, the damning penalties, to themselves and others, sure to follow disregard of God's laws, the degradation of their manhood and the degeneration of bodily functions resulting from the unnecessary use of alcohol? Have they enforced the laws of hygiene, fed their boys plain, unstimulating, well-cooked food, provided proper recreation, required reasonable obedience, early hours at night, and sufficient systematic work? Probably no. Have they, as citizens in civil life, exerted an intelligent influence looking to the promotion of a

restricted sale of intoxicating beverages? For in their own towns, cities and state it might be supposed they would be most competent to exert a controlling influence, most imbued with a sense of their obligation to do so, and most active in exercising their power.

The Bureau of Temperance Research has recently made the statement that, in 1902, 31 per cent of the registered voters in the thirty-three cities of Massachusetts did not vote on the license question. It is unnecessary for us to comment upon this interesting piece of information, or to suggest that possibly other states could make no better showing.

Temperance organizations may say, What has this arraignment of the mothers and fathers of our soldiers to do with us? The former do not belong to our organizations. We do not know how large a proportion do or do not, but we claim that whether they do or not, the education of all children and all adults is very much the business of every advocate of temperance. The drastic measure of preventing the sale of beer and light wines in army canteens is a futile attempt at lopping off the crooked branches of a growth whose roots extend in all directions, without adequate attempts being made for their removal. These roots receive nourishment in the homes and schools of the people: in the former chiefly, and as already indicated; in the latter, by senseless requirements of teachers, that they shall teach that alcohol is always and invariably a poison. Text-books containing this untruth are too often forced upon school authorities. No good cause was ever benefited by a lie or an evasion of truth. No training is given in our schools upon the great fundamental facts of the development and functions of the reproductive organs. This, too, is wrong, though we have no space in which to indicate the extent of the evil wrought by the suppression of facts, than which there are none of greater importance to our race and country.

We unwillingly leave this topic, to revert to the subject of temperance in the army. Those who are unable to controvert

the overwhelming evidence obtainable from all departments, showing increase in drunkenness, desertions, venereal diseases and offenses, due to drunkenness, since the closing of the canteen, comment upon the tremendous increase in saloons and places of prostitution near military posts, by the general statements that these disgraces to civilization should be put down with a strong hand. So they undoubtedly should; but this can only be done by such means as the law, noted for its tortoise-like rapidity and labyrinthine directness, furnishes, and by the far more effective processes proceeding from within. We mean the generally disseminated spirit of honest desire for the extinction of the deadly evil of bestiality, in whatever form it finds expression. We need that every heart should be a god-fearing heart in this great republic; that every mind should be an enlightened mind. We need a persistent, well-directed, everyday grubbing by each man and woman in his own vicinity, as well as within a larger radius, at the roots of the tree of evil.

In the case of a specific matter, like the canteen, theory and sentimentality should not be allowed to conflict with administration based upon experience and the knowledge possessed by military experts, who are specialists in their profession, and who may reasonably be supposed to have the efficiency and reputation of the army at heart. The medical profession, as an educated class, and class of educators, is unquestionably called upon to exert its influence in the creation of an impartial, enlightened and productive public sentiment in this and other related matters bearing so directly upon public health and public morals.

SOCIETY REPORTS.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

The regular meeting of the Society was held in the hall of the Boston Society of Natural History, Thursday evening, Feb. 5, 1904, at eight o'clock, the President, J. Emmons Briggs, M.D., in the chair.

The records of the last meeting were read and approved.

S. Ella King, M.D., Brookline, was proposed for membership.

The following physicians were duly elected to membership: Orville R. Chadwell, 80 East Concord Street, Boston; Hubert T. Dean, 9 Chester Street, Readville; Eudora M. Farnham Whitney, 103 Dudley Street, Medford; Grace Atkins Jordan, 1 Main Street, Malden; Ernest M. Jordan, 1 Main Street, Malden; Herbert E. Maynard, 76 Church Street, Winchester.

REPORT OF THE SECTION OF MENTAL AND NERVOUS DISEASES.

F. P. Batchelder, M.D., Chairman; Lucy A. Kirk, M.D., Secretary; Percy G. Browne, M.D., Treasurer.

GENERAL SUBJECT.

"Practical Experiences with Well-known Homeopathic Remedies in Mental and Nervous Diseases."

1. "The Specialist." Edward P. Colby, M.D. Remarks by N. Emmons Paine, M.D., and Frank C. Richardson, M.D.

2. "The General Practitioner." Charles H. Thomas, M.D. Remarks by John P. Sutherland, M.D., Frederick B. Percy, M.D., and J. Herbert Moore, M.D.

Discussion (Dr. Colby's Address).

DR. RICHARDSON: I accepted an invitation to say a few words, for the purpose of having an opportunity to speak in endorsement of the use of bryonia and hellebore in cases of meningitis. The pathogenesis of hellebore and bryonia you know as well as I, and you know its indications in cases of

meningitis. I simply want to state that experience has fully confirmed the usefulness of these drugs, when indicated, as they are very many times, and I have many times seen very desperate cases yield to these drugs, even when the temperature was so high as to make the case seem unfavorable. In one case the temperature was 107°, and there were all the symptoms of very extensive and severe pressure; yet the case improved steadily under the use of hellebore, and recovered. I have had every reason to think that it was a case of tubercular meningitis, and had to change my opinion because the child under these remedies recovered; and that, many times, has been the point of differentiation: if the patient died, it was tubercular meningitis; if he recovered, it was meningitis. The use of those remedies in meningitis has been so successful, bryonia in the first stages, and hellebore in the later stages, with the very marked symptoms of pressure, and even coma with rigidity, and the result has been almost uniformly gratifying. Of course, there are cases where nothing does any good, and I have had disappointment; but the successes have been so frequent and so marked, that I have been very glad of an opportunity to make a public statement of them.

REPORT OF THE SECTION OF ELECTRO-THERAPEUTICS.

F. L. Emerson, M.D., Chairman; Lucy Appleton, M.D., Secretary; C. T. Howard, M.D., Treasurer.

1. "The Therapeutic Effect of the Electric-light Bath." George H. Talbot, M.D. Discussion by Frank C. Richardson, M.D.

2. "Some Clinical Experiences in Treatment of Skin Diseases with X-Ray." John L. Coffin, M.D. Discussion by Benjamin T. Loring, M.D.

Dr. Talbot was unable to be present, and his paper was read by Dr. Frank C. Richardson.

Discussion (Dr. Talbot's Paper).

In discussing this paper, Dr. Richardson said he had been

very much interested in watching the effect of this application of electric-light bath, and desired to confirm the beneficial effects, noted in the paper, obtained from the bath.

Discussion (Dr. Coffin's Paper).

Dr. Loring: The extreme optimism regarding the use of the X-ray has not been, to any extent, of Boston origin. On the contrary, the profession here, as a whole, have been, and are to-day, markedly conservative. Philadelphia and Montreal have been almost equally so; New York and Chicago being at the opposite extreme.

It seems to me that the conclusions drawn by Dr. Coffin from the comparison of cases treated with and without the X-ray are inaccurate, because the number of cases treated is so small that one case, or a few unusual cases, is sufficient to make the average far larger or smaller than it would be with a large number of cases.

On the body, where an ointment was rubbed in every night, the improvement was, however, very marked.

My own experience with skin diseases, aside from observation of many of Dr. Coffin's cases, by his courtesy, has been entirely with cases of long standing, which have not responded satisfactorily to the hitherto accepted measures. While, in all, the X-ray has been the principal agent used, the ordinary measures have not been neglected. The cases are representative.

Case 1.—Woman, aged twenty-six, acne appeared at puberty, and has continued since. Previous treatment: Six months of daily treatment of face, as directed by skin clinic at Massachusetts General Hospital; two months under general practitioner, using curette and Dr. Coffin's acne lotion, as put up by Otis Clapp. Result, slight improvement. Number of X-ray treatments, nineteen in three months; total time exposed, $1\frac{3}{4}$ hours. Result, very great improvement.

Case 2.—Woman, aged sixty-six, acne since seventeen years old. X-ray treatments, twenty-one, extending over

seven months; total time, one hour forty-three minutes. Result, very great improvement.

Case 3.—Woman, aged thirty-four, slight case of acne rosacea; duration, five years. Previous treatment, usual acne methods. Eleven X-ray treatments, extending over four months. Result, cure.

Case 4.—Man, aged thirty-four, eczema of beard; duration, three years. Previous treatment, by the best old-school specialists, constant and ineffective. Seventeen X-ray treatments, extending over 3½ months; total time, one hour forty minutes. Result, cure.

Case 5.—Man, aged forty-four, thickened and crusted area on leg; duration, twelve years. Previous treatment, constant and ineffective. Eighteen X-ray treatments, extending over five months; total time, one hour thirty-six minutes. Cured.

Case 6.—Woman, aged sixty-four, psoriasis; duration, three years. Ordinary treatment, ineffectual. Forty-nine X-ray treatments, extending over 3½ months; total time, five hours sixteen minutes. Cured.

Case 7.—Man, aged fifty-seven, epithelioma; duration, ten years. Size, 3 x 5 c.m. Entirely healed in eleven X-ray treatments. Given twenty-two treatments. Recurred after six months, but reacts equally well to X-rays.

These results, in the less serious skin diseases, are more uniform than those obtained in cases of lupus and epithelioma. One case of lupus did not improve at all. One case of epithelioma, now under treatment, shows very little or no effect after many treatments. In the main, however, these troubles react promptly and satisfactorily. Recurrences do occur, as is true with every other method, but recurrent cases seem to yield to treatment equally as well as the primary trouble. As the exposures have been far short of that necessary to cause any inflammatory reaction, the risk to the patient has been very slight indeed.

It is my opinion that while the indiscriminate use of this powerful agent will grow less, that its intelligent use in proper

cases will increase, and that even now it has achieved for itself a permanent and prominent position in the treatment of diseases of the skin. The article by Stelwagon of Philadelphia, which Dr. Coffin has characterized as just and temperate, so exactly expresses my present belief, that I would like to read his conclusions. He says: "Coming now to the part of the subject which, after all, is the end of all our efforts,—the cure of diseases,—one naturally asks to what extent have the Röntgen rays enhanced our therapeutic resources. I should say, judging from my own somewhat limited experience, that it has done so quite materially.

"In acne cases I have used the X-ray treatment in quite a number of cases, and have found it useful. The cases which seem to be most favorably influenced are those of the sluggish indurated type.

"I have now made use of the X-rays in quite a number of cases of psoriasis, employing it only in those cases of considerable surface involvement of rebellious type. It certainly promotes the disappearance of the eruption in most instances.

"In eczema my experience has been a moderate one, but it has been such as to give it some value. The cases chiefly treated were those of a persistent and recurring type.

"I can only add that we have in the X-ray a potent remedy, in some cutaneous diseases, which finds its first importance in the treatment of some of the epitheliomata; that it can be also productive of benefit, and even cure, in some cases of lupus, scrofuloderma and other forms of cutaneous tuberculosis, and will probably prove of permanent curative influence in some cases of lupus erythematosus. In other skin diseases, more especially acne of stubborn type, and in acne rosacea, its effects are occasionally brilliant; and in certain limited keratoses, especially of the palms and soles, it may be resorted to with a good chance of its being beneficial, and occasionally curative. The same may be said probably also of the local forms of hyperidrosis. In eczema, psoriasis, and other like comparatively inoffensive dermatoses, I should

reserve it for those cases which prove intractable to other plans of treatment. Finally, while recognizing the great value of this therapeutic agent in dermatology, I hesitate as yet, from my own relatively limited experience, to subscribe, without reservation, to its possession of the almost marvelous powers accredited to it by other writers in so large a number of dermatoses."

Adjourned at 10.20 o'clock.

H. O. Spalding, *Secretary.*

Eucalyptus in Nasal Catarrh.—In the treatment of subacute and chronic catarrh, used internally and as a spray, eucalyptus will remain one of the greatest remedies. With increased mucous secretion, excessive secretion of saliva, also throat relaxed, with constant sensation of phlegm, posterior nares inflamed and smarting, purulent and fetid discharge, cough accompanying this catarrh, it is the remedy that will speedily show its beneficial action. It has cured cases where there was continual profuse mucopurulent discharge from anterior and posterior nares, with consequent mouth breathing. It acts best when the catarrhal state is worse, in winter, and better in hot weather or dry cold weather (Dr. Werder).

I desire to recommend the more extensive use of eucalyptus in the lower potencies (tincture to 6x) in the treatment of catarrh, acute and chronic, according to the indications given.—Dr. Wm. Boericke, in *The Pacific Coast Journal of Homeopathy.*

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

PORTFOLIO OF DERMOCHROMES. By Professor Jacobi of Freiburg im Breisgau. English adaptation of text by J. J. Pringle, M.B., F.R.C.P., Physician to the Department for Diseases of the Skin at the Middlesex Hospital, London. New York: Rebman Company. 1903.

There have been published within the past few years so many atlases of diseases of the skin, most of them excellent, that it would seem as though any further efforts in that direction were superfluous. The "Portfolio of Dermochromes," by Professor Jacobi, fully disproves this statement. Examination shows at once its *raison d'etre*. The illustrations deal with the common, not the rare, diseases, and with the common, not exceptional, type of each disease; the coloring seems to be as near nature as it is possible to produce, and what is especially valuable, is that the coloring is not, for the most part, exaggerated.

In many of the commoner diseases, three or four pictures of the more usual types are shown. All the illustrations are of such excellence, it is difficult to select any special examples. The plates of lupus erythematosus, lupus vulgaris, erythema multiforme, lichen planus and the acute exanthemata are especially satisfactory. We cannot commend, however, the illustration of dermatitis herpetiformis; it shows only one type of the disease, and, in our experience, the least frequent.

The descriptive text is not extensive, but plain and condensed, and gives in few words a graphic description of the clinical picture. There are 86 plates and 156 illustrations.

We consider that this book has no superior; at least, among all the recent illustrative works on dermatology.

The price, $16 for the two volumes, is very reasonable.

A SYNOPTIC TEXT-BOOK OF ZOOLOGY. For colleges and schools. By Arthur Wisswald Weysse, A.M., Ph.D. (Harvard), Instructor in Zoology at the Massachusetts Institute of Tech-

nology, and Associate Professor of Physiology at Boston University. Illus. New York: The Macmillan Company. 1904. pp. 545. Price, cloth, $4.00 *net.*

With books on zoology written for young people, or for pupils without special mental attainments, our readers are familiar, also with works entering into exhaustive discussions of all branches of this subject.

To neither class does Dr. Weysse's text-book belong; it is not elementary and fragmentary, nor prolix and weighed down by minutiæ. It presents in orderly arrangement, with due regard for coherence, and in a volume of convenient size, all that is necessary for a preliminary course in zoology, either for the general student or for the student intending to pursue related studies.

The schema may be briefly indicated. There are two introductory chapters stating clearly and concisely the more important underlying principles of the biological sciences.

In the second part of the book will be found a description of the various animal types,—a description made unusually readable by the mention of many interesting facts concerning such phenomena as commensalism, symbiosis and parasitism, the transmission of malaria and yellow fever by mosquitoes, etc., and the habits and characteristics of various types of animals.

The third portion of the text takes up the general principles of zoology, the paleontological and geographic distribution of animals, theories of evolution, our present knowledge of the behavior of animals, etc. As a text-book, this can be used in both laboratory and field work. It is abundantly illustrated, and exceptionally well indexed. A brief history of the science of zoology puts the reader in touch with its development and possibilities.

Diseases of the Eye. By L. Webster Fox, A.M., M.D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, Pa., etc. Illus. New York and London: D. Appleton & Co. 1904. pp. 584.

The following subjects, whose order we preserve, indicate the scope of this work: Development of the Eye; Anatomy; Diseases of the Eyelids; Lachrymal Apparatus; Conjunctiva; Cornea;

Sclera; Iris and Ciliary Body; Chorioid; Retina; Optic Nerve; Crystalline Lens; Diseases of the Vitreous; Glaucoma; Sympathetic Ophthalmia; Rontgen Rays in Locating Foreign Bodies in the Eye; Diseases of the Orbit; the Relation of Ocular Affections to General Diseases; the Pupil in Health and Disease; Refraction; Extra-ocular Muscles.

The twenty-one chapters covering this ground are illustrated by five colored plates and nearly three hundred other illustrations,—many prepared from photographs of the author's cases. There are also some fine cuts of the nerves, veins and arteries of the eye. Diseases are taken up according to the structures attacked in the order in which they are encountered in going from without inward. This accounts for some novelty in arrangement of subjects. The author's style is simple and clear; to the results of others' work he adds his own, especially in matters of pathology and treatment. The latter includes the best modern methods. Considerable prominence is given to the subconjunctival injection of salt solutions in iritis and corneal ulcers, peridectomy in pannus, grattage in trachoma, etc. Many individual topics are taken up with unusual care; glaucoma, for instance, with a brief history of the disease, past and present methods of treatment, etiology, classification, characteristics of each form, prognosis, and all the minutiæ desired by the general and special worker. The book will be a particularly helpful one to the former.

It has an appendix with cuts of instruments, formulary and glossary of terms.

Social Diseases and Marriage: Social Prophylaxis. By Prince A. Morrow, A.M., M.D., Emeritus Professor of Genito-urinary Diseases in the University and Bellevue Hospital Medical College, New York, etc. New York and Philadelphia: Lea Brothers & Co. 1904. pp. 390. Price, cloth, $3.00 *net*.

We freely and unreservedly give this book our hearty commendation, after a careful examination of its text. There is no book, to our knowledge, in the English language covering the ground so comprehensively. There is certainly no work, large or small, so admirably written, so scholarly, so scientific,

so straightforward, and yet so dignified in its tone, so noticeable for indicating the practical remedies for the evils it enumerates. It is a distinctly new work, representing the best professional knowledge and thought of the present time.

The breadth of Dr. Morrow's outlook, and his grasp of his subject in all its bearings, marks him as exceptionally qualified to discuss the serious problems arising from the alarming prevalence of venereal diseases, and the astonishing general ignorance of the results of their transmission.

The educational, administrative and sanitary preventive measures he advocates are worthy of careful consideration and immediate adoption,—if not in their entirety, then in such selected and modified forms as can be made available in each physician's practice. No reader can fail of obtaining great assistance in his own work from this book. The publishers have given it a most attractive dress.

The Blues (Splanchnic Neurasthenia): Causes and Cure. By Albert Abrams, A.M., M.D. (Heidelberg), F.R.M.S., Consulting Physician, Denver National Hospital for Consumptives, etc. Illus. New York: E. B. Treat & Co. 1904. pp. 240. Price, $1.50

Depression being one of the most prominent symptoms of splanchnic neurasthenia, it seems most appropriate to rechristen this form "The Blues."

The author affirms that the entire question of splanchnic neurasthenia is one of abdominal plethora, dependent notably upon diminished intraabdominal tension, insufficient lung development and a defective vasomotor apparatus. Relief of abdominal venous congestion practically assures a permanent cure, and this relief is obtainable by suggestion, by massage of the abdominal wall, exercises which strengthen the abdominal muscles, respiratory exercises, electricity to the abdomen, abdominal supporters, cold water and hygienic living. Means and methods are described, and illustrative cases cited.

The first half of the book constitutes a brief review of neurasthenia in general.

Infant Feeding in Its Relation to Health and Disease. By Louis Fischer, M.D., Visiting Physician to the Willard Parker and Riverside hospitals of New York City, etc. Illus. Third edition. Philadelphia: F. A. Davis Company. 1903. pp. 357.

We find this book in its third edition practically rewritten, and containing much new and valuable matter. The subject is one of extreme importance, and fully deserving of an extended treatise such as this. Dr. Fischer omits nothing from the anatomy and physiology of the infantile stomach to the last word on diet in summer complaint. The range between is very considerable, with its examination of all kinds of milk, and under various conditions; the different methods of feeding and preparing food, including modified, sterilized and pasteurized milk, milk substitutes; and a careful consideration of certain infant diseases as related to diet, such as colic, constipation, rachitis, scurvy, marasmus, cholera infantum, etc. There is a good dietary, many feeding tables and formulæ. With spring and summer coming, and babies at all seasons furnishing perplexing problems, Dr. Fischer's book will be welcome to doctors and mothers.

The Pathogenic Microbes. By M. Le Dr. P. Jousset. Authorized translation by Horace P. Holmes, M.D. Philadelphia: Boericke & Tafel. 1903. pp. 192. Price, cloth, $1.00.

Professor Jousset's reputation as a scientist is world-wide, and this contribution of his to the states under which the pathogenic microbe presents itself, the role it plays in pathology, the history of its toxins, antitoxins and alexines, will attract attention, and aid us in the elucidation of many points now obscure and in dispute.

In this monograph the specificity and polymorphism of the microbes are demonstrated, and their action studied.

The relative value of the different theories which aim to explain the methods of action is scrutinized, and what the author considers the rational and true explanation is very clearly given, and supported by arguments that certainly appear to have a sound basis upon well-proven facts.

Small as this book is, it contains much enlightenment and matter for thought upon the timely subject of serum therapy.

The Practical Medicine Series of Yearbooks. Vol. III, The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C.M., M.D., D.C.L., Albert H. Andrews, M.D., and Gustavus P. Head, M.D. December, 1903. Chicago: The Yearbook Publishers. pp. 332. Price, $1.50.

More than a third of the present volume is devoted to the eye, to the etiology and identification of its affections, the advance in ocular therapeutics, the nature and methods of application of new instruments and appliances.

A considerable portion of the pages given to the ear treats of the middle ear, mastoid disease and otitic brain diseases.

The abstracts bearing on the nose and throat include reports of cases, and evidence good selective faculties on the part of the editors. The subscription price for the ten volumes published each year is $7.50.

Life and Work of James Compton Burnett, M.D., with an Account of the Burnett Memorial. Compiled by Dr. J. H. Clarke. Frontispiece. London: The Homeopathic Publishing Company. 1904. pp. 142. Price, 75 cents.

Three purposes are attained by the issue of this small volume: a biographical sketch of Dr. Burnett is provided for his friends; attention is called to the memorial professorship of homeopathic practice, to be established, and for which funds are solicited; and, lastly, Dr. Burnett's methods are made clear, and passed on to such of his successors as desire to employ them. Dr. Clarke has discharged his task with great discrimination, and the thanks of the profession are due him for his self-sacrificing labor of love. There must be a considerable number who will take an interest in both reading this sketch and in contributing to the memorial. Mrs. Helen Clarke, 30 Clayes Street, London, W., is Honorary Secretary of the Burnett Fund.

A Study of Man and the Way to Health. By J. D. Buck, M.D. Third edition. Cincinnati: Robert Clarke & Co. 1904. pp. 260.

The author tells us that this volume was designed to lead up to a systematic and, therefore, a scientific and philosophical study of man, "to the discouragement of mere materialism,

and a proper conception of his dual nature. The author attempts to point out the possibility of the improvement of the race, and to suggest the methods and indicate the means by which improvement may be realized. Altruism, he thinks, is the chief remedy,—the one principle in all its bearings that elevates man above the brute, and that enters the conscious life of man as the divinity that shapes his end, inspires his life, and realizes his destiny."

THE SPECIALIST.

DISEASES OF THE NOSE AND THROAT.

Under this heading will appear each month items bearing upon some special department of medicine; next month, "Electro-therapeutics."

Cases of Enlarged Turbinal.—Many cases of enlarged turbinal may be cured by being treated as subacute congestion. Many such cases respond to the internal use of gelsemium, while those of long standing, showing vasomotor paralysis, are helped by nux vomica or strychnia. Attention should be directed to the liver, which is often sluggish. The local use of mild astringents often helps in regaining lost tone.

Exchange.

New Method of Treating Epistaxis.—Male, aged forty-nine, bled freely from a point on the anterior third of the nasal septum. Galvano-cautery, cocaine, adrenalin and other measures failing to stop the flow after three days, the mucous membrane of the septum corresponding to the source of bleeding was snipped off by means of a nasal spoon and curette. This proved effective. Plugging of the postnares is to be deprecated.

Dr. Hunter Mackenzie, in *The British Medical Journal.*

Ichthyol in Dysmenorrhea.—I wish to report two cases of dysmenorrhea in which ichthyol gave absolute relief from

pain, and produced a normal flow *in two cases which had resisted all ordinary treatment.* The remedy was given thirty-six hours before the flow appeared in one case, and twenty-four hours before in the other, as you directed. These patients had been accustomed to remain in bed two days, but did not even lie down during the day.—Dr. Brosius, in *The Chironian.*

Results of Antitoxin Treatment of Diphtheria in the London Homeopathic Hospital.—In the five years *prior* to antitoxin treatment, 58 cases were admitted; 43 cured, 15 died. Mortality, 25 per cent.

In the six years in which antitoxin was used, 148 cases were admitted; 135 cured, 13 died. Mortality, 8.75 per cent.

Thus it will be seen that the mortality of the six years with antitoxin treatment is only a *third* of the mortality of the five years *prior* to antitoxin treatment.

Journal of the British Homeopathic Society.

Tracheotomy.—In making tracheotomy, care should be taken to make the incision exactly in the median line. The muscles should be separated with a probe or with the handle of the scalpel, and the isthmus of the thyroid raised and held out of the way by an assistant, and the tracheal rings incised two or three from below upward. An intubation set should be on hand for immediate use, inasmuch as the retraction of the head necessary for performing the operation is apt to produce asphyxia, as has been already mentioned. For this reason, the introduction of the laryngeal cannula is often a desirable preliminary measure.—Dr. E. H. Linnell, in the *Journal of Ophthalmology, Otology and Laryngology.*

Distinguishing Characteristics of Ozena.—From the foregoing considerations, it seems fair to regard the disease known as ozena as a separate entity, as distinguished from nasal suppurations generally.

These considerations may be epitomized as follows:

1. The invariable occurrence of sclerosis, differing widely

in extent and degree from that occurring in any other nasal condition.

2. The invariable occurrence of characteristic fetor with the crusts, while in other cases of atrophy there is none.

3. The probability that the accessory cavities are secondarily involved, and are, therefore, not to be regarded as the foci of the discharge; though, once affected, a vicious circle may be established, and they may aid in keeping up the flow of pus.—Dr. A. S. Alexander, in the *Journal of the British Homeopathic Society.*

Diseases of the Nose and Throat.—My observations have led me to believe that one of the most common predisposing causes of a large per cent of the diseases that are met with in the nose and throat is associated, if not largely due, to uric acid or other toxic influence from faulty digestion.

We consume too much nitrogenous food, we eat too much meat; the autotoxemic state that follows is quite sufficient to precipitate catarrhal attacks of the mucosa and glandular strictures of the upper-air tracts. Many of the incipient cases that apply to us for treatment would get well without drugs or surgical interference with a rigid correction of diet, exercise and hygienic influences.—Dr. L. C. Cline, in *Annals of Otology, Rhinology and Laryngology.*

Nose and Throat Operations Under Local Anesthesia.—Adrenalin or suprarenal extract, applied just before the operation, deepens and prolongs the anesthesia of cocaine and eucaine, contracts the arterioles, and blanches the tissues to an extent that allows of but little or no hemorrhage. The prevention of hemorrhage is of great help, as it gives the operator a clean field, so that he may clearly see the area of operation. That adrenalin increases the tendency of secondary hemorrhage, is asserted by some, and denied by others of equal authority. My experience coincides with the former. I use it when it is needed to give a clear view for operating; this is of the first importance, but I always expect secondary hemorrhage, and rarely escape it.

Dr. N. G. Ward, in *New York Medical Journal.*

Lipoma of the Tonsil.—Clinically the *diagnosis* of a lipoma of the tonsil can often be made by the appearance of the growth. The large amount of fat it contains gives it the characteristic yellow color. Not that this is pathognomonic of lipomata only, but in connection with other diagnostic features it is an important point. Macroscopically it may simulate a cyst, but the absence of fluctuation, the characteristic color, and the fact that in many of the cases its fatty nature can be detected clinically, are sufficient to make a positive differential diagnosis between them. From an etiologic standpoint, the lipoma is perhaps more closely allied to the teratoma than to any other benign growth of the tonsil. They are both congenital, and in both there are evidences of misplaced tissue.—*Albany Medical Annals.*

Laryngeal Edema: Remedies.—In all cases, and especially in those not tubercular nor syphilitic, good results may be obtained from the use of remedies according to the homeopathic indications. A variety of drugs may at times be called for, but the two that stand pre-eminent in this disease are apis and arsenicum. Each must be prescribed upon its peculiar symptomatology, but in a general way apis should be thought of for the acute form, and arsenicum for the chronic. Likewise the apis is better suited to the cases of a lithemic nature and those produced by alcoholism, while the arsenicum is suited to those showing kidney involvement. These remedies, where clearly indicated, will greatly assist in checking the trouble before the stage of serious obstruction, and sometimes even when asphyxia is considerable their administration will give relief.—*Exchange.*

THE NEW ENGLAND MEDICAL GAZETTE

No. 4. APRIL, 1904. Vol. XXXIX.

ORIGINAL COMMUNICATIONS.

PRESIDENTIAL ADDRESS.

BY WILLIAM F. WESSELHOEFT, M.D., BOSTON, MASS.

[Given before the Boston Homeopathic Medical Society, Jan. 7, 1904.]

The year 1903 has gone by, and a new year has begun. The time has come when we pause in the regular work of our society to consider our present condition, as revealed in the reports of its officers. We also have the pleasure of greeting the new officers elected, and of extending to them our best wishes for a prosperous and happy new year.

One event in 1903, of especial interest to us all, stands out before others, which is the meeting here in Boston of the national society of homeopathic physicians, the American Institute of Homeopathy. We may take some pride to ourselves in that, from the Boston Homeopathic Medical Society came the first suggestion of the Institute making Boston its meeting-place, and that our members were prominently employed in the arrangements for its reception and entertainment. The meeting here of the Institute was most successful and gratifying. Many of us who have been unable to attend these meetings held in other places, have had the opportunity of meeting our colleagues from all parts of our country. We havefound them to be of exceptionally high charac-

ter and ability,—a brotherhood of physicians among whom it is a pleasure and honor to be enrolled.

Another cause for congratulation is that one of our most valued members was honored by being elected president of the Institute,—our own Dr. Sutherland,—and while we extend to him our felicitations, we warmly commend the Institute on the wisdom of its choice.

Our society has, during the year that is past, held its regular monthly meetings in the College Building. We have had excellent programs; the character of the papers has been exceptionally good, and the topics treated of have been generally of very practical value. The attendance at the meetings, however, has, for the most part, been far too light. While the cause for this is not obvious, it certainly warrants our consideration and coöperation in the future, in order that we may have the benefit which membership in this body should and can confer.

It seems to me, in view of this, that it is an auspicious time for a little retrospection and introspection, so that we may appreciate matters of the society as they exist, in comparison with conditions in the past; and profiting from the experiences of the past, lay foundations for improvement in the future.

Thirty years ago two societies of homeopathic physicians in Boston, the Boston Academy of Homeopathic Medicine, and the Boston Homeopathic Society, agreed to join forces, and formed themselves into the Boston Homeopathic Medical Society. The life of our society, therefore, has been passed thus far during the years of the greatest activity in scientific medical research the world has ever known. This activity at home and abroad has resulted in the remarkable developments in medical knowledge, with which we are all more or less familiar, in which we are all deeply interested, and by which we are all largely guided in our battles with disease.

Our society began in 1873 with a membership of 55. The population of Boston then was about 341,000, and the number of physicians in this community was 651; that is, one physi-

cian to about 520 of the population. In 1900, the date of the last census, the population was about 560,000, and the number of physicians had increased to 1,787, or one physician to about 275 of the population. Our society in 1900 numbered 245 active members, so that while the number of physicians had increased three times, the number of the members of this society of physicians professing homeopathy had increased 4½ times, which is an encouraging showing.

The objects of the society were well expressed in its constitution:

1. The improvement of the art of healing in accordanc with the formula *similia similibus curantur*.

2. The encouragement of special studies and reports tending to improve its members in the collateral branches of medicine.

3. The cultivation of more intimate and friendly social relations among its members.

It then wisely provides that "science demands for itself absolute liberty. Hence this society requires of its applicants for membership no creed or confession of medical belief, but only the furtherance of its declared object."

The meetings at first, and for many years, were mainly devoted to a consideration of cases treated in accordance with the law of similars, the pathogenesis of drugs, and their relations to diseased conditions.

There was in those days much active opposition to the practice and practitioners of homeopathy, although the practice had been established in Boston for over thirty years. While a great many of Boston's most cultivated and enlightened citizens were adherents of this so-called new school of medicine, yet it was a time when physicians of the old school were unwilling to meet physicians of the new in consultation, or hardly to recognize them as legitimate practitioners of medicine. This antagonism of the schools existed not only among the physicians themselves, but was often strongly felt by the people among whom they practiced.

This state of feeling seems to me to be well illustrated by an incident that comes to my memory out of the past. In 1873, at a church fair in the New England town where I was then living, the most important event was the voting of a handsome cake to some physician of the town, each vote costing ten cents. The struggle was strenuous. Each new visitor, upon entering the hall, was besieged by partisans of both the leading physicians of the place, one an allopathic and the other a homeopathic practitioner. Party spirit ran high, and we boys even spent our last cents in buying votes. When the count was taken and our doctor, the homeopath, was announced the victor, our enthusiasm knew no bounds, and the cheers of our party, to whose candidate went that cake, I can, in imagination, hear to this day.

This antagonism has now largely disappeared, and the practitioners of our school are generally recognized by the members of the other school of medicine and its adherents as having equal attainments, and as being entitled to equal consideration in every way with themselves.

We owe a great deal to the sturdy, able practitioners of homeopathy, members of this society, for the work they did in those years in establishing the good reputation of our school of medicine, especially when we consider that the attempt made by members of the old school then was to ostracize those whose practice they did not consider orthodox.

At first the meetings of this society were held twice a month. It was decided in 1874 to hold monthly meetings, which custom still prevails. It was also arranged in that year that each meeting should be devoted to some special department of medical science; so bureaus were established, to which different members attached themselves, each bureau to report at one meeting.

As the work of the society advanced, we find our members progressing with the times, and all the different specialties in medicine well represented, as shown by the reports of the meetings.

It was evident that the homeopathic practitioners were not confining themselves to the use of their remedies alone, and leaving to others to advance along the many special lines of medical investigation, but were taking an active part in all this themselves. It was the spirit of the age. The discussion of therapeutic measures, however, was as earnest, but it was more confined to the reports and meetings devoted to clinical medicine and materia medica.

It was inevitable that members of our body should interest themselves in the marvelous achievements resulting from the study of the anatomy, physiology, pathology of the various organs and tissues.

During the seventies there had not been much of interest in surgical topics brought forward, but in the eighties we began to see more attention paid to this branch. The new hospital had been built, and was in process of gradual enlargement. With this enlargement came greater opportunities, as the years went on, for those who had taken up this work. Reports of successful ovariotomies were reported, and other matters in abdominal surgery began to be discussed.

The homeopathic fraternity had now an institution to which their patients could be brought to be operated upon by surgeons of our own school of medicine. I know of nothing that has done more for us as a body here in Boston, than the fact that, by means of the opportunities our hospital has afforded, surgeons have been developed who have shown themselves competent to cope with all the conditions arising in this department of practice. Previous to this development, surgical cases occurring in the practice of men practicing homeopathy here had largely to be turned over to gentlemen of the other school, whose experience was gained in the hospitals to which the homeopaths did not have access.

During the years the meetings had gradually changed, and the old organization, whereby each bureau presented papers for a meeting, had gradually disappeared. By 1892 the entire work of arranging meetings, inducing members to give papers,

and other members to discuss them, had devolved upon the president. This entailed so much work for that officer, that a thorough reorganization was suggested, which went into effect in 1893. The society then established the sections. Each section was to have, as executive officers, a chairman, secretary and treasurer, and each of the sections was to take charge of a meeting. With some slight modifications, this way of managing the meetings has continued to the present day. At the same time it was decided to hold the meetings here in the College Building.

The meetings had been held previously at various halls in the city convenient of access.

This new organization resulted in an improvement in the work of the meetings, which became now systematic and more satisfactory. During the last ten years the advances in all branches of medical science have been mirrored in our papers and discussions. We have, however, in this decade suffered greatly in the loss of some of our most distinguished members, whose presence here had been an inspiration to their younger colleagues, and whose ripe experience lent to their discussions and observations a value we can with difficulty replace. Notable among them we mourn the loss of our first president, Dr. I. T. Talbot, to whose energy and great power of organization this society and all the homeopathic institutions of our city owe a debt of veneration and gratitude.

And now, in the present, are we keeping up to standard of work, and interest in the work, that has come to us through these thirty years? The methods of conducting the meetings has proved satisfactory, and the quality of the papers presented during this past year has certainly been up to the standard of the past. The lack of adequate attendance at the meetings has, however, been marked. This has been due, no doubt, somewhat to professional occupation, and somewhat to temporary indifference. I believe, however, that it is due principally to the want of a convenient meeting-place. There are few less readily accessible locations in our city than is

this College Building, so far is it removed from the convenient routes of travel, and I think we make a great mistake in continuing to meet here. I venture to suggest that we select some hall in some part of the city readily reached by the ordinary means of travel, and that we meet the added expense of this by omitting the publication of the yearbook.

We could still publish a list of our officers and members, and what is of especial value in the meetings could be published in some periodical where it would reach our readers as readily, or more readily, than if published by the society in a yearbook.

I believe the general good would be promoted if the officers of the sections would meet the executive committee, and with their aid form plans for the meetings, decide upon topics, and select members to discuss them. In this way each meeting would probably be made to have a more definite purpose, with a view to the general good, and the arrangements, especially for discussion, would probably be improved.

There is to-day a wide-reaching revolt against the common use of drugs, as evidenced by the multitudes out of health who resort to Christian science, faith healing, osteopathy, etc. Nor is this movement by any means confined to those lacking education.

The old belief of many people, expressed in the formula, "kill or cure," which meant that, in serious conditions, perilous or so-called heroic measures of drug action were alone to be relied upon, has died a natural death. So it seems a particularly favorable time to devote more attention in our meetings to practical homeopathic therapeutics, in which the harmful use of drugs is eliminated, and by which results so positive are gained.

We have a large number of younger practitioners among our members, who are eager to learn from the experiences in practice of others, and thus gain confidence and help in the problems that confront them.

Our society should be a mutual benefit association, wherein

we exchange with others our knowledge and experiences. We all of us take medical journals, which are filled with reports of the progress of medicine in all its branches. We many of us belong to other societies devoted to departments of medicine, in which we are severally interested. In this society, however, all the departments are well represented by the general practitioners, and by those who are following special line of practice. The general practitioners can here learn from the specialist much that is of value; and on the other hand, the specialist can learn perhaps more from the general practitioner, especially in regard to the results and lasting value of special work.

If in the new year we can improve the organization, and by gathering together in greater numbers cultivate still more intimate and friendly relations among our members, which is one of the objects expressed in the constitution, we shall all gain valuable and practical knowledge, which will redound to our own advantage and to the welfare of our patients, who intrust their lives to our care.

THE RELATION OF RADIUM TO THE PRACTICE OF MEDICINE.

BY GEORGE R. SOUTHWICK, M.D., BOSTON, MASS.

The newspapers have given glowing accounts of the results obtained from this wonderful metal, but the actual experience of the profession with it is small, owing to the scarcity and expense of radium. It is found in uranium ores and pitch-blende,—a dull, jet-black rock containing minute shining particles, mined in Bohemia and in a very deep mine in Cornwall. It requires a large amount of ore to produce a small amount of radium. This ore is scarce, and the process of extracting the metal is tedious and expensive. The Austrian government has prohibited the exporting of ore from the Joachim mines, which corners the market to some extent, and

increases the cost of radium to a point beyond comparison with diamonds or rubies.

There are many preparations of radium manufactured, some of which are known by the label, and others by having a unit strength, measured by an electroscope made for the purpose, with polonium as a standard. The French preparations usually are rated at so many units strength. This radium is in the form of fine crystals, resembling fine salt, of a yellowish-white color. The unit strength employed in medicine has been variable, and depends on the method of its use, as mentioned below. Most of the work has been done with 7,000 units and under. One million units was the strongest preparation till within a short time. Recently the unit strength has been increased to 1,800,000 for a very small quantity, reported to be less than two teaspoonfuls.

The German radium is somewhat coarser, brown, and not unlike the color of a light cigar. This is graded according to its purity, but not, so far as the writer is aware, measured by unit strength. Some claim the German make is better, and others the French, but either is good if the quality is right; and it is all important for the buyer to make sure of it, as poor radium is of little if any value to the physician.

The following are some of the important characteristics of radium: It gives off heat, even at the low temperature of liquid air, without wasting its substance. This heat, however, is scarcely perceptible in handling it, and in itself does not cause the burns which it will produce under certain conditions. It imparts radio-activity to other objects. This has been taken advantage of by Dr. King in the treatment of cancer of the stomach with water made radio-active. It gives off a gas which, after standing, shows the spectrum of another element, helium, and is an apparent demonstration of one so-called element changing into another. It gives off radiations of a peculiar character, which, in the dark, make the radium glow, but are not visible in ordinary daylight. These radiations are of three kinds: one resembles the X-rays,

another has been likened to the violet, and the third seems to be peculiar to the metal itself. Only part of these rays penetrate glass, so that treatment through glass as a medium is not as good as through mica, which transmits the rays quite readily. Some metals, especially aluminum, allow the rays to pass through fairly well. The rays discolor glass much the same as X-rays after a time. They make luminous the platino-cyanide of barium screen used in X-ray work, and to a less extent make other substances glow, as the hexagonal sulphide of zinc. Radium in sufficient strength and exposure will burn severely very like the X-rays. The burn is not likely to appear for two or three days, and may last as many months. Objects can be photographed by it, but the writer has not seen the interior of objects, like the bones of the hand, photographed by it. This is not due to lack of penetration, as the writer has been able with German radium to see the rays through two and a quarter inches of copper, which he has not done with the X-ray. The rays have some action on the cerebro-spinal system and nutrition, as shown in radium's destructive effect on mice, moderate exposure removing the fur, and a longer exposure causing death,—grain exposed to it will not germinate. The rays are very prettily demonstrated by the spinthariscope. A small brass tube has a magnifying lens at one end, and at the other end there is a little screen of hexagonal sulphide of zinc, with a tiny crystal of radium, the rays of which light the screen and are magnified for the observer's eye by the lens, when seen in a dark place. All these properties have been observed without wasting or loss of energy of the metal itself, and warrant the well-known remark that radium is the first substance which has placed an interrogation mark against the atomic theory and the conservation of energy.

One serious drawback to the use of radium in medicine is its ready solubility, and the necessity of some means of keeping it and its container absolutely clean for each patient. Sealed metal containers, tubes or buttons serve the purpose at the

present time for using the stronger preparations of radium and short exposures. Adhesive plasters are made containing weaker preparations of radium, and are worn continuously by the patient. These are a great convenience for the patient, who can apply them by directions of the physician. Radium is most often used in the containers mentioned, and has the great advantage of being available for use in the nose, mouth, throat, stomach, larynx, rectum, etc., where the X-rays cannot be used to good advantage. It has been proposed to introduce radium concealed in a trocar into large or deep-seated tumors, but the writer has not seen cases treated in this manner.

Several London hospitals were using radium during my visit there, and good results were obtained in both lupus and cancer. One case of lupus on each cheek and on the nose was treated by X-rays on one cheek, Finsen light on the other cheek, and radium was used for the nose, with much better results than were obtained by either X-rays or Finsen light. The writer has found radium a most excellent remedy for the treatment of X-ray burns. It is too early to make many definite statements regarding the value of radium for the treatment of cancer. It has an undoubtedly good effect, and a number of apparent cures have been reported, but the precise indications for it are not all worked out.

It is likely that it will prove invaluable in treating cancer in some locations, and, like the high-frequency current, the Finsen or ultraviolet light, or vibratory massage, may render most efficient aid to the X-ray in curing some of the most serious and hopeless diseases of the human race. The secret of curing some cases lies in combining these forms of treatment rather than depending on any one alone. When the public realize more fully the benefit to be obtained by prompt and early treatment, the family physician will save the life of many a patient. The successful treatment of early recurrent cancer of the breast or skin is worthy of our most thorough and careful investigation. It takes time. It tries the patience

of both the doctor and his patient. It must be thorough, and be followed up for a time, even when all signs of the disease have disappeared. All cases do not recover, but many do, and these should incite us to our utmost efforts to overcome this frightful scourge to humanity.

TESTING THE SIGHT AND HEARING OF SCHOOL CHILDREN.

BY DAVID W. WELLS, M.D., BOSTON, MASS.

The importance of testing the sight and hearing of school children has been so frequently shown by examination of schools in all parts of this country and Europe, that it would seem to be unnecessary to offer any further evidence on this subject. The examination of hundreds of thousands have demonstrated that about one-third of the pupils in our schools are sufficiently defective in sight to seriously interfere with their health and progress.

The nervous strain and demoralizing effect resulting from the general neglect of this important work have been pointed out over and over again. The question is no longer, "Shall this work be done?" but "*How* shall it be done?" It is argued in an editorial in the *Ophthalmic Record*, February, 1904, that these tests should be under the supervision of the State Board of Health. While this may be the ideal method, such complete organization will necessarily require a long time, and before it can become operative there may be an endless amount of political wire-pulling. Educational boards are almost universally on record as favoring the tests of sight and hearing. As an example of their attitude towards the subject, the reader is referred to an admirable pamphlet, "Notes on School Hygiene," by Mr. John T. Prince, one of the agents of the Massachusetts State Board of Education. It would seem unnecessary to deprive the children of to-day of the admitted benefits while some great system is being perfected. As an

example, our experience in the city of Newton may be cited. A subcommittee of the Newton Education Association, of which the writer was chairman, discussed the subject of school hygiene in a number of public meetings. After mature consideration, the association unanimously recommended to the School Board that it was advisable to test the sight and hearing of our school children. Then the larger subject, of general daily medical inspection, was advocated, and it was argued that the sight and hearing tests might logically be cared for by the inspectors. This recommendation was accepted by the School Board and the Board of Health, but somehow it failed to pass the Board of Aldermen. So two years have gone by, and as yet there is no relief for "those children whose progress in education is so retarded by a physical defect that they may acquire an abhorrence for education, and becoming indolent, begin to develop habits which later result in moral depravity and crime."

Five years ago the writer personally examined all the children in the town of Wellesley,* and by an extensive correspondence with those interested in this work all over the country, by means of the data thus obtained a card was devised and a system arranged by which the tests are made by the teacher. The results are set down on a separate card for each pupil, and this card is passed along with the child at each promotion. Subsequent examinations are entered in the appropriate grade column. Thus it becomes a permanent record of his sight and hearing during his school years.

Some oculist is selected to instruct the teachers. One or two talks will suffice for this, and if any difficulty arises, the oculist can be consulted over the telephone. The only remaining work for him is the examination of the cards after they have been filled out by the teachers. There will certainly be no difficulty in obtaining competent men to do this work gratuitously. The "defective" line is a somewhat

* "Sight and Hearing of School Children," *Journal of Education,* Feb. 15-22, 1900.

PUBLIC SCHOOLS OF QUINCY, MASS.

SIGHT AND HEARING TESTS.

Pupil,.....School.

GRADE	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
Date / Sex / Age	190	190	190	190	190	190	190	190	190	190	190	190
Distant Vision 5 meters Metric System. R												
Distant Vision 5 meters Metric System. L												
Distant Vision with Glasses (if worn) R												
Distant Vision with Glasses (if worn) L												
Near Point for Diamond Type (Centimeters) R												
Near Point for Diamond Type (Centimeters) L												
Color Sense N-Normal D-Defective												
Eyes ache after use?												
Headache?												
Scowl?												
Cross-eyed?												
Red or Crusted Lids?												
Hearing (Watch, inches) R												
Hearing (Watch, inches) L												
Earache?												
Discharge from Ear?												
Mouth Breather?												
Found Defective "S," *Sight, 7 or less* "H," *Hearing 36-50 or less* "D," *Diseased*												
Date of Notice to Parent or Guardian												
Was Notice Heeded?												
Results: Vision Hearing Scholarship Deportment												

Indicate improvement resulting from treatment of defects by "Imp.," great improvement by "G. I.," and no improvement by "N. I."

arbitrary standard, but it has been thought conservative to regard a reduction of vision to seven-tenths of normal sight sufficient to warrant such classification. In hearing, failure to hear at thirty-six inches the tick of a watch, which the normal ear hears at fifty inches, is our standard of defective hearing. The color tests are made with worsteds, Dr. Thompson's set being recommended. Although defective color sense is usually incurable, it is certainly important that the boy should know if it exists before choosing his vocation. The other facts elicited give the oculist who looks over each card valuable information, which often enables him to detect defectives who still have sight and hearing above the defective standard. The writer has fully explained in this journal* how serious eye strain may exist, notwithstanding acute vision, so that by no simple system can all of those who need attention be selected. No attempt is made to determine the nature of the defect, but by this means it is possible to cull out those who cannot see and hear what the teacher has to impart. Evidently this will include all cases of nearsightedness. After the oculist has filled out the defective column, the cards are returned to the teacher, who thereupon sends to the parent the following notice:

.....190

To the Parent or Guardian:

The examination of the sight and hearing of

.....

shows that he (she) is sufficiently defective in ..... to interfere seriously with his (her) progress in school. You are earnestly requested to advise with your family physician as to treatment or whom to consult.

Yours respectfully,

Teacher.

*"Eye Strain, notwithstanding Acute Vision," New England Medical Gazette, February, 1901.

(THIS SLIP TO BE RETURNED TO THE TEACHER.)

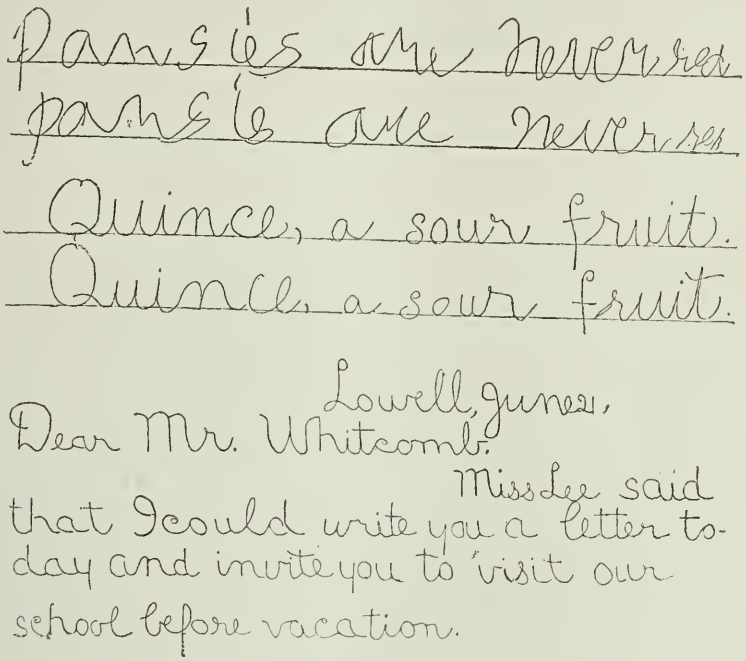
I have examined the sight (hearing) of .....
Recommendations to the teacher:

M.D.

The detachable slip should be filled out and signed by the oculist, to whom the child is sent by his family physician, and his recommendations are often of immense practical value. This system is no longer an experiment. It was inaugurated in Hyde Park two years ago, and is now being introduced in Quincy by the energetic efforts of Superintendent Parlin. Notwithstanding the extra labor, the teachers are universally in sympathy, as the results so often explain cases of backwardness. A most graphic illustration of results was published several years ago by Superintendent Whitcomb of Lowell, which is here reproduced by permission. It should be added that the specimens of penmanship herewith presented are offered as a demonstration of the importance of discovering and remedying defects of vision in school children. The first two lines were written March 24, 1898, by a little girl in a Lowell, Mass., primary school, and were the best the child could then do. The second two were written by the same girl the next day, and the improvement was wholly due to the fact that between the times of writing she had been provided with glasses which restored normal vision to naturally defective eyes. The last specimen is the first sentence of a letter written by the same girl June 21. The result of nearly three years' work with eyes which saw but in part is shown in the first specimen; the result of three months of similar work with better vision is shown in the third.

Practically the only trouble we have met is the lack of cooperation on the part of the parent. Instead of appreciating what is being done for his child, ofttimes he resents the proffered advice, saying that it is all a "fad," and that his child's sight is good enough. The fact that the oculist does not see the children at all, and that the child is referred to his family

physician, precludes the possibility that there is any motive of personal gain. This point must be carefully guarded against. Any suspicion of this kind would cripple the work, and if it were a fact, would demoralize the whole system. The teacher


Pansies are flowers
pansies are flowers
Quince, a sour fruit.
Quince, a sour fruit.

Lowell, June 2,
Dear Mr. Whitcomb.
Miss Lee said
that I could write you a letter to-
day and invite you to visit our
school before vacation.

must not even suggest the name of a consultant. The name of the oculist in charge must in no way appear on card or slip. The family physician will know some specialist, to whom he will send the case; or if the circumstances justify, he can refer the patient to an infirmary or dispensary, where some of our best oculists and aurists give their services. Some states have enacted laws compelling examinations of all school children. I have had some correspondence with Mr. Charles D. Hine, secretary of the State Board of Education of Connecticut, where a state law requires a universal examination every three years. In answer to my inquiry about practical results, he says:

HARTFORD, Dec. 23, 1903.

DR. DAVID W. WELLS,
"The Westminster," Boston, Mass.

Dear Sir:

. . . We cannot tell how many parents heeded the note which was sent from the school. We are certain that very many sent their children to physicians and opticians.

Practicing physicians made us more trouble than anybody else. They depreciated the attempt made by teachers, and when children sent by teachers came to them professionally, they berated the whole plan. In consequence, the test was brought into contempt in many cases. All this was done in spite of the fact that very able physicians were responsible for the passage of the law. What I have said about physicians does not apply to all, but in many cases the professional sentiment belittled the endeavor. On this point it may be said that doubtless the teachers were not skillful in their test. Often they took a dark day, or failed to appreciate the directions of the pamphlet. In spite of their inability to do the work professionally, there was very earnest effort to make the test accurate and to secure good results from the work.

There were several notable cases of parental neglect. Parents would not permit their children to wear glasses, even though provided without expense. They insisted that their children had not defective eyes, where physicians pronounced the cases serious and prescribed glasses. . . .

Yours truly,
CHARLES D. HINE.

It seems incredible that any reputable physician should throw his influence the wrong way, and I am constrained to believe that Mr. Hine has overestimated this factor. Posterity may find some better way of handling this subject. Undoubtedly it will in time come under the jurisdiction of the State Board of Health, but the work of that board will be facilitated by inaugurating effective examinations in a number of communities.

The story is told that during the Civil War it became necessary to build a bridge across a stream. Orders were issued to the engineers, who set at work to draught the working plans; but before the plans were completed, some rough-and-ready frontier men had extemporized some pontoons and planks, and reported to the commanding officer: "Colonel, the bridge is done, and them engineer fellars have got the picture most ready."

The system here presented meets the present needs.

PRACTICAL EXPERIENCE IN THE TREATMENT OF NERVOUS CASES.

BY C. H. THOMAS, M.D., CAMBRIDGE, MASS.

Many of the nervous patients coming under the observation and care of the general practitioner at the present time are persons who do not follow strict modes of living, or are victims of the prevailing disease sometimes called "Americanitis." They endeavor to crowd the labors or pleasures of ten or fifteen hours into three or four; the morning paper must be read on their way to work; their lunch is partaken of at a counter, and hurriedly bolted; they attend to nature's calls only when compelled so to do, thereby establishing habits of constipation, cystitis and other disorders, which eventually react upon the nervous system in some form or other. They hear, but do not heed, good advice until forced to abandon in part their usual vocation. They will purchase and use all the panaceas found so extensively advertised in the public press, and which in their opinion covers the whole of their symptomatology.

The principal ailments of a nervous character which we are called upon to treat are insomnia, neuralgia, chorea, coughs, erythema, neurasthenia, dyspepsia, diarrhea and hysteria. We, as homeopathic physicians, have a certain advantage in prescribing for the patient rather than for a so-called diagnosticated disease. It is undoubtedly necessary, before reme-

dial treatment is considered, to, if possible, discover the immediate or remote cause, and remove it; then carefully individualize the case in its different phases. In some insomnic and neurasthenic cases something hot and easily digested will suffice—tea and coffee being of course excluded. Beef tea, malted or plain milk, flour gruel or clam bouillon have given good results.

Absolute rest and relaxation from all worriment, with the proper food, and, in some instances, removal from too solicitous relatives and friends, with a complete change of surroundings, are essential to recovery. Suggestive therapeutics plays an important part in the treatment of these diseases; positive assurance that there is nothing serious, with a tablet of sac lac every half hour, seems to produce wonderful effects in some hysterical persons with very fixed ideas. An exhibition of anxiety and too frequent professional visits tend to arouse a feeling of doubt in some patients' minds as to the severity of their trouble, causing them to conjure up symptoms impossible to interpret, and as impossible to prescribe for.

Case 1.—Patient, a woman, aged eighty-three. Sept. 10, 1903, chills running up and down the back; skin feels dry; very thirsty; very restless; cannot stand it any longer; constantly uncovering the body; temperature, normal; pulse, 76, full and hard; pains in the arms and legs. (Rx, acon. 3 x 1–2.) Sept. 11, no change. (Rx, do.) Sept. 12, slept five hours continuously and feels better. (Rx, do.) Sept. 13, slept nearly all night; better in every particular, except some diarrhea, light yellow color. (Rx, placebo.) Sept. 15, diarrhea stopped. Discharged.

Case 2.—Patient, a boy, aged thirteen. Aug. 26, 1903, muscles of the face and hands twitch; thirsty; feels warm; head and scalp wet with perspiration; very restless, with some anxiety; breathing through the mouth; sneezing; nose stopped up. (Rx, cham. 3 x 1–1.) Aug. 27, fell asleep before time for the next dose, and did not awaken until 6 A.M.; better every way. (Rx, cham. 3 x 1 tablet four hours.) Aug. 28, improve-

ment continues. (Rx, same as before, with directions to notify if condition changes for the worse.)

Case 3.—Patient, a teacher, aged forty. Sept. 4, 1903, mind confused; dislikes to talk; spirits depressed; is irritable and impatient; tossing around, with considerable excitement; nausea, with frontal headache, and by urinating; pains through the eyes, with vertigo, and by bending the head backward; pains in the shoulders, which go down the back, with chilliness going upwards (Rx, gels. 3 x 1–2); temperature, 99°; pulse, 89. Sept. 5, slept after 10 P.M.; feels better every way. (Rx, do. 1–3.) Sept. 6, slept all night. All right. (Rx discontinued, to be resumed if necessary.)

Case 4.—Patient, a law student, aged twenty-six. Nov. 16, 1903, been studying very hard, and tutoring in Latin; cannot think or remember anything; talkative, rambling in character; when partially asleep is aroused by distant voices; severe parietal and occipital headache, as if was being pounded, and by trying to think; very hungry; slight eruption on the abdomen and chest, with intolerable itching; impossible to get asleep; hot baths make him feel better. (Rx, anar. 4 x 1–1 until better, then 1–3.) Nov. 18, improved every way. Nov. 20, eruption nearly gone; otherwise well. Nov. 24, well; remedy discontinued.

Case 5.—Patient, a woman, aged fifty-four. Oct. 8, 1903, very anxious and restless; trembles all over; "everything worries me;" knows she is going crazy; constantly moving in bed, to get relief; moaning while asleep; drinks only a few swallows of water at a time, which causes burning eructations; diarrhea, which smarts and burns the rectum; cannot sleep after 12.30; temperature, normal; pulse, 85. (Rx, ars. 3 x 1–2.) Oct. 9, less restless and anxious. (Rx, do.) Oct. 11, do. Oct. 13, diarrhea improved; do.; restlessness and anxiety. Oct. 16, all right.

Case 6.—Patient, a saleswoman, aged twenty-four. Dec. 13, 1903, sleeping only in short naps, waking up very uneasy; sleep does not refresh; pains in the back and eyes; "cannot fix

my mind on my work nor anything else;" when turning over in bed or getting up, head goes round; some nausea; is very talkative; afraid something is going to happen, but cannot tell what it is. (Rx, cimi. 3 x 1–2.) Dec. 15, sleeps better, and it is more refreshing; has some pain on the left side, under the heart. (Rx, do. 1–4.) Dec. 18, no trouble now. "Did you give me an opiate?"

Antitoxin in Diphtheria.—The Chicago Health Department, in one of its latest bulletins, makes the following comment on the value of antitoxin in cases of diphtheria: "Since the introduction of antitoxin in the treatment and prevention of diphtheria, its mortality rate has been reduced by nearly one-half; that is, from an annual average of 6.25 deaths in every 10,000 of the population in the seven years, 1889–1895, to an annual average of 3.24 in the seven years, 1896–1902, of antitoxin treatment. But this is not enough. The seven years' experience clearly proves that no child should, that no child ever did, die of diphtheria when treated early enough with a sufficient quantity of good antitoxin. The preantitoxin mortality of diphtheria in Chicago was about thirty-five deaths in every one hundred cases of the disease. In the many thousands of cases among the poor and destitute treated by the department inspectors, under the most adverse conditions, the rate for the whole number has been less than seven deaths in the one hundred cases. And there are many physicians in Chicago and elsewhere who have records of hundreds of cases with a rate of less than two deaths per hundred.—*Medical Record.*

EDITORIALLY SPEAKING.

Contributions of original articles, typewritten if possible, society reports, news items, etc., should be sent to the editor, A. Temple Lovering. M.D., 10A Park Square, Boston. Articles accepted with the understanding that they appear only in the GAZETTE. News items and reports must be sent in by the tenth of the month. Books for review, journals, subscriptions and advertising matter should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

THE GAZETTE'S COVER DESIGN.

It is one of the justifiable contentions of the medical profession that the practice of medicine is an art. Science has contributed a broad, and more or less stable, foundation, but upon this rises the fair structure known as the art of healing. "There are certain inward gifts, more akin to genius than to talent, which make the physician prosper, and deserve to prosper," says Hartley Coleridge. What these inward gifts are, remains for each candidate for laurels worth the wearing to discover for himself, if he would be a worthy successor of the true physicians of the past, honored and revered for character as for skill.

The practice of medicine, then, is an art, and as such, and because its attainment in its perfection demands it, it should be allied to other arts. In many instances we all recognize this, but too often to the exclusion of the arts above all others educative of the man, and the man precedes the physician, and determines what the latter is to be. The arts in question are the so-called "fine arts,"—music, poetry, painting, sculpture, etc. These, if properly cultivated and used, are ennobling aids in the formation of character, the interpretation of life, the acquisition of power to give one's self in the best and highest service of which a man is capable though the development of *all* his natural endowments.

Lecture-rooms and hospital, dispensary and laboratory, private practice even, will not qualify a man to give *all* that is in him,—all that God means for him to give. This is too often forgotten or ignored, but when remembered and acted upon gives us men who do a marvelous work for the human race,—a work noted or unnoted, as the case may be, but

written large upon the character of those with whom they come in contact, who, in turn, will consciously or unconsciously transmit the stimulus to growth and development they have themselves received.

In connection with the appropriateness of a more general recognition of the value of the fine arts to us in the unstinted living of life, we wish, at this time, to call attention to a suitable and graceful borrowing from them, for the adornment of the cover of the GAZETTE.

The ambition to make the GAZETTE distinctive outwardly would have been, as too often has been the case with other journals, not to say men, an ignoble one, had not that ambition been coupled with the determination to offer a cover representative of true artistic feeling and worthy execution. Even the cover of a journal may testify to low or high ideals, may set before the public unworthy or worthy conceptions of art, which will be, to a greater or less extent, appropriated by the observers.

The publishers of the NEW ENGLAND MEDICAL GAZETTE recently retained the services of one of the best-known designers in the United States, the only stipulation in regard to this work coming from the artist, to the effect that he should be free to submit his design in competition at the coming exposition at St. Louis. This request was acceded to, and it is a pleasure and satisfaction that, in advance of this exhibition, the readers of the GAZETTE should be given the traditional "private view." We are confident that this "view" will provoke many favorable comments, for the merits of the artist's work are many and obvious.

As we believe we may reasonably hope that the contents of the GAZETTE will prove a constant help to our readers, so, also, we believe the cover design will each month renewedly bring some suggestion of that uplift of thought and inspiration of spirit so essential in the life of masters of the healing art,—practitioners, whose sphere of beneficent activity includes the bringing of health to mind and body, knowing no limitations, save those beyond the control of man.

THE SIXTIETH SESSION OF THE INSTITUTE.

We regret that illness prevented our insuring the insertion in the March issue of announcements and items of interest to the profession. Of the former, none were of more importance than the letter sent out by the president of the American Institute of Homeopathy, the 15th of February, calling attention to the coming meeting at Niagara Falls, June 20–25, 1904.

Doubtless all our readers are by now familiar with its contents, but we feel it cannot be amiss to emphasize certain of the recommendations which President Sutherland makes.

Among them is one calling for "volunteer papers," apropos of which we would say: Let no one be too modest or too little interested to give the cream of his experience or researches, if it is within his power to add a worthy mite to the sum of scientific knowledge or inquiries after truth and certainty.

To do this is assuredly "to rank with those who *make* the occasion, rather than with those who merely appreciate and enjoy it."

Another recommendation urges the attendance of every member at as many scientific sessions as possible, and active participation in them when so inclined. These sessions are post-graduate classes in which every one may be benefited, in which all advanced students—a term which we hope is descriptive of homeopathic physicians—may receive instruction, and by utterances or by conspicuous attention stimulate interest.

That the members of the Institute should feel a personal responsibility in the matter of increasing the membership, goes without saying. Some national body there should be in these United States, large and powerful, capable of commanding the attention and respect of friends and enemies both. There is but one such organization at the present time which is or promises to be such. Perfection in its constitution or operation is not claimed for it, but co-operation and self-sacrificing work on the part of each and all are essential to its

growth in grace and efficiency. This spirit, also, President Sutherland's letter bespeaks.

And last we would comment upon the call for the presence of every member at this sixtieth session. Whatever other holiday-making the physician indulges in this summer, and we earnestly trust he will make a business of fleeing from business, let him commence with a tentative going forth, a compromise, as it were, between a continuance of professional work and a seeking after refreshing relaxation. Pleasure and knowledge both are to be had at the meeting of the Institute; opportunities for improvement, opportunities for the change of outlook and environment which should spell rest. Therefore, let each member now mentally make for himself this special engagement: "Mem. to be at Niagara Falls, June 20–25." Let each keep this engagement faithfully, and as many good resolutions in connection with it as the frailty of man (and woman) permits.

A FESTIVE OCCASION.

Upon the evening of the 23d of March, the profession in and near Boston had the great pleasure of celebrating the seventieth birthday of their valued friend and honored leader, Dr. Conrad Wesselhoeft. A dinner was tendered him at the Hotel Somerset, Boston, and a beautiful loving-cup presented to him, as well as a purse of over $2,000 in gold. These testimonials of high regard were the outcome of birthday gifts from friends and colleagues at home and abroad,—a tangible expression of appreciation and good-will.

The cup bears the following inscription:

To
Conrad Wesselhoeft, M.D.,
On his seventieth birthday, with loving appreciation from his professional associates throughout the United States.
1834—*March*—1904.

It was a happy and gracious thought to suitably recognize Dr. Wesselhoeft's seventieth anniversary, for it is most fitting that the profession should honor a man who has been so eminent a leader in homeopathy, so distinguished a contributor to its success, so faithful and unswerving an adherent to the teachings of Hahnemann. Many and important official positions have been held by Dr. Wesselhoeft, among them the presidency of the American Institute of Homeopathy, of the Massachusetts Homeopathic Medical Society and of the Boston Homeopathic Medical Society. His admirable translation of the "Organon" is on many a bookshelf, while his learned and conscientious work added much to the accuracy and completeness of the "Homeopathic Pharmacopeia of the United States." The leading journals abroad and in this country have been enriched by his writings, while thousands of men and women, during his nearly fifty years of practice, have been benefited by his skill. His uninterrupted services in Boston University School of Medicine, where he still holds a professorship, date from its earliest days. The world is his debtor, and we, his friends, rejoice in his years and honors. While congratulations are sincerely offered to Dr. Wesselhoeft, we feel that the profession, also, is to be most heartily congratulated in counting among its members a man so justly esteemed for his wisdom, high character and distinguished services.

The report of the orthopedic staff of the Boston Children's Hospital shows 130 cases of congenital hip dislocation treated since 1883. Of the 32 cases treated during 1903, favorable results were obtained in 25.

SOCIETY REPORTS.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

The regular meeting of this society was held in the hall of the Boston Society of Natural History, Thursday evening, March 3, 1904, at eight o'clock, the president, J. Emmons Briggs, M.D., in the chair.

At the scientific session Dr. David W. Wells presented two cases of foreign body in the eye; Dr. N. W. Emerson, three specimens of pregnancy of fibroid uterus, all of which had been well prepared by Dr. W. H. Watters. He also showed two specimens of appendices, one of which measured at least four inches in length and one inch in diameter.

Dr. S. H. Blodgett demonstrated and commented upon tests used in the examination of urine at the Homeopathic Hospital Laboratory. The tests shown were for albumin, sugar (quantitative), acetone, diacetic acid, bile and the freezing point.

The discussion was opened by Dr. S. C. Fuller, who spoke of his favorite tests used in the Pathological Laboratory at the Westboro Insane Hospital. The paper brought out considerable discussion by members, especially in the form of practical questions.

Dr. Geo. E. Percy was unable to be present, and his paper, "A Case of Recurrent Carcinoma Treated by Static Electricity," was read by the Secretary. Owing to the lateness of the hour, it was not discussed, and Dr. Walter Wesselhoeft's paper was postponed until the next meeting.

H. O. Spalding, *Secretary.*

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE and sent to the publishers, Otis Clapp & Son. 10 Park Square, Boston.

TEXT-BOOK OF ANATOMY. Edited by D. J. Cunningham, F.R.S., M.D., Professor of Anatomy and Chirurgery, Trinity College, Dublin. Illus. New York: William Wood & Co. 1903. pp. 1309. Price, cloth, $6.00 *net.*

It is a pleasure to review a work so well conceived in its schema, and so admirably executed in all its details. At last we have a modern, not too voluminous, treatise, which presents the growth and development of the human body from the anatomist's viewpoint, in proper sequence and the form best calculated to give the medical student related facts which have hitherto, in kindred works, been omitted or inserted apart from the subjects with which they are naturally associated.

Nine writers have coöperated with the editor in the making of this volume, yet harmony has been preserved, and unnecessary repetition avoided. There is a certain repetition most desirable, and this we find in different portions of the work. It is necessary that students should not be allowed to forget the connection between the simple beginning and the ultimate complex completed structure, with those other structures derived from it. A section well illustrating this is that on the nervous system where the presentation of its evolution could not be bettered.

The chapters upon the thoracic and abdominal viscera will be found to supply a far more accurate view of their topography than the older books give, and a better conception of their forms under different conditions.

The wood engravings number over eight hundred, and the majority of them have been prepared from original drawings. Color has been freely used in mapping out the circulatory system.

We shall expect to hear of the adoption of "Cunningham" by many schools and colleges.

A Manual of General Pathology for Students. By Sidney Martin, M.D., F.R.S., F.R.C.P., Professor of Pathology at University College, London, etc. Philadelphia: P. Blakiston's Son & Co. 1904. pp. 502. Price, cloth, $4.00 *net.*

The subject of pathology in general is one demanding much more than a cursory glance or merely superficial study. Every year shows more work and better work being expected of the student body in our medical schools. For this reason, only the most admirable of the many text-books offered can be recommended. We regret that we cannot think Dr. Martin's comes under this head. The attempt has been made in a comparatively small volume to cover a great deal of ground, and not very systematically. Matter relevant, and yet better relegated to other text-books, has been introduced, as well as certain charts and illustrations not altogether illuminating to the average young worker.

The illustrations, in fact, are poor, and not on a par with those usually offered by the publishers, who have some notably excellent book-making to their credit, as well as many books of great value to the profession.

Were it not a choice of fine works on pathology, however, Dr. Martin's could not be passed by, as it certainly contains a great deal of essential information and instruction, accurate and modern in its statements, and necessary as a foundation for further study.

The Practical Medicine Series of Yearbooks. Vol. II, General Surgery. Edited by John B. Murphy, M.D., Professor of Surgery, Northwestern University Medical School. November, 1903. Chicago: The Yearbook Publishers. pp. 556. Price, $1.50.

Our readers are familiar with this series, which is calculated to keep a busy doctor in touch with the advancements made for the past year in all departments of his work.

The volume on "General Surgery" contains several practically complete articles, well chosen and timely. One of the best things in the book is the editor's preface. It is not of the stereotyped variety, but full of surgical hints and of truths

about the sphere of surgery. We quote a sentence or two: "The close study of the clinical manifestations of disease is becoming more apparent daily, as well as exact association of symptoms with definite pathologic changes. This is rapidly placing surgery in the role of prophylactor of extensive pathologic destruction, rather than a scavenger of pathologic products. Surgical procedures, in order to attain their ideal, or even to be life-saving, must be timely."

The new price of the ten volumes is $5.50, payable strictly in advance.

The Self-cure of Consumption without Medicine. By Chas. H. Stanley Davis, M.D., Ph.D., member of the Connecticut State Medical Society, etc. New York: E. B. Treat & Co. 1904. pp. 176. Price, 75 cents.

Here is a good, sane, sensible little manual for the laity and physicians; one that can be widely circulated to great advantage. While some may differ with the author's pronouncement as to the inefficacy of medicinal treatment by remedies, none will take exception to his statement, that "as the basis and foundation of a rational treatment of pulmonary tuberculosis, must lie an intelligent and persistent application of hygienic, dietetic and, if possible, climatic measures." He insists upon medical supervision. There is an excellent supplementary chapter upon the prevention of tuberculosis and other diseases.

Annals of Surgery. A monthly review of surgical science and practice. Philadelphia: J. B. Lippincott Company. Price, $5.00 a year, in advance; single number, 50 cents.

One can hardly think of the *Annals of Surgery* as a mere monthly journal, since the papers it presents are, in many instances, destined to be incorporated with other material in book form. The articles are written by the best surgeons, and out of their ripe experience, and probably no surgeon of any considerable fame is without this monthly presentation of modern surgical science and practice. The transactions of the New York Surgical Society and of the Philadelphia Academy of Surgery appear in the *Annals*. Many carefully executed illustrations accompany the principal articles, being prepared from original drawings and photographs.

The Worth of Words. By Dr. Ralcy Husted Bell, with an introduction by Dr. William Colby Cooper. Third edition, revised and enlarged. New York: Hinds & Noble. 1903. pp. 307. Price, $1.25.

The correct use of words is a matter of great importance. No really cultivated person will be careless in his speech. He will have a respect for the English language, endeavor to constantly increase his vocabulary, and to apply the words he knows with discrimination. Too many professional people, to say nothing of the laity, constantly misapply even words used in ordinary conversation or correspondence.

Such books as Dr. Bell's are of great assistance in calling attention to common errors, and in forming correct habits of speech. This small volume is bright and entertaining, as well as instructive, is neatly gotten up, and gives information upon many perplexing points.

The Craftsman. Syracuse, N. Y.: The United Crafts. Price, $3.00 a year; 25 cents a copy.

The variety *The Craftsman* offers must meet the taste of the most captious. To us, although we never expect to build a house, the articles on plans, estimates, etc., are most fascinating, and we are specially drawn to the latest designs for snug cottages requiring an inconsiderable expenditure. Other articles, on Rodin, the famous French sculptor, on Franciscan missions, on basketry, book-plates, the Indians in Mexico and elsewhere, are well worth reading. *The Craftsman* is liberally and well illustrated, and the whole world is laid under contribution for topics of interest and of an enlightening nature.

Education. A monthly magazine devoted to the science, art, philosophy and literature of education. Boston: The Palmer Company, 50 Bromfield Street. Price, $3.00 a year; 35 cents a number.

Education continues to offer a large number of articles worth reading by the thinking public, lay and professional. The March number contained a paper on "The Education of Backward Children," of a nature to supply a physician with suggestions which would be helpful to parents in such cases. A series of "Lessons in Genetic Psychology," and individual contributions upon the English language and its place and importance are of interest by no means limited to those who are distinctively classed as educators.

THE SPECIALIST.

ELECTRO-THERAPEUTICS.

Under this heading will appear each month items bearing upon some special department of medicine; next month, "Obstetrics."

RADIUM RAYS.—Like the X-rays, the radium rays produce severe burns of the animal tissue if left in contact for several hours, the destruction of tissue not being observed for ten or twelve days after exposure, and requiring many months to heal. The rays, like X-rays, do not penetrate lead very readily, so this metal may be used as a protective covering in handling the substance.—*University Homeopathic Observer.*

THE ULTRAVIOLET RAY AND TUBERCLE BACILLI.—The ultraviolet ray is positively inhibitive to bacterial life and growth. This I have already proven to my entire satisfaction in my own laboratory, in which active cultures of tubercle bacilli were exposed for different lengths of time, varying from one minute to thirty minutes, to the ultraviolet ray as produced by the Mount-Bleyer tube. The result was the inhibition of all bacterial life in these tubes, the control culture growing rapidly. This corresponds with the experience of others who have made similar tests.

Dr. J. B. Ransom in Medical Record.

RADIUM.—In 1789 uranium was discovered and precipitated from pitchblende by a German chemist named Klaproth. In 1896 Becquerel of France discovered that all preparations of uranium emitted radiations similar to the X-ray. In 1898 Professor and Madam Curie discovered in uranium polonium a radio-active substance, and later, in 1899, radium. Radium is almost as rare in uranium as gold is in sea water. It takes two thousand pounds of uranium to furnish one pound of radium. Chemically pure radium is now manufactured by the *Societe centrale* of Paris at $6,000 a gram, or $2,700,000 a pound.—*Exchange.*

The Effects of Static Electricity.—The effects upon the circulatory apparatus are a general lowering of arterial tension, a lessening or accelerating of the heart's action, according to whether there is hyperactivity or sluggishness, and an increased volume of the pulse; respiration becomes less labored and less frequent, is deepened, and there is increased elimination of carbon dioxide; nervous irritability is relieved to a marked degree, and sleepiness is usually induced unless sparks are being administered; a general diaphoresis usually results from treatments of fifteen to twenty minutes' duration; secretions and excretions, if deficient, are stimulated; urinary solids are increased; the appetite is improved, and there is steady increase in body weight to the normal standard.

Pacific Coast Journal of Homeopathy.

Action of Röntgen Rays on Internal Organs.—Experiments made by Dr. Heineke in Leipzig have shown that the Röntgen rays, now often employed in medicine, exercise a harmful effect on the internal organs. Young rabbits exposed to the action of the rays from two to six hours daily die in five to ten days. Emaciation, loss of appetite, fear, languor and prostration herald death. Hitherto it was believed that only the skin suffered from the action of the rays, but it is now proven that the internal organs, and especially the spleen, are very considerably altered, and that the brain also suffers, even though only the body has been directly exposed to the action of the rays.

Berlin Letter to the London Telegraph.

In Applying Electricity.—In applying electricity, the following rules should be borne in mind:

1. Always administer the weakest possible current that will cause muscular contraction.

2. Never employ electricity in the inflammatory stage of organic disease.

3. In applying electricity to muscles, always endeavor to separately reach the electromotor points. In deep-seated

muscles the current should be applied along the course of the nerves supplying them.

4. Each electric treatment should last no longer than twenty minutes, and no one muscle should be subjected to the currents for more than three minutes.—*The Post-Graduate.*

Galvanization of the Brain.—Miss G. of this city, aged twenty-eight, came under my care twenty years ago, suffering since her fifteenth year from intense headaches, which would not yield, even temporarily, to anything but a complete anesthesia by ether, which had to be kept up, with interruptions, for twenty-four hours or more, once a week and sometimes oftener. She was otherwise of a good constitution, but with a tendency to congestions to the head. The galvanization of the brain brought a speedy relief, the headaches became milder after each application, less frequent, and could be borne without ether. After awhile the headaches left her entirely and have never returned. She still continues in perfect health.—*Dr. W. B. Neftel in Medical Record.*

X-Ray Treatment of Cancer of the Uterus.—The following method is recommended: Application of the X-rays directly to the cervix and uterus, through the vagina. A Nott or Ferguson speculum will be found convenient for this purpose. If there is a fibroid tumor present in the body of the uterus, as is usually the case, the X-ray must be also applied through the abdominal wall directly to the tumor. Application of the high-tension discharge by means of vacuum electrodes must be made to the patient. The results of this plan of treatment were excellent. The writer, however, cannot express an opinion as to the possibility of the complete disappearance of uterine cancer under this treatment.

Dr. S. Tousey in Medical News.

At the Finsen Institute, Copenhagen.—The affected area is placed about ten inches from the distal end of the converging apparatus, and the treatments, or seances, as they are

called, take about one hour daily in lupus and rodent ulcer, and in other skin diseases from ten to twenty minutes, depending upon each individual case.

The light treatment causes no pain; a red erythematous spot and blister appears where the light is applied, and in five or six days the scab falls off and the ulcer is healed beneath, and the skin is left free from scar or cicatrix, but red,—the redness, however, after a variable period fades, and leaves the skin white and uncontracted, except where there has been a loss of tissue from the disease before treatment.

Virginia Medical Semimonthly.

Protection of Healthy Skin during Application of Röntgen Rays.—G. Holzknecht and R. Grünfeld have devised a protective covering for the skin for use during the application of the Röntgen rays. It consists of a sheet of tin, which is covered on both sides with a thin layer of hard rubber. The plate thus made may be of any size and shape desired, and perforated by as many apertures as wished. It is very flexible, and may be easily adapted to the various curvatures, etc., of the body. It is light and easy to handle, and may be sterilized, washed, or heated without damage. Its extended use shows that it affords a complete protection to the healthy skin from the burning and other annoyances which frequently attend the use of the application of the Röntgen rays.

New York Medical Journal.

The Manufacture of Radium.—Richard Guenther, United States consul-general at Frankfort, referring to the radium industry already developed in Germany and France, says: "Notwithstanding the difficulty in its production, a radium industry has already developed in Germany and France, and although one gram is sold at a little less than $2,000, the manufacturers are said to have orders for several hundred grams: The demand for medical purposes exceeds the supply. Radium possesses all the important qualities of the Röntgen rays, in addition to the invaluable property of

being ready for use at any time, and furnishing its rays without the employment of apparatus. It has been demonstrated that a small glass tube, not larger than a goose quill, containing a little more than a thousandth part of a gram, is as effective as an expensive and complicated electric apparatus for the treatment of cancer, surpassing the best effects of the Röntgen rays. The ease with which radium can be administered locally—as, for instance, in the nose and throat—is an invaluable advantage."—*Medical Record.*

Dangers of the Röntgen Rays.—There are two serious dangers in the use of the X-rays. The first of these is the possibility of causing dissemination of the malignant process, or even causing it at times to take on irritatively a more rapid growth than would otherwise be the case. When a malignant process has been exposed to the X-rays and has decreased in size and then takes on a new growth, the surgeon may not realize how widely he must cut in order to remove all the malignant tissues. A case illustrating this has recently been under the writer's care. The patient suffering from epithelioma of the lip was treated by the X-rays and the tumor disappeared. After some months it recurred, however, and then the X-rays had no effect upon it. It now began to grow rapidly, and was almost inoperable when the man came for operation. The X-rays seem to be especially indicated for epitheliomata of the face, especially situated near the eye and the nostril, where operations are sure to prove so disfiguring.

Dr. Coley in Medical News.

Static Electricity in Rhinology.—In rhinology I have obtained marked relief of troubles following hyperemia of the pituitary membrane in individuals having total or partial hypertrophy of the mucosa, and who recoil before the word "operation."

In such cases it is advisable to give medical treatment long enough to accustom the patient to the idea of the necessity for surgical intervention.

By shielding the entrance of the nasal fossæ with very thin strips of wood, it would be possible to direct the static breeze deeply upon the turbinal. The depleting action of the breeze is felt in a few minutes, and by associating the electric douche with the direct treatment to the level of the frontal sinus, especially if there is dull headache, relief is obtained, of short duration sometimes, but often long enough to encourage the patient to return for another treatment on the morrow.

If, to the encouraging results that I have just cited, we add those obtained by Vallois, Ménière, Nicolai, Tchatzki, Lewin, etc., we can conclude that while static electricity is not a panacea in oto-rhino-laryngology, still it is certainly advisable to try this method in cases not amenable to other modes of treatment.—*Dr. Suarez de Mendoza, Paris.*

Extracting Radium.—Operations for extraction are commenced by crushing the pitchblende, which, to start with, is, by its comparative rarity, an expensive ore, and then roasting the powder with carbonate of soda. After washing, the residue is treated with dilute sulphuric acid; then the sulphates are converted into carbonates by boiling with strong solution of carbonate of soda. The residue contains radium sulphate, which is an exceedingly insoluble salt. The soluble sulphates are washed out, and the residue, or insoluble portion, is easily acted upon by hydrochloric acid, which takes out, amongst other things, polonium and actinium. Radium sulphate remains unattacked associated with some barium sulphate. The sulphates are then converted into carbonates by treatment with a boiling, strong solution of carbonate of soda. The carbonates of barium and radium are next dissolved in hydrochloric acid, and precipitated again as sulphates by means of sulphuric acid. The sulphates are further purified and ultimately converted into chlorides until about fifteen pounds of barium and radium chloride are obtained by acting on one ton of crushed pitchblende. Only a small fraction of this mixed chloride is pure radium chloride, which is finally

separated from the barium chloride by crystallization, the crystals from the most radio-active portion of the solutions being selected. In this way the crystals ultimately obtained are pure radium chloride of a very high degree of radio-activity.

Lancet.

X-Ray Treatment of Nonmalignant Diseases.—When treatment for nonmalignant diseases is intended, careful tentative exposures should precede it. If, then, erythema should appear after one short exposure, thus proving the presence of special susceptibility, further treatment must be taken up only under extraordinary circumstances, and after the patient has been fully informed of the risks. For such purposes a first exposure of five minutes is advised. A soft tube should be selected. After a week the same procedure, now lasting ten minutes, is to be repeated. If, after a third exposure, and two weeks after the first one, no reaction has shown up, the patient is apparently not specially susceptible. Then he may, on an average, be irradiated every second or third day, and at last daily, until reaction manifests itself. Each exposure may last from ten to fifteen minutes.

During the tentative exposures the distance of the tubal wall from the skin should be four inches; later on it may be reduced to one inch. The vicinity of the irradiated area must be protected. This is done by a thick shield of lead, which, if molded properly, attaches itself to the area selected; if not, it must be fastened by a bandage. If the face is concerned, a sheet of lead, into which a hole is cut to correspond with the area to be irradiated, may be bent over it. During the intervals xeroform salve (1.10 lanolin) should be employed.

Dr. Carl Beck in Medical Record.

ABSTRACTS FROM BOOKS AND JOURNALS.

Moral Feebleness and Vitality.—Many patients hover always on the brink of invalidism because they are morally feeble. Moral weakness always begets self-indulgence, and constant self-indulgence lowers the powers of resistance and depresses vitality.—*Exchange.*

Natrum Muriaticum in Intermittent Fever: Potency. —In cases of intermittent fever the remedy should be given not below the thirtieth, but in other acute diseases, where the remedy is indicated, it can be given as low as the third.

Cleveland Medical and Surgical Reporter.

For Coal-gas Poisoning.—Hydrogen peroxide is a most useful remedy in carbonic-acid poisoning from the inhalation of coal gas. By the mouth it is given in doses of one ounce diluted with an equal volume of water. By the rectum it is given full strength in five-ounce doses.—*Merck's Archives.*

Harmless Bacteria.—While many thousands of bacilli and bacteria of various kinds have been recognized, less than thirty of them are disease producing, and most of the others are either directly harmful to the growth of the disease-producing bacilli, or are actually helpful to man in other ways by important fermentations which they set up.

The Daily Medical.

Deep Breathing.—Deep breathing is essential to good health, and is in many cases a valuable therapeutic measure. Its importance is not at all generally appreciated. It should be a part of every child's education, and is especially indicated for backward and sickly children. The profession owes it to itself to study more deeply this vital question, and to be able to instruct the laity fully on all its bearings.

New York Medical Journal.

Tolerance of Foreign Bodies.—It is said that the pick-pockets of London swallow stolen jewels and then eat potatoes or soft bread, after which these articles are passed by them without difficulty. Not long ago a man swallowed a dental instrument. He was examined by a laryngologist, who discovered the instrument in the man's esophagus. A diet of potatoes and bread was prescribed, and the instrument was passed in the course of a day.—*Exchange.*

Contraindications for the Hot Bath.—The hot bath is to be avoided positively in marasmus, cases of myocarditis and uncompensated heart troubles, in cases of nervous irritation, with atheroma, when there are fetid masses present in the intestines, in cases of pus collection anywhere in the body, and whenever by inspissation of secretions pus could be retained; *e.g.*, in fetid otitis media, epididymitis and all highly febrile conditions, so long as the factors cited by Kellogg are out of consideration.—*Medical Record.*

Stannum Colic.—Lastly a case of intestinal colic and indigestion in a young child.

Severe colicky pains, doubling her up; ameliorated by pressure upon the abdomen. She would always roll over upon the abdomen with the pain, or lie upon the abdomen across her mother's lap.

I confidently expected a cure with colocynth, but it failed, as also did belladonna. I now gave stannum, with entire relief to the little sufferer.

I used the 10 m. potency.

Dr. L. M. Stanton in The Medical Advance.

The Personal Equation in Tuberculosis.—Climate is good, food is good, hygiene is good, medicine is good, but in the last analysis the *personal equation* is most important of all. There is that in the one that wins, and the lack in the other that loses. There is no "cure-all"—only a "cure-some." But let the sufferer, like the brave Garfield, take the one chance

in a hundred for recovery, and fight for it, and mayhap he will win. Who knows?—*North American Journal of Homeopathy.*

Sarcoma of the Femur.—1. Sarcoma of the femur is a malady so dangerous to life, so prone to early metastasis, that only the most radical operation should be performed, and that at the earliest possible moment.

2. Hip-joint amputation is to be preferred to resection or to amputation through the shaft.

3. Recurrence being the almost invariable rule after all methods of operation, a thorough course of treatment with the mixed toxins after operation, as a prophylactic, offers the best hope of permanent cure.—*Virginia Medical Semimonthly.*

What Medicine Cannot Do.—Medicine will be of no use for the removal of morbid states caused by the habitual indulgence in substances which exert a toxic action on the system, either by their intrinsic pathogenic power or by their excessive quantity, and it is the duty of the physician to ascertain whether his patient's ill health may not be owing to his use of one or other of the innutritious but pathogenic articles that are taken with or as substitutes for real nutriment.

Dr. R. E. Dudgeon in The Monthly Homeopathic Review.

Feeding Typhoid-fever Patients in Johns Hopkins.—It is generally agreed that typhoid-fever patients should be sparsely fed. The condition of the gastrointestinal mucosa gives ample reason for this. Milk is the article preferred. Albumin water can be used as an alternative, also buttermilk, boiled milk, koumyss or whey. As a rule, an adult should take four ounces of milk every four hours. Ice-cream may be taken at any time.

Beef tea, peptonoids, and similar preparations are never given in Johns Hopkins, but if a change of diet is required, it is usually accomplished by cutting off the milk and giving only whey and albumin.—*Medical Record.*

Pneumonia Prognosis.—The three most important points in the *prognosis* are the age, previous health and habits, and the occurrence of complications. Death happens most frequently between the fourth and the eleventh day, usually ushered in by gradual heart failure, cold clammy sweat, and increasing cyanosis. It takes several hours to run its course. Patients die with signs of gradually increasing suffocation.

All risk is not past with *convalescence*. Some die suddenly of pulmonary embolism from the detachment of a clot which has formed during the illness. This is distressing, because it comes as a surprise when all seemed well. Some cases are followed by melancholia or acute mania, and others by imbecility.—*Virginia Medical Semimonthly.*

Antitoxin in Laryngeal Diphtheria.—In laryngeal diphtheria it is not the neutralization of the toxin, as much as the prompt inhibition of the development of the bacillus and the casting off of the membrane, that is aimed at. To attain this result requires a relatively large dose. The initial dose in an infant under one year of age should be 2,000 units; from two to four years, 3,000 units; four years and over, 4,000 units. Should the case grow worse, in spite of the injection, repeat in six hours; should it remain stationary or only show temporary improvement, repeat in twelve hours. A third dose is usually unnecessary, unless we have begun too late or not used a sufficiently large initial dose.

Dr. Raue in Hahnemannian Monthly.

Nervous Cases Benefited by Travel.—The best cases for travel are those who are depressed suffering from insomnia; those to whom petty annoyances have assumed the appearance of great calamities; those who are depressed especially by their daily life and work. In such cases, land travel is generally beneficial. In traveling, a companion lively and sympathetic is absolutely essential to awaken interest, to keep the patient's mind from harmful subjects, and to hold constantly pleasant ideas up for contemplation. A friend is oftener

better than a relative for this task,—one selected who is known to have a pleasant stimulating effect on the patient. The ideal attendant is a cultured, well-informed young physician. Again, convalescent cases are often benefited by a change of scenes; but fatigue must be guarded against, and all bustle and confusion avoided.—*The Medical Times.*

Tubercle Bacilli in the Urine.—The presence of tubercle bacilli in the urine is now considered to be a positive proof of tuberculosis in some parts of the genitourinary tract. However, it should be recalled that people with general tuberculosis may have bacilli in the urine without any disease of the kidneys. Dr. Morris quotes Tilden Brown to say that the best time to find the bacilli is just after a hemorrhage. They are not always easily found, and inoculation experiments, using the urinary sediment, may be necessary to demonstrate the disease. The specimens of urine should be centrifuged, and the cheesy particles should contain the bacilli, which usually occur in groups of a large number, somewhat smaller, if anything, than those found in sputum. The fact that bacilli are not found in the first stain made is no proof of their absence, but many specimens should be examined before this test is abandoned.—*Northwest Medicine.*

Treatment of Diseased Tonsils.—Tonsilectomy is indicated in lacunar disease:

1. Where the whole tonsil is extensively diseased.
2. When the crypts involved are situated at the upper part of the tonsil, and open into a deep supratonsilar fossa.
3. In young children, who will rarely permit of other and more prolonged treatment.
4. When the cervical glands are enlarged.
5. Where cauterization has already been tried, and failed.

On the other hand, dilatation of the orifices, evacuation of the contents, and cauterization of the crypts is indicated:

1. When the diseased crypts are neither numerous nor large.
2. Where the upper part of the tonsil is healthy, and the supratonsilar fossa is shallow.
3. Where the disease occurs in young adults, and is not of long standing.—*The* (*London*) *Lancet.*

COLLEGE, HOSPITAL AND LABORATORY NOTES.

One hundred and six students were dropped from Cornell University, as a result of the midyear examinations.

The Johns Hopkins Hospital is to have a separate out-patient department for consumptives, as the result of a donation of $20,000.

The University of Wisconsin has been suffering from an epidemic of measles, one hundred cases developing during March in less than two weeks.

The bodies used in dissecting laboratories in London are all those of the unclaimed dead, and come almost entirely from workhouses and similar asylums. Sometimes they may be obtained for 20 shillings apiece, but at times they have been so scarce that the price of an adult corpse has risen to $50.

Boston University School of Medicine will contribute valuable examples of the fine work done in its laboratories to the appropriate exhibit at the St. Louis Exposition. Dr. W. H. Watters, instructor in pathology, will be in charge, and Dr. O. R. Chadwell, instructor in microscopy, will go on to St. Louis in April to perfect arrangements.

Early in March Bellevue Hospital in New York was caring for three hundred cases of pneumonia and grip. These diseases have been epidemic in New York City. Tests are being

made in several hospitals there to ascertain if the grip bacillus is present in the cases so diagnosed. At Bellevue investigators found the bacillus present in about 70 per cent.

Dr. Samuel Abbott, of the Massachusetts State Board of Health, has announced that by manufacturing its own antitoxin the commonwealth has saved the people $405,000 in four years. The actual expense in that time, when 159,000 bottles of antitoxin were distributed free, was $31,600. These statistics have been forwarded to Chicago, where it is proposed to adopt the Massachusetts idea instead of purchasing supplies.

By the report of the Massachusetts State Board of Insanity, it appears that the annual increase commitment still averages about 400, and that the insane in public institutions number 8,610, about equally divided between the sexes. The report says: Overcrowding in public hospitals and asylums continues to be extreme, necessitating the use of 1,733 beds in corridors and day-rooms, of which 1,051 are removed each morning to make sufficient day space for patients.

The Metropolitan Hospital of the city of New York (1,000 beds) has twenty-two resident physicians. Its competitive examination, open to all graduates in medicine, for the sixteen services of eighteen months each, occurring in June and December, 1904, will be conducted April 29, 1904. Applications should be addressed to Bukk G. Carleton, chairman Committee of Examination, 75 West 50th Street, New York City. This hospital gives unusual opportunity for experience in surgery, gynecology, genitourinary diseases, neurology, dermatology, physical diagnosis, general medicine and homeopathic therapeutics.

Sixty University of Toronto medical students have, in the interest of science, been deliberately exposed to smallpox, permission being obtained from the Board of Health. Before being admitted all of them were vaccinated, and when they came to the hospital they were required to remove their under-

clothing and their outerclothing, except trousers and shoes, and put on rubber bathing caps and long linen dusters securely fastened at the throat and wrists. Then they were ready for admittance to the ward. On leaving, each was required to take a carbolic bath, so strong that in some cases it took the skin off. This was followed by a soap-and-water bath. At the expiration of two weeks from the time of exposure no cases had developed.

For some time past prussic acid has been considered to be the most deadly poison extant. Mr. Lascelles Scott of Little Ilford, England, however, has now discovered a far more deadly poison,—the substance scientifically known as dimethylarsine cyanide, or more familiarly as cyanide of cacodyl. Three grains of this substance diffused in a room full of people would kill all present, so powerful is it. So deadly is this poison, that it is highly dangerous to handle it. It is a white powder, melting at 33°, and boiling at 140°. When exposed to the air it emits a slight vapor, to inhale which is death.

PERSONAL AND GENERAL ITEMS.

The editor regrets that this department was necessarily omitted last month, owing to illness.

The death-rate in London for the year 1903 is officially given as 17.2 per thousand, the lowest recorded, except 17.1 in 1901.

Dr. C. A. Fuller of Providence, R. I., has discovered, after prolonged investigations, that a considerable part of the leased oyster ground in Providence River lies within the zone of possible infection from fecal organisms.

The next meeting of the Boston Homeopathic Medical Society will be held in the hall of the Boston Society of Natural History, corner of Boylston and Berkeley streets, Thursday evening, April 7, at 7.45 o'clock.

The legislature of Porto Rico has appropriated $5,000 for the expenses of an investigation into the prevalence of anemia in the island. Captain Ashford of the military hospital has been appointed to conduct it. He will begin work immediately.

Dr. S. H. Blodgett of Warren Chambers, 419 Boylston Street, Boston, announces a change in his office hours. In future they will be from 2 to 4 P.M. on Wednesdays and Saturdays; appointments can be made at any time. Dr. Blodgett is in charge of the urinary laboratory of the Massachusetts Homeopathic Hospital, and will personally oversee the examination of any specimen of urine sent to him in care of the hospital.

Smallpox in Philadelphia is at present more prevalent than it has been in many years, and the disease continues to spread, despite the most strenuous efforts of the health authorities. Unfortunately, many persons decline to be vaccinated, and thus become media for the extension of the epidemic. The most urgent need of the hour seems to be a statute making vaccination and revaccination universally obligatory.

A number of post-graduate courses, both medical and surgical, will be given at the London Homeopathic Hospital during May. Lectures upon the homeopathic materia medica will also be given at the rooms of the British Homeopathic Association during May, June and July, and upon homeopathic therapeutics at the London Homeopathic Hospital. Drs. J. H. Clarke and D. Dyce Brown are among the lecturers.

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ORIGINAL COMMUNICATIONS.

UTERINE CURETTEMENT.

BY NOBLE H. HILL, M.D.

[Read before the Neighborhood Medical Club, Feb. 18, 1904.]

This subject I have chosen for my paper to-night, as in my limited surgical experience I have found occasion to perform this operation more frequently than any other in my gynecological practice. Ordinarily it is one of the most satisfactory operations, considering its immediate results, and usually it may be considered as not a dangerous one. Its simplicity and the rare occurrence of complications may lead one to infer that no skill or special aseptic precautions are necessary in performing it. On the contrary, the thorough use of the sharp curette requires considerable care and experience, as under certain conditions the curette in careless hands, or when the uterine tissue is thinned by pregnancy or disease, may become a dangerous instrument. Thorough aseptic and antiseptic precautions should be observed as carefully as in a major operation. The field of operation, the instruments, dressings and the hands of the surgeon (and those of his assistant, who may pass the instruments) must be surgically clean.

The indications for curettement are clear: to remove from

the uterine cavity, either loose foreign bodies, such as retained products of conception, blood clots, etc., or to remove the diseased endometrium or benign neoplasms, or tissue for diagnostic purposes.

We read a great deal in the text-books advising applications of medicinal solutions, such as tincture of iodine, zinc chloride or carbolic acid, to the uterine cavity at the physician's office. It is my opinion that such treatment is not to be advised, owing to the frequency of the same being followed by uterine cramp or by extension of the preparation used through the Fallopian tube, thus causing peritoneal inflammation. I have yet to see a case where there has been any trouble from such application to the cavity of the uterus when made after a thorough dilatation and curettement under ether.

Dilatation and curettement may favor drainage from a diseased tube, as it may also, under such conditions, light up pelvic inflammation. I would not think it advisable to curette in the condition of acute pyosalpinx, but wait for the temperature and abdominal tenderness to subside.

Do not curette the septic uterus. It will only open up the lymph and blood channels, and carry infection to the distant parts.

Dilatation of the cervix and curettement of the uterus without the use of a general anesthetic ordinarily should not be attempted. However, when the use of an anesthetic is contraindicated, by reason of a severe heart or kidney disease, it would be painful, but might be necessary.

The instruments needed in uterine curettement vary according to the nature of the case. For all-around work one had better be supplied with a Palmer dilator and a Wathen or Goodell dilator, one pair Donohue's tenaculum forceps, an irrigating curette, a Collins' dilating irrigator, two sizes Reynolds' curettes, two sizes Sims' curettes, a Martin's curette, a Collins' serrated curette, a serrated spoon curette, a uterine sound, Bozeman's uterine dressing forceps and a Bozeman-Simons' perineum retractor; also needle forceps, needles

and suture material for repair of accidental tear of cervix.

A word here regarding the curette. The dull curette, in my opinion, was made only for timid operators. (There is a difference between ignorant timidity and professional caution.) This curette is only serviceable in removing detached tissue or blood clots, though for this purpose the irrigating curette is preferable. To remove fragments of attached placenta in the later months of pregnancy or at term, the Reynolds' curette is to be depended upon. This curette is made with long handle and in three different sizes of fenestræ, suitable for use according to the amount of the dilatation of the cervix, or the period of pregnancy.

In operating to remove a diseased endometrium and to clean up a case of uterine catarrh, the Sims' curette is my preference. One with large fenestra for use on the fundus, and a very small one to scrape the cornua. The Collins' serrated instrument is sure to assist in tearing away the endometrium, which I like to use after the Sims' instruments. The serrated spoon curette is to be used for the removal of submucous fibroids, for which purpose no other instrument is as suitable, in my opinion. Most of the instruments mentioned, I have with me to show you.

Ignoring other more simple conditions calling for curettement, I would speak on the condition of chronic endometritis. The uterus is usually enlarged, and a thick mucopurulent discharge flows from the os uteri. Chloroanemia is an early symptom of endometritis; it is therefore advisable to institute constitutional treatment after curettement, in order to assist in the patient's return to health. The most frequent causes of endometritis are criminal abortions, gonorrhea or infections during the puerperium.

The patient should be given a laxative the evening before the operation (preferably castor oil), followed, if necessary, in the morning by an enema. Operation should be early in the morning. The patient should not take anything into the stomach the morning of the operation (not even water), as it might interfere with the progress of the anesthesia.

When patient is anesthetized it is well, before beginning operation, to make a careful bimanual examination of the pelvic organs and note the conditions. Should there be any thickening in the broad ligament suggesting an involvement of the Fallopian tube, care must be exercised during the operation to disturb it as little as possible and not drag down on the uterus.

The vagina and adjacent parts are scrubbed thoroughly with green-soap tincture and hot water, the vagina flushed out with half of one per cent. of formalin solution. The speculum is placed in position, and the anterior lip of the cervix grasped laterally with a tenaculum forcep and steadied, but not pulled down, into the vaginal canal.

The cervical canal should be explored carefully with the uterine sound to become familiar with the direction and depth of the uterine cavity, when the dilatation of the cervix can be proceeded with. The smaller dilator would be used first if required, because of a narrow cervical canal; then the larger one of Goodell or Wathen can be used. All parts of the uterine cavity should be carefully but firmly curetted: the posterior and anterior walls, the top of the fundus and the cornua. The curette should be occasionally withdrawn, to remove the detached tissue, and the uterus washed and scraped with one of the irrigating instruments. Then the cavity of the uterus should be gone over again, this time with the serrated curette, to make sure that it is thoroughly done. Especial attention should be paid to the cervical canal, curetting it well, as it is the part usually first involved in pathological alteration of its mucous membrane.

After being satisfied that the uterus is clean, the cavity should be dried out with plain sterile gauze, some of which is then packed about the cervix for protection, and an application made to the cavity of the uterus. I prefer for this purpose equal parts of carbolic acid and tincture of iodine applied with a piece of gauze, grasped and wound around the uterine forceps, taking care at this time to treat the cervical canal.

The surplus of the solution should now be wiped away with gauze, and a wick of iodoform gauze carried well into the uterus, but not necessarily to the fundus of the same. My method is to have the gauze of sufficient width so that when it is pulled out it will not break off. The strip of iodoform gauze should then be attached to a piece of sterile or borated gauze of sufficient size to comfortably fill the vagina, left with a corner within easy reach, to facilitate its removal. If put in this way, it should all come out readily in one connecting piece. When the gauze in the uterus is reached, it is well to twist it slightly, to insure its not tearing. The gauze serves as a tampon, decreases hemorrhage by stimulating uterine contraction, favors the closing of the vessels by plastic exudate, and through its capillary action acts as a drain.

The packing should be left in the uterus for two days if the patient is doing well. A rise of temperature, with uterine tenderness or pain, would be an indication for its immediate removal. On removal of the dressing a hot vaginal douche of normal salt solution is to be given, which should be repeated at least once a day for a few days, until the endometrium has been regenerated.

I have found that after such operations patients have done better by allowing them to sit up in bed a little on the third day, upon which day the bowels should be moved by a laxative or enema, and a more liberal diet commenced (it being understood that the patient is kept upon liquid diet until this time). I have with me the chart of my last case, showing how the patient was allowed to sit up, the operation having detained her at the hospital but eight days.

It has been claimed that the operation may have to be performed at longer or shorter intervals. I am inclined to the opinion that if the curettement is thoroughly done and the cavity is then treated as I have advised with equal parts of carbolic acid and tincture of iodine and iodoform drainage, that, unless the tubes are diseased, the result will be satisfactory. Of course, any of the causes of endometritis may again become operative in causing return of the diseased condition.

DIPHTHERIA STATISTICS.

BY MAURICE WORCESTER TURNER, M.D., BROOKLINE, MASS.

In the medical journals one frequently sees statements to the effect that the reduction of the mortality in diphtheria, of late years, is more apparent than real, and is not due to the use of the diphtheria antitoxin, but rather to the fact that coincidently with its introduction the bacterio-culture was accepted as the diagnostic test for diphtheria, and as a result, many cases which previously would have been considered as either tonsilitis or some other form of nondiphtheritic sore throat, were, on examination (culture), found to show the presence of the Klebs-Löffler bacilli.

How much truth is there in this assumption?

Doubtless there are statistical studies bearing upon this subject, but I have not been fortunate enough to find them, and the following analysis is based upon the *Thirty-first Annual Report of the Health Department of the City of Boston for the Year* 1902, particularly on the table to be found on page 13 of that report.

It is as follows, the figures of the population of Boston being obtained at the office of the city registrar:

Table No. 1.

Date	Pop. Boston	Diphtheria and Croup		Per Cent.
1875	341,919	Cases	Deaths	
1876				
1877				
1878		1,370	569	41.53
1879		1,167	545	46.70
1880	362,839	1,715	774	45.13
1881		1,680	802	47.74
1882		1,386	575	41.63
1883		1,415	608	42.97
1884		1,212	487	40.18
1885	390,393	1,263	450	35 63

1886.....		1,188	423	35.60
1887.....		1,049	410	39.08
1888.....		1,411	589	41.17
1889.....		1,814	683	37.65
1890.....	448,477	1,475	462	31.32
1891.....		831	285	34.29
1892.....		1,353	481	35.55
1893.....		1,465	546	37.27
1894.....		3,019	878	29.07
1895.....	496,920	4,059	654	16.11
1896.....		4,489	572	12.74
1897.....		3,398	456	13.42
1898.....		1,661	185	11.14
1899.....		2,836	304	10.72
1900.....	560,892	4,977	537	10.79
1901.....		3,319	353	10.63
1902.....		1,986	225	11.33

From this table it is evident that the number of cases and deaths from diphtheria bears no relation to the size of the population.

The table is naturally divisible into two parts, as indicated by the black line across it: the upper part, the "preantitoxin" period, including the years from January 1, 1878, to January 1, 1894, at about which year antitoxin and the culture test were introduced; and the second, or "antitoxin period," extending from January 1, 1894, to the end of the table.

The diphtheria antitoxin and the culture test were offered to the medical profession by the city of Boston about October–November, 1894. This does not mean that they were not used before, but simply that their use was restricted on account of expense and lack of availability of both up to that time; of course, since October–November, 1894, liberal use has been made of them.

Whether or not to include the figures for 1894 in the analysis is difficult to decide. Perhaps it is best to both include and exclude them in the figures for each period.

The following table gives, omitting the fractions:

1. The average number of cases yearly during the first period, excluding and including 1894.

2. The average number of cases yearly during the second period, including and excluding 1894.

3. The average number of deaths yearly during the first period, excluding and including 1894.

4. The average number of deaths yearly during the second period, including and excluding 1894.

5. The average percentage of deaths yearly during the first period, excluding and including 1894.

6. The average percentage of deaths yearly during the second period, including and excluding 1894.

TABLE NO. 2.

	Cases Yearly Average		Deaths Yearly Average		Percentage	
First Period	Without '94 1362	With '94 1342	Without '94 555	With '94 574	Without '94 40.07	With '94 42.80
Second Period	With '94 3305	Without '94 3340	With '94 462	Without '94 410	With '94 13.37	Without '94 12.27

It will be seen that 1894 can be dropped without materially altering the results, so that it need not be a matter of controversy. It certainly does not belong in the first period, and its place in the second is only rendered problematical, because the introduction of the diphtheria antitoxin and the culture test by the city of Boston did not come sharply at the beginning of the year.

Another thing to be remembered about the year 1894 is the claim that it was the beginning of an epidemic of diphtheria. Perhaps it was. The figures for 1893 show but slight increase over those of 1892, while the totals for 1894 are much larger than those for 1893. It is in comparing the yearly totals that the mistake is made.

We must consult the monthly reports and compare them to get nearer the truth. The following table, copied from the monthly reports of the Boston Board of Health, includes not

only the year 1894, but two years before and two years after, so we can obtain a better idea of the number of cases and the mortality.

TABLE No. 3.

		1892	1893	1894	1895	1896
January	Cases	102	152	195	340	501
	Deaths	28	49	61	55	49
February	Cases	108	115	128	294	403
	Deaths	31	32	46	55	47
March	Cases	114	116	185	205	302
	Deaths	35	31	56	29	38
April	Cases	135	73	140	191	304
	Deaths	52	27	42	37	42
May	Cases	107	86	187	221	346
	Deaths	39	33	58	32	46
June	Cases	77	112	167	327	352
	Deaths	23	25	43	43	39
July	Cases	76	89	139	268	300
	Deaths	19	30	41	40	33
August	Cases	78	104	155	274	256
	Deaths	23	28	60	43	27
September	Cases	79	91	250	343	296
	Deaths	31	31	76	51	38
October	Cases	144	196	458	412	461
	Deaths	35	72	109	51	54
November	Cases	185	160	564	630	498
	Deaths	46	58	126	69	60
December	Cases	175	186	469	561	466
	Deaths	52	60	99	83	43
Totals	Cases	1,380	1,480	3,037	4,066	4,485
	Deaths	414	476	817	588	516

It is interesting to note that the totals are not identical with those in the yearly report (Table No. 1), the number of cases being slightly more, while the number of deaths is much

less (Table No. 3). If estimated from these figures, the percentage of deaths for these five years would be considerably lower than in Table No. 1. Doubtless there is some satisfactory explanation as to why the footings do not tally; it would be interesting to know.

To return to the question of an epidemic,—there is a curious thing about this monthly table.

The diphtheria antitoxin and the culture test were offered free by the city of Boston to the profession in October–November, 1894, as already stated. Now, on consulting the monthly chart it will be seen that while there were more cases of diphtheria in September, 1894, than in August, yet in October there were nearly twice as many cases as in September, and almost three times as many as in August; and in November the number was still further increased—just at the time that the free culture test was instituted.

Perhaps the epidemic began in September. We shall never know, because there seems to be no definite record as to the number of cultures made before October.

But there is another explanation: perhaps it was a coincidence!

We come now to the question as to whether cases formerly called tonsilitis, etc., are not included under the head of diphtheria. As no report of such cases has ever been required nothing can be learned by hunting for such statistics. Neither is it necessary, as no one denies that many cases of this kind are now considered to be diphtheria,—"bacteriological diphtheria," if you like—placed in the category as a result of the present diagnostic standard, which ignores altogether, in many instances, the clinical side of the question.

This seems to be the crux of the whole matter. Being *diagnosed* as diphtheria, these cases are given diphtheria antitoxin and get well, *as they always did.*

In this connection it may be of interest to compare with the first table, or yearly report, one in which the latter part, beginning with 1904, is rearranged, the number of cases and

the mortality percentage being estimated in the same proportion to the deaths as in the first period.

As already given the average death-rate for the first sixteen years, of the table, is 40 per cent. and it is on this basis that the calculation is made.

TABLE NO. 4.

Date	Pop. Boston	Diphtheria and Croup		Per Cent.
		Cases	Deaths	
1875	341,919			
1876				
1877				
1878		1,370	569	41.53
1879		1,167	545	46.70
1880	362,839	1,715	774	45.13
1881		1,680	802	47.74
1882		1,386	575	41.63
1883		1,415	608	42.97
1884		1,212	487	40.18
1885	390,393	1,263	450	35.63
1886		1,188	423	35.60
1887		1,049	410	39.08
1888		1,411	589	41.17
1889		1,814	683	37.65
1890	448,477	1,475	462	31.32
1891		831	285	34.29
1892		1,353	481	35.55
1893		1,465	546	37.27
1894		2,195	878	
1895	496,920	1,635	654	
1896		1,430	572	
1897		1,040	456	Average
1898		463	185	40
1899		760	304	per cent.
1900	560,892	1,343	537	
1901		883	353	
1902		563	225	

The number of cases in Table No. 1 from January 1, 1894, to December 31, 1902, as given, is 29,742; as rearranged in Table No. 4, they number 10,312, a difference of 19,430,—65.36 per cent.—nearly two-thirds of the total number or over 2000 annually! Is it possible that so many cases are added as a result of the bacteriological diagnosis? *Cui Bono?*

The difference between this table in the number of cases from January 1, 1894, to the end of the column, as compared with Table No. 1 for the same period, is striking. A slight increase in cases in 1894—a mild epidemic—but after that a marked decrease.

A CASE OF RECURRENT CARCINOMA, TREATED BY STATIC ELECTRICITY.

BY GEORGE E. PERCY, M.D.

[Read before the Boston Homeopathic Medical Society.]

Mrs. S. A., aged forty, one child at term. Family history: on father's side, good; on mother's side, the grandmother, two aunts and two cousins died of cancer.

For past year patient has complained of general weakness, with pain in left shoulder extending down the arm; pain has grown worse from month to month, and at the present time is of daily occurrence and of increased intensity. The patient is slightly anemic; digestive organs fairly normal. Examination of breast showed tumor, involving lumen of left breast. The case was referred to Dr. Emerson, who advised immediate operation, which was done Feb. 27, 1896. Amputation of breast and removal of infiltrated axillary glands. Microscopical examination proved the growth to be carcinoma.

Recovery was uneventful, and the general health was good up to the fall of 1898, when she began to have pain under the right shoulder, interfering with movement of the parts, and seemingly of rheumatic origin. At about this time a distinct growth could be made out in the right breast, apparently of

the same nature as that which had appeared two years previously in the other breast. Dr. Emerson was again called, and advised removal of the breast, which was done on Jan. 9, 1899, less than three years from date of first operation.

Convalescence was slow, on account of an attack of la grippe.

In January, 1900, one year from second operation, I note the following:

Patient markedly anemic, with cachexia; abdomen as much enlarged as at six months of pregnancy. Complains of oppression and tension in abdomen, with periodic colicky pains. No specially localized area of sensitiveness, but general tenderness. Constipation of an aggravated form, necessitating enemata for movement of bowels. Appetite fairly good, but food seems to fail to nourish her. Extremities, especially hands and arms, edematous. Mental depression marked, and physically utterly indisposed to exertion of any kind. Menses somewhat irregular, but not excessive or abnormal.

Examination of the Abdomen.—On account of the great accumulations of adipose, it was impossible to make a very thorough examination, and especially as there was a degree of tenderness which forbade deep pressure. There was no tumor found on palpation, nor could the presence of fluid be made out. The condition simulated closely a dilatation of the colon, which is not infrequently met with in fecal tumors.

The history of the case and the present symptoms, viz., cachexia and debility, frequently recurring pain in abdomen, abdominal enlargement and obstinate constipation, could hardly fail to arouse one's suspicion of a metastasis of the malignant affection of the peritoneum or, at all events, to some portion of the viscera. The patient was again referred to Dr. Emerson, who expressed his opinion that operative interference was out of the question.

I confess that I had no hope of doing more than is usually done in such cases, than which a more trying task is never

allotted to our profession. The palliations afforded to the victim of cancer in the last ravages is not a glowing tribute to the advanced therapeutics.

In October, 1900, recourse was had to physiotherapeutics, to the exclusion of narcotics. The treatment consisted in the application of static discharges to the abdomen. Using the positive from large brass electrode, seance took from twenty to thirty minutes every second day, until the pain had entirely disappeared, after some fifteen treatments. Then treatment was given biweekly, and static insulation was substituted for one-half the seance. With cessation of the lancinating pain, there was a decided amelioration of the abdominal distension and disappearance of the edema of extremities, as well as general improvement, evinced by less marked cachexia and an improved mental condition.

At present writing the patient is in as good health as she was before the first operation, and is able to attend to her household duties without discomfort. There has been no pain in the abdomen for the past three years. There is still some distension of abdomen and bowels, and constipation to an obstinate degree. The appetite is good, and digestion apparently normal. The cachexia has entirely disappeared, as well as all traces of the edema.

I fully realize the favorable issue in this case cannot be attributed to the measures used in the last few years. The radical operations for the removal of the infected areas was the all-important step in the early history, and made it possible to hold in check the modified invasion to the abdominal organs.

It does not seem to be too much to claim, with Riviere, that the treatment of recurring and inoperable cases of malignancy has entered on a new phase through physiotherapeutical measures. The facility, simplicity and promptitude of the treatment conferred upon the method of treatment is a good value in both the number and completeness of cure.

EDITORIALLY SPEAKING.

Contributions of original articles, typewritten if possible, society reports, news items, etc., should be sent to the editor, A. Temple Lovering, M.D., 10A Park Square, Boston. Articles accepted with the understanding that they appear only in the GAZETTE. News items and reports must be sent in by the tenth of the month. Books for review, journals, subscriptions and advertising matter should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

AS IT HAPPENED IN INDIA.

Dr. James C. Wood, in the course of his presidential address delivered before the American Institute of Homeopathy in 1902, related a little incident brought to his attention while a student in the University of Michigan, and at a time when its homeopathic department was but a few years old. He said: "A professor in the department of medicine and surgery, narrow and intolerant, made the assertion that 'he would rather a patient suffering from intermittent fever would die under twenty-grain doses of quinine than get well under the thirtieth dilution of natrum muriaticum.' When the information was carried to a certain instructor in the homeopathic department, he replied that 'he would rather a patient would die under a strictly homeopathic remedy than get well under massive doses of quinine."

It is of course out of the question that there should now be any such tremendously wrong-headed practitioners in either the allopathic or homeopathic ranks this side of the "pond." And we will not go so far as to say there are any such over seas, and yet—but we will favor our readers with the cause of our apparent dubiousness and indisposition to vouch for the saneness of all the brethren.

"I know of a homeopath in our city," says Dr. Majumdar in *The Indian Homeopathic Review,* "who was called to a desperate case of cholera. He gave a dose of arsen. 200, and wanted the relatives of the patient to wait and give the information six hours after. The patient, however, was growing worse, and he was informed in three hours. He told them to wait, and in their urgent request to give more medicines, he flatly denied, and said if the patient dies he cannot repeat

the dose. The patient was given the benefit of another homeopath's advice, and cured ultimately by the doctor giving arsen. in frequent doses."

Perhaps we would better not scrutinize too closely the meaning of that valiant message, "if the patient dies (I) cannot repeat the dose," but take it at its face value,—the enunciation of a profound, if somewhat obvious truth, that death will interfere with the repetition of the dose. And of course we cannot but reprehend the impatience of the patient's friends, who were unwilling to wait six hours to "give the information;" for what is a trifling wait of six hours in " a desperate case of cholera," especially when the patient is fortified by a dose of the two hundredth?

There is, however, a slight—a very slight—excuse in that "the patient was growing worse." But why could not that inspired prescriber have explained, before leaving the case, that there was danger of getting a proving inside of three hours? In this he was to blame. The family could not know, without such mental illumination, that, whatever the state of the case at the end of three hours, in six hours all the unfavorable symptoms would have subsided. Still they seem to have suspected such an outcome—but in the shape of a result not complimentary to the doctor's skill, though favorable to the patient's early interment.

We are rather glad, despite our appreciation of the first doctor called in, that " the patient was given the benefit of another homeopath's advice." There may be some unreasonable enough to have offered excuses for the family had they refused further homeopathic ministrations and ordered in a whole shopful of patent cholera cures, but we, of course, are not of that number. We cannot think such a revulsion of feeling on their part justifiable. If they had but waited six hours, as bidden, the result might have been all the stoniest hearted could have desired. (It is expected that all of our readers will be politely unaware of any ambiguity in the last sentence.) Being like Kipling's Hurree Babu, a "fearful"

individual, we are almost as willing to leave this subject as our colleagues, for quite a different reason, must be to have us. It is not exhausted, but they may be. The patient got well. We had neglected to remark upon this, although it is sufficiently remarkable; that is to say, cholera *is* an unpleasant affection, and any one who lives to tell of it, etc., etc. Really this is embarrassing.

But as we said in the beginning and apropos of Dr. Wood's reminiscence, of course no one this side the "pond"—any pond—would refuse to save life, even if it were a question of massive and concrete doses recklessly repeated. As for chronic cases, they are undoubtedly the rightful(and unfailing) inheritance of medical sons and sons' sons, and if you wait six hours or six months they are still with you, whether ruminating on sac lac or lac sack,—the latter for choice. And, also, with chronic cases we have nothing to do, and hope we never shall have.

REMARKS OF DR. CONRAD WESSELHOEFT IN REPLY TO CONGRATULATIONS ON THE OCCASION OF HIS BIRTHDAY.

We are so fortunate as to have the privilege of publishing Dr. Wesselhoeft's remarks upon the occasion of the celebration of his seventieth birthday, March 23, when his friends and colleagues tendered him a dinner at the Hotel Somerset, Boston, and presented him with a silver loving-cup and other tokens of esteem.

Mr. Chairman, Colleagues, Friends:

Words are inadequate to express my emotions in reply to the kindness and generosity accorded to me this evening. I am no orator and am too much overcome by this unexpected demonstration of friendship. I ask myself when and how was it deserved? I have never considered my ability superior, and never been very proud of what I could do or have done,

always having been profoundly conscious of imperfections.

I am, therefore, all the more appreciative of your good-will and kindness, reserving to myself the right to appropriate as much of your praise as I may deem just.

A few words concerning my aims and objects:

I have never thought much of myself as a teacher, though from the beginning of Boston University School of Medicine, in 1873, I have done what I could. I recall with pleasure the scenes of the full class-room and the eager and attentive faces of my hearers.

To the Massachusetts Homeopathic Hospital I have cheerfully given my time, and hope that my ministrations there were free from error and, on the whole, successful.

My presidency of the American Institute of the Massachusetts Homeopathic Medical Society, as well as that of the Boston Society, have been kindly alluded to this evening.

In regard to these things, I take but little credit to myself. If any is due me, as I venture to hope, it is to have taken the initiative in uniting those societies upon a rational basis, doing away with creeds and beliefs, and opening our doors to all physicians, without surrendering one iota of our principles.

Also next to my heart was the contention against errors and imperfections in our pharmacy; contention against errors in the proving of drugs; and efforts towards establishing more firmly our principles of practice.

I take this generous demonstration to mean that my colleagues have appreciated my humble efforts, which without their assistance would have been of little good.

I must again express my regret that I have not the gift of language to express my gratitude and the sentiments which it engenders.

Again I thank you.

SOCIETY REPORTS.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the Boston Homeopathic Medical Society was held at the hall of the Boston Society of Natural History, Thursday evening, April 7, 1904, at eight o'clock.

In the absence of the president and vice-presidents, T. Morris Strong, M.D., was chosen chairman.

The records were read and approved.

The following physicians were proposed for membership: Chas. Theo. Cutting, 31 Highland Avenue, Newtonville, and Clarence Crane, 228 Huntington Avenue, Boston.

Mary A. Leavitt, M.D., Somerville, and Ralph C. Wiggin, M.D., Cambridge, were duly elected to membership.

The amendments to the Constitution and By-Laws, laid on the table at the last meeting, were taken up for consideration.

Dr. Packard: I move they be adopted as they stand.

Dr. Bellows: I would suggest a little improvement in the phraseology. An amendment would not be an amendment until it is passed upon: "Provided *the* alterations or amendment *proposed* shall have been presented in writing." It can not really be called an amendment until made so by vote of the society.

In the fourth line of paragraph 2: "Additional assessments as may be voted by the majority of the members present at any regular meeting, notice of the assessment *proposed* having been given upon the program of the meeting."

In the third line of paragraph 4: "Provided *the* alteration or amendment *proposed* shall have been presented in writing," etc.

If these changes necessitate laying over, I withdraw my suggestion, but if they can be made without postponement, it will make the Constitution and By-Laws more formal.

The chair ruled that the changes in phraseology suggested

by Dr. Bellows did not in any manner alter the spirit and intention of the amendments, and no objection being made, they will be noted by the secretary before printing.

The amendments to Article VIII of the Constitution, By-Laws IV, VI and X, recommended by the executive committee, corrected as suggested by Dr. Bellows, were then adopted.

The second vice-president, George A. Suffa, M.D., now took the chair.

The resignations of H. B. Cross, M.D., and Frederick C. Robbins, M.D., were read. On motion of Dr. Strong, it was voted that the resignation of Dr. Cross be not accepted, and that his name be continued as in full membership with remission of dues. Dr. Robbins intending to leave the state, his resignation was accepted.

Scientific Session.

Dr. Packard exhibited two unusually interesting specimens of the appendix, one of which is the most convincing specimen he has ever seen in support of a theory advanced by him two years ago, relative to the probability that it is undergoing gradual involution. In this specimen, for a distance of about one inch from the end, it is almost obliterated, and at intervals from there to the base are diaphragms of lymphoid tissue reaching inward from the circumference toward the center with apertures still remaining scarcely larger than a pin point. The other appendix, a very large one, was found on examination to contain a mass of pinworms in its distal end,—a very unusual form of foreign body to find in the appendix.

He also exhibited a dermoid cyst, showing particularly well-formed teeth growing from its wall, beside a mass of hair.

He also showed a skiagraph of an interesting case of macrodactylsm, exhibiting an enormous overgrowth of the index and middle fingers of the left hand. The patient was an Italian boy, six or seven years of age. The fingers were

larger than normal at birth and have grown with considerable rapidity since. There are other children in the family but none exhibit any deviation from normal.

It is always interesting, said Dr. Packard, to inquire into the matter of maternal impression in such cases, although, such, if found, rarely throws much light upon the subject of congenital disfigurement. In this instance the mother claimed that the enlarged fingers were due to a mental impression or shock, the result of being struck in the abdomen by a banana thrown at her by a peddler. This unusual overgrowth of the fingers suggests the question: Whence comes the sharply drawn limitation of growth in the animal body, and why are there occasional instances of absence of this inhibition?

The mammary glands sometimes reach enormous size under the stimulus of puberty and pregnancy. It is generally accepted that growth and limitations of growth are presided over by the nerve centers. The most reasonable view of cases of overgrowth is that such are due to loss of nerve inhibition. In this case, probably, the nerve center presiding overgrowth may have been defective in its inhibitory power, so the development of these fingers has gone on to this gigantic state unchecked.

PROGRAM.

1. "Report of the Medical Service at the Massachusetts Homeopathic Hospital, Jan. 1 to April 1, 1904," Edward E. Allen, M.D. Discussion by John P. Sutherland, M.D.

2. "Some Observations on the Drift of Modern Medicine," Walter Wesselhoeft, M.D.

"Dr. Sutherland was not present to discuss Dr. Allen's Report of Hospital Service."

Dr. Walter Wesselhoeft: One case that attracted my attention particularly, the case of hemorrhage, in which the autopsy showed no lesions to account for so much loss of blood. Perhaps Dr. Watters can give some detailed record of this case. Was there any history of hemaphilia?

Dr. Watters: The only thing that I can say is that after the strictest search no cause could be found. The day after, a case, practically identical, was operated upon at the City Hospital. An autopsy was held, with the same result. It is possible that the hemorrhage was caused by the dilatation of the veins around the lower end of the esophagus, which entirely disappear after excessive hemorrhage. Examination did not show any hemaphilia, and there was no history of it; still it may have existed.

Mounted specimens of lungs and kidneys were exhibited, showing septic condition of these organs.

Adjourned at 9.45 o'clock.

H. O. Spalding, *Secretary.*

MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY,

The sixty-fourth annual meeting of the society was held in Faelton Hall, 30 Huntington Avenue, Tuesday evening, April 12, and Wednesday, April 13, 1904.

Evening Session.

The meeting was called to order by the president, Nathaniel W. Emerson, M.D.

Report of the Committee on Diseases of Children.

Mary R. Lakeman, M.D., Chairman.

"The Normal Child":

1. "Grandparents in the Scheme of Heredity," John P. Sutherland, M.D. Discussion opened by Frederick P. Batchelder, M.D.

2. "A Bit of Philosophy," Fred S. Piper, M.D. Discussion opened by Mr. George Willis Cooke.

3. "The Relation of Birth-rate to Growth-rate," Edward M. Hartwell, M.D.

4. "The Mental and Moral Significance of Puberty," Grace E. Cross, M.D. Discussion opened by Eliza B. Cahill, M.D.

5. "Development of the Normal Chest," David P. Butler, M.D.

WEDNESDAY, APRIL 6, 1904, AT 10.30 A.M.

The meeting was called to order by the president, Nathaniel W. Emerson, M.D.

REPORT OF THE COMMITTEE ON INSANITY AND NERVOUS DISEASES.

Solomon C. Fuller, M.D., Chairman.

1. "A Case of Insanity Cured by Trephining the Skull," George S. Adams, M.D.

2. "Electro-diagnosis of Traumatic Back," Frank C. Richardson, M.D.

3. "A Case Presenting States of Amnesia Which Suggest Alternation of Personality," Henry I. Klopp, M.D.

12 M.

The records of the last meeting and of the executive committee were read and approved.

The treasurer's and auditor's report were read and approved.

The necrologist, Nathaniel R. Perkins, M.D., reported the following deaths: Chester W. Scott, M.D.; Willard C. Stilson, M.D.; Henry C. Ahlborn, M.D.; Horace M. Paine, M.D., corresponding member.

Memorial address: Dr. Henry C. Ahlborn, Frederick B. Percy, M.D.

Following the address, committees for the ensuing year were appointed.

Next in order was the report of the committee on registration and statistics, Wesley T. Lee, M.D., chairman, and the report of the election committee, Ralph C. Wiggin, M.D., chairman.

The officers for 1904–05 are for

President, Frederick P. Batchelder, M.D., Boston.

Vice-presidents, William F. Wesselhoeft, M.D., Boston; George B. Rice, M.D., Boston.

Recording secretary, Frederick L. Emerson, M.D., Dorchester.

Corresponding secretary, Wesley T. Lee, M.D., Somerville.

Treasurer, Winslow B. French, M.D., Boston.

Librarian, Frank C. Richardson, M.D., Boston.

Censors, John L. Coffin, M.D., Boston; Edward P. Colby, M.D., Boston; Frederick B. Percy, M.D., Brookline; Nathaniel W. Emerson, M.D., Boston; Joseph W. Hayward, M.D., Taunton.

It was voted that the transactions of the society shall be printed once in three years, and only such papers shall be printed as shall be approved by the publication committee.

The meeting adjourned at 12.50 P.M. for luncheon.

The meeting was again called to order by the president, Nathaniel W. Emerson, M.D., at 2.15 P.M.

REPORT OF THE COMMITTEE ON CLINICAL MEDICINE.

Carl Crisand, M.D., Chairman.

1. "Preventive Medicine," J. Arnold Rockwell, M.D. Discussion opened by N. G. Wood, M.D.

2. "Pleurisy," George L. Van Deursen, M.D. Discussion opened by Herbert C. Clapp, M.D.

3. "A Clinical Case," Mary S. Hornby-Frost, M.D.

4. "Vibratory Stimulation: Theory and Clinical Results," Guy B. Stearns, M.D., of New York.

5. (*a*) "Acute Hemorrhagic Pancreatitis," (*b*) "Pancreatic Carcinoma," Frederick P. Batchelder, M.D. Discussion opened by James B. Bell, M.D., and William M. Watters, M.D.

6. "Conservation of Energy," Carl Crisand, M.D.

4 P.M.

REPORT OF THE COMMITTEE ON OBSTETRICS.

Julia Morton Plummer, M.D., Chairman.

1. "Glycosuria in Pregnancy," William H. Watters, M.D.

2. "A Post-partum Fever Due to Other Causes than Sepsis," James F. Bothfeld, M.D.

3. "Unusual Points in Extra-uterine Pregnancies," William F. Wesselhoeft, M.D.

Adjourned at 6 P.M.

7 P.M.

Dinner was served at the Hotel Nottingham to one hundred and fifty-three members, after which the president's address was delivered by Nathaniel W. Emerson, M.D.

The papers and discussions will be printed in the next volume of transactions.

FREDERICK L. EMERSON, M.D.,
Recording Secretary.

OPERATING FOR PERITONSILAR ABSCESS.—The location at which it most frequently points is above and to the inner side of the tonsil, but the place an incision should be made is where fluctuation is felt, and the time to make it is as soon as fluctuation can be felt. It takes considerable patience and some practice to locate this point early. Opening the mouth is painful, but a few trials will give sufficient room for the physician to work his finger far enough back to make a careful exploration. Fortunately these patients are usually adults, and are willing to undergo a good deal for the promise of relief. This examination should be made as soon as the disease is suspected, and repeated at each visit until the thing sought is found. Early in the disease all the tissues in, above and around the tonsil are hard and dense, but ere long somewhere in this dense tissue will be felt a softer spot. This spot should be carefully located with the finger, so that it can be fixed later with the eye. Under a reflected light, the tongue held down with a depressor, a vertical incision should be made. Very rarely will this procedure fail to discharge the pus and put an end to the trouble.—*Cleveland Medical Journal.*

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

A SYSTEM OF PRACTICAL SURGERY. By Prof. E. von Bergmann, M.D., Prof. P. von Bruns, M.D., and Prof. J. von Mikulicz, M.D. Vol. I, SURGERY OF THE HEAD. Translated and edited by William T. Bull, M.D., and Walton Martin, M.D. New York and Philadelphia: Lea Brothers & Co. 1904. pp. 936. Price, cloth, $6.00; leather, $7.00; half morocco, $8.50 *net.*

Five volumes will constitute this encyclopedic work upon surgery, a work which is the product of the combined skill of eminent German surgeons, whose painstaking thoroughness and attention to detail is proverbial. The translation is made from the revised edition of the original, and by no less an authority than Prof. W. T. Bull of the College of Physicians and Surgeons, Columbia University.

We much doubt if any contribution to the literature of surgery of equal importance with this will appear in the near future.

We transcribe the main divisions of the contents of the first volume, wishing we had room for each chapter heading: Injuries and Diseases of the Skull and Its Contents; Malformations, Injuries and Diseases of the Ear; of the Face; Plastic Operations; The Neuralgias of the Head; Anomalies; Injuries and Diseases of the Salivary Glands; Injuries and Diseases of the Jaw; Malformations, Injuries and Surgical Diseases of the Nose and Its Adjacent Tissues; of the Mouth; of the Pharynx.

There are thirty-two chapters in all in this first volume. Reference to one will indicate the importance of the whole.

Chapter VI. treats of the brain; is written by von Bergmann, Krönlein, Schlatter and Weismann. It commences with an exhaustive monograph by von Bergmann upon the congenital surgical diseases of the brain, illustrated by full-page plates and other cuts. Several pages are then devoted to concussion of the brain with symptomatology and treatment; compression, and the appropriate operations. Weismann writes of injuries of the intracranial vessels. These are very well taken up.

Krönlein writes on contusions and wounds of the brain, traumatic meningitis; hernia of the brain. von Bergmann gives us many pages on abscess of the brain, and in a later section treats of epilepsy following head injuries; mental diseases following cranial injuries; surgical treatment of brain tumors. Schlatter discusses thrombosis of the intra-cranial blood sinuses. Krönlein gives us the technic of trephining, resection, craniotomy and osteoplastic resection. This chapter alone contains seven full-page plates in colors and monochrome, and many engravings. Each volume has a good index. The remaining four volumes will be published in rapid succession, and reviewed in the GAZETTE. The work is sold only by subscription at the price, per volume, mentioned.

MANUAL OF CLINICAL MICROSCOPY AND CHEMISTRY. By Dr. Hermann Lenhartz, professor of medicine and director of hospital at Hamburg, etc. Authorized translation from the fourth and last German edition, with notes and additions by Henry T. Brooks, M.D. Illus. Philadelphia: F. A. Davis Company. 1904. pp. 412. Price, cloth, $3.00 *net.*

In purchasing this book one may have the pleasant consciousness of getting the cream of Dr. Lenhartz's knowledge before his fellow-countrymen, for the American edition has been published in advance of the German. The author himself sent special notes and additions to Dr. Brooks, and the latter has further improved the original text by his own observations and explanations. Dr. Brooks has been professor of histology and pathology at the New York Post-Graduate Medical for the past ten years. The book is particularly adapted to the wants of student and physicians in general practice. It describes the microscope and other apparatus needed, their use and manipulation. An exhaustive section upon vegetable and animal parasites follows. The blood in health and in disease is described at length, together with methods of examination, forensic detection of blood spots, etc. The character of the sputum in certain diseases will prove of much interest. A consideration of the urine occupies a hundred pages, and is preceded by a section on the examination of the secretions of the mouth and of the gastric and intestinal contents. The last section is on examination of aspirated fluids.

It will be seen that the ground is pretty well covered. Some of the new text is on cryoscopy, the bacillus dysenteriæ, the paratyphoid bacillus, a new method for staining the blood, and additions to the section on the Widal reaction.

A Practical Treatise on Nervous Diseases for the Medical Student and General Practitioner. By F. Savary Pearce, M.D., professor of nervous and mental diseases in the Medico-Chirurgical College of Philadelphia, etc. Illus. New York and London: D. Appleton & Co. 1904. pp. 401. Price, cloth, $3.00.

"Treatise" is a misnomer in connection with this work, which is a manual, and a very good one as a brief study of nervous diseases. It is brief, but quite sufficient for an introductory preparatory course. The first fifty pages refresh the student's memory of the anatomy and physiology of the nervous system. A very few pages suffice for general pathology. Perhaps more space might have been devoted to this subject to advantage.

The third chapter on methods of examination, case taking, general symptoms, etc., is practical and well written being simple and easily understood. Chapter IV. is one of the best in the book, for it takes up the very important subjects of prevention of nervous diseases, treatment other than drugs, climatology and the care of the convalescent. Another good chapter is that on general and functional nervous diseases, well adapted to help out the young practitioner in his care of these frequently met with cases. Other chapters worthy of commendatory notice are those on diseases of the spinal cord. These diseases are well classified and ably described, with illustrative cases and detailed methods of treatment. The cuts are of varying merit. The paper is poor; the type fairly good. We should think this would be a useful book to use in quizzing and in laying out work for students. Aside from the drugs the therapeutics will be helpful to all qualified practitioners.

A Manual of Clinical Diagnosis by Means of Microscopical and Chemical Methods. By Charles E. Simon, M.D. Fifth edition, thoroughly revised and enlarged. Illus. Philadel-

phia and New York: Lea Brothers & Co. 1904. pp. 695. Price, cloth, $4.00 *net.*

It is only within a comparatively recent period that the diagnostician has been able to verify his diagnoses by the revelations of the microscope and the aid of chemistry. The older men in the profession may at times be tempted to undervalue the importance of laboratory work; the younger men may err in the opposite direction. To bring about a proper sense of balance all the faculties and powers must be trained, and facility must be acquired in the use and application of all methods leading to greater certainty in the early identification of abnormal conditions and pathological products. Not only the identification, but the significance of departures from the normal, must occupy the attention of the medical man of to-day both before and after obtaining his degree. A trustworthy guide to laboratory knowledge is indispensable, and such a work we have in Dr. Simon's. His careful, conscientious and successful labors, crystallized in book form, have won the recognition of the entire profession, and his "Clinical Diagnosis" has deservedly reached its fifth edition. The subject-matter covers the examination of the blood,—a section entirely rewritten and with sixty new pages,—the secretions of the mouth, the gastric juice and the gastric contents, the feces, the nasal secretion, the sputum, the urine, transudates, exudates, the cerebro-spinal fluid, the examination of cystic contents, the semen, vaginal discharges, milk.

This edition is decidedly a new one, showing the advances made in the past two years. It must be obtained by instructors and pathologists, who may have former editions, and can be confidently recommended to students and the general practitioner. Some especially fine-colored plates upon the blood should be remarked. The author's acknowledgments to the publishers are well deserved.

The International Medical Annual: a Yearbook of Treatment and Practitioner's Index. New York: E. B. Treat & Co. 1904. pp. 770. Price, cloth, $3.00 *net.*

This, the twenty-second issue of the "Annual," well sustains the reputation won by previous volumes. The whole field of

medicine, surgery, hygiene and sanitary science has been laid under contribution. Each of the thirty-one sections has been edited by a specialist of world-wide fame. Only one of these men, however, represents the United States; viz., Dr. Boardman Reed of Philadelphia, who has charge of the summary of progress in the treatment of digestive disorders.

As only about sixty pages are devoted to materia medica and therapeutic agents, including electricity, the balance of the work, dealing with diagnosis and treatment, embraces a great variety of studies of diseases and conditions, both medical and surgical. Physicians unable to keep up with the constantly increasing outpour of weekly and monthly journals, can obtain the cream of their contents by subscribing for the "Annual." There are some excellent plates showing the nature and distribution of the eruption in smallpox and other infectious diseases, and thirteen fine "stereograms" illustrating the surgical anatomy of the ear. Other illustrations are introduced as needed. The work is substantially bound in cloth, and constitutes a dictionary of medical progress during 1903.

American Institute of Homeopathy. Transactions of the Fifty-ninth Session, held at Boston, Mass., June 22–27, 1903. Edited by Ch. Gatchell, M.D., secretary. Chicago: Publication Committee. 1903. pp. 924.

In common fairness, it should be remembered, when commenting upon the late appearance of this volume, that the editor is dependent upon the promptness of a score and more of other people for the ability to get the "Transactions" out early. He has to bear the onus of failure in this respect, although he may have labored faithfully to secure speedier results.

The new volume makes a very good appearance typographically and as to subject-matter, there being the usual large number of papers well worth preserving. We do not know how many errors there may be in the text and elsewhere, but are willing to believe they are few, notwithstanding that the number of pages of each issue of the Gazette has been nearly halved, and the editor's name incorrectly given.

International Homeopathic Medical Directory. New series. Tenth year of publication. London: Homeopathic Publishing Co. 1904. pp. 121. Price, cloth, 50 cents.

The number of American physicians traveling abroad annually is rapidly increasing, and not only that but the patients of homeopathic physicians form no small part of the traveling. What more natural or desirable than that all adherents of homeopathy should know where to find the best professional men of that school?

The "International Directory" is the best agent for this purpose. It grows more complete and accurate each year. It covers Great Britain, Australasia, British America, Hayti, South Africa, India, China, Japan, Central and South America, Continental Europe and the United States. It gives lists of practitioners, chemists, veterinarians, societies, journals, hospitals and dispensaries.

Physicians in the United States can have the "Directory" sent to them, with name and address inserted, for only $1.00.

The Commoner Diseases of the Eye: How to Detect and How to Treat Them. By Casey A. Wood, C.M., M.D., D.C.L., and Thomas A. Woodruff, M.D., C.M., L.R.C.P., Lond. Illus. Chicago: G. P. Engelhard & Co. 1904. pp. 499. Price, cloth, $1.75.

Many practitioners make little effort to keep up with the literature of the eye chiefly because works on the subject are voluminous and very technical, requiring too much specializing and considerable apparatus. To such workers in general practice this manual is offered as a plain, simple guide to the detection and treatment of common affections of the eye, to the simpler methods of examination, testing vision, fitting glasses, etc. The complications and results of impairment of vision, and the eye diseases occasioned by systemic or other conditions, are explained without superfluous detail. Hygiene of the eyes is discussed, and prophylactic measures are pointed out. The authors call attention to the fact that early diagnosis of diseases of the eye is quite as possible, without exhaustive study, as the detection of common diseases of the uterus or lungs. Early diagnosis often prevents serious results, and will be ren-

dered possible by mastering the instruction given by Drs. Wood and Woodruff in their little manual. The illustrations are numerous, and there is a full reference index.

Howe's Handbook of Parliamentary Usage. New York: Hinds & Noble. pp. 54. Price, cloth, 50 cents.

The subject-matter of this condensed presentation of parliamentary law is so arranged as to permit of instantaneous reference to any and every rule. It is very ingenious and merits its name of "everything-in-sight." A copy will be sent by the publishers on approval, if desired. They may be addressed at 31 West 15th Street, New York City.

As a manual, this epitome may be used to equal advantage in conducting any public gathering where it is desirable that the proceedings should follow in an orderly and businesslike manner.

Medical Union Number Six. By William Harvey King. New York: The Monograph Press. 1904. pp. 58. Price, boards, 35 cents; paper, 15 cents.

In brief, this short story is a forecast of possible conditions in 1940, when the medical profession may in self-defense have become organized. The author, however, chooses to caricature the extreme dictatorial methods of unions, even now in force, as they would apply to the relations of the profession and the laity were physicians banded together with the same selfish disregard for the rights of the public now exhibited by "labor."

A Syllabus of Diagnosis. Prepared by William F. Baker, A.M., M.D., clinical instructor of medicine in the Hahnemann Medical College of Philadelphia. Philadelphia: Boericke & Tafel. 1904. pp. 107. Paper, 25 cents.

The arrangement of topics and questions has been made with a view to following the text of Dr. Clarence Bartlett's comprehensive work on "Clinical Medicine," and the course of lectures on physical diagnosis given from year to year before the students of Hahnemann College, Philadelphia, by Dr. E. R. Snader. The "Syllabus" will be a great convenience to all students struggling to acquire a good grasp upon this all-embracing subject.

THE SPECIALIST.

OBSTETRICS.

Under this heading will appear each month items bearing upon some special department of medicine; next month, "Materia Medica and Practice."

Operating for Extra-uterine Pregnancy.—John Bard of New York first operated for extra-uterine pregnancy in 1796. Baynham of Virginia again operated for this condition in 1799, and Recamier in 1801 devised the speculum and began the study of the female genital organs.—*Exchange.*

Sufficient Causes for Weaning.—Abscess of the breast, insufficient supply of milk, child losing weight or not gaining, indigestion in child, frequent emesis, syphilis in the mother, child apparently free; diseases of the nervous system, chronic diseases of the skin, menstruation, pregnancy.

Brooklyn Medical Journal.

Arnica After Delivery.—Arnica is a wonderful remedy, symptoms agreeing, in obstetrical cases. After severe labor or instrumental delivery the parts are more or less bruised, often lacerated, and the patient complains of great soreness, and with it she may have severe after-pains always complaining of the great soreness. Arnica is her friend, coming to her rescue and clearing up the entire trouble.

Cleveland Medical and Surgical Reporter.

Treatment of After-pains.—It may not sound orthodox, but for after-pains fill a two-dram vial with puls. 2x, enough to medicate disks, add one drop of sabina tincture, and direct patient to take two disks after each hard after-pain, provided the pains do not come oftener than one-half hour apart during the first six hours; as soon as pains are lessened, lengthen the period to one, two or three hours.—*Medical Visitor.*

Caulophyllum in Pregnancy.—Caulo. is a remedy to be thought of in primiparæ or with those having commonly difficult labors. (Remedy, daily for four weeks antepartum, tr. 1x or 2x, gtt. iii, v, x.) It is also useful in threatening abortion, 1x or 2x in repeated dose. In a case given to abortion, when the os begins to dilate, with sacral and lumbar pains, caulo. will hinder the process.

False pains during pregnancy vanish under the drug.

Cleveland Medical and Surgical Reporter.

Eclampsia and Vaginal Cæsarean Section.—Ashfeld believes that the view taken by some writers, that the uterus must be emptied immediately in all cases of eclampsia, is extreme, and that a more rational course is to resort to less radical measures first and observe their effect on the disease. Chief among these is the hot pack, which nearly always produces a prompt and marked change for the better, and often is followed by spontaneous dilatation of the cervix. The metreurynter is greatly to be preferred to the Bossi dilator, and vaginal Cæsarean section is indicated only in the rarest cases.—*Zentralblatt für Gynäkologie.*

Childbirth among the Moros.—When a child is born to a Moro family it is put to one side and disregarded, while popular interest is directed toward the expulsion of the placenta. When this appears, it is carefully examined, and then repeatedly washed to the accompaniment of certain religious rites. It is then taken outside the dwelling and buried with much ceremony, and only after all the Mohammedan proprieties with regard to the placenta have been observed can the child receive attention. If it bleeds to death from the cord or succumbs as the result of exposure, it is evident that Allah willed that the child should not survive.

Medical Record.

Lillium Tig. in Ovarian Diseases.—Lillium tig. is one of our most important and most often indicated remedies for the treatment of left-sided ovarian diseases. The pains are sharp, cutting, and extend straight across the abdomen and down the left thigh. The flow is generally bright and profuse; it is aggravated during the day and when moving about. Should the flowing continue while the patient is lying down, it will contraindicate lillium. The flow returns during the intramenstrual period from any unusual exercise, such as riding horseback, riding in a rough wagon, or working over a washtub. Its leucorrhœa is brownish, excoriating, and often very fetid.—*Pacific Coast Journal of Homeopathy.*

Fetal Heart Sounds.—In the primipara the head sinks deep in the pelvis, and the location of the sounds is more uniform. In these cases, in *occipito-anterior positions*, the heart beat is usually most distinct below the umbilicus and to the side corresponding with that to which the occiput points. In *occipito-posterior positions* the beat is heard further around toward the back. In *face* presentations the sound is similarly heard on the side toward which chin points, but may extend over a large area and far back. In *breech* cases the child does not sink so low and the sound is apt to be above the navel. When *transverse*, the sound is heard most distinctly on the side in which the head is found, and may cover a large surface.

In *multiparæ*, the child rides above the excavation with either pole presenting, and the heart sound is apt to be heard higher in head presentations than with the primipara. In breech presentations the location is the same. In other positions the locations of the sound are similar to but less uniform than those in primiparæ.

Virginia Medical Semimonthly.

An Important Early Sign of Pregnancy.—It is observed as early as the fourth week, or possibly earlier, and consists

of an intermittent softening and hardening of the vaginal portion of the cervix uteri, with, in many cases, a change of color, from a pale violet to the normal pink hue, or the reverse. These changes in consistence and color are rhythmic, more or less. The alternate softening and hardening is easily detected by digital touch, while changes in color may be seen through a speculum. These signs or processes are, in all probability, early manifestations of what is subsequently recognized as the intermittent contractions of the pregnant uterus, and are probably due to a necessity for some change or modification in the uterine circulation incident to the nourishment and growth of the impregnated ovum through physiologic intermittent congestion of the generative system.

Feeling for the Cord Immediately After the Birth of the Head.—Schultze wishes to abolish the universal custom of examining the child's head with the finger immediately after the birth of the head to determine whether the cord surrounds it or not. There is no doubt of the risk to the child when this condition is present, but the danger lies chiefly in compression of the cord between the symphysis and neck during the latter part of the descent; as soon as the head is born, this danger ceases, while shortness of the cord sufficient to cause dystocia or prenature separation of the placenta gives symptoms so pronounced as to make the diagnosis certain without digital examination. The great danger consists in having a hand, often of questionable sterility, introduced into the freshly lacerated genital passages of every parturient woman, a procedure which, granted its superfluousness, is contrary to all the tenets of modern obstetrics

Centralblatt für Gynäkologie.

Treatment of Ectopic Gestation.—First, before rupture takes place, operate as soon as diagnosis can be made. Second, after rupture has occurred, operate immediately. The one condition that could be waited on possibly would be hem-

orrhage into the broad ligament or extra-peritoneal where perhaps the bleeding might be controlled by its own pressure. Third, and I suppose the only one where there is any difference of opinion as to the proper treatment, is where rupture has taken place and the fetus is viable. Nearly all agree that the best thing to do is to deliver the child by abdominal section, stitch the placental membranes to the abdominal wound, letting the placenta come away by sloughing; otherwise an effort to remove the placenta would be attended by such violent hemorrhage as to so seriously endanger the life of mother that at least ninety per cent. would succumb.

Virginia Medical Semimonthly.

Knowledge of Midwifery.—It is a great delusion to estimate a man's knowledge of midwifery by the number of deliveries he has conducted. Most men observe only what they have been taught,—much or little, true or false,—but nothing more, if even that. Hence the prevalence and tenacity of error, handed down from generation to generation. What is required is a fuller consideration of the needs of the general practitioner, not as regards the simple management of normal labor, but the forestalling of danger, and how to deal with the difficulties and complications he may at any time meet. Lectures, systematic and clinical, quickened by the influence of the living voice, and illumined by the personality and experience of the teacher, are the best mode of instruction. Text-books are afterwards necessary and useful, but to make a student dependent upon them largely or wholly is like the artificial rearing of infants on one or other of the substitutes for the natural milk of his alma mater. Text-books, like proprietary infant foods, are showing a tendency to increase in number as well as in the commercial energy with which they are being pushed.

Prof. Wm. Stephenson, before the British Medical Association.

Gelsemium in Obstetrical Work.—"Only a fever remedy" is a slander. The jasmine is one of the best of helpers that

the obstetrician possesses. It is a cross between belladonna and cimicifuga, just as ferrum phosphoricum is a cross between aconite and gelsemium in fevers. Its sphere is both relaxation and dilatation. It relaxes the cervix and dilates the os as no other drug I have used, except in cases in which the indications for some other remedy are not of the most positive kind. If I had but one lying-in helper it would not be belladonna, nor pulsatilla, nor cimicifuga, nor chamomilla, but gelsemium. It is as much the pronounced absence of a type that calls for it as anything else. The back aches, the patient squeezes the obstetrician's hand in the vice of a Methodist, and she writhes and twists on the bed in a fashion suggesting bodily effort at induction of the rotation of the fetal head. In delayed advance, with the characteristic movement which has been described as the corkscrew motion of the head in its effort to engage, the attempts of the womb in this direction amounting to almost a uterine intelligence, gelsemium has no equal. Look out for it and be ready to help. For more than once has its effect been so prompt in my practice that I have almost been caught off my guard. I have given it both high and low, and with apparently equally good results. By preference I use the thirtieth now, but cannot condemn the second and third, both of which have served me well.

Dr. C. E. Fisher in the Medical Visitor.

Cerebral Birth Palsy.—Of twenty-six cases of this affection, of which the author has notes, the child was a first-born in sixteen and in six of the others the head was delivered last. The external signs of severe pressure from the forceps are often to be seen, and sometimes convulsions in the first few days of life indicate the morbid state of the brain. Further autopsies show the lesions of cerebral hemorrhage, usually situated at the convexity of the brain. Among the symptoms may be often noted a blood tumor of the scalp. There may be apparent death, or general convulsions and rigidity. In slighter cases it is only when the child should begin to walk

and talk that a rigidity of the legs is discovered, and usually spasmodic, athetoid or choreiform movements of the arms, with a degree of inco-ordination. Inability to support the head, curvature of the spine, strabismus and difficulty in articulation and swallowing are sometimes present, and mental defect is common. The disorder is usually bilateral, but sometimes limited chiefly to one arm. Very commonly the arms escape, and there is adductor spasm of the legs, with crosslegged progression.—*The Medical Times.*

Polyhydramnios.—By polyhydramnios is meant more than two pints of amniotic liquid at full term. As much as seven gallons have been seen in the human species. Pathology of the condition not known. When polyhydramnios is slight and not increasing, the patient's health remaining good, pregnancy should not be interrupted. When distension increases rapidly and the patient's health is impaired, under thorough antiseptic precautions the cervix should be dilated sufficiently to admit the finger. A pair of uterine dressing forceps, closed, should be inserted and the membranes ruptered, the forceps opened and a rent sufficiently large made to permit the introduction of the finger. Fluid should be allowed to escape very gradually until the presenting part descends firmly against the cervix. Firm pressure must be made over the abdomen by a many-tailed abdominal binder or broad bandage held by assistants. The patient must be watched, as labor is often precipitate and the fetus may assume unfavorable positions. Labor should not be hurried in the interests of the child because the fetus is often deformed.

Polyhydramnios is dangerous to the mother from over distension, relaxation, hemorrhage and increased danger of sepsis. The uterus must be completely emptied and made to contract. A hot intra-uterine douche of 1 per cent lysol, tamponing with iodoform gauze, the hypodermatic use of strychnia and ergot and other stimulation are necessary.

Dr. E. P. Davis, in Annals of Gynecology and Pediatry

ABSTRACTS FROM BOOKS AND JOURNALS.

Treatment of Cardiac Debility.—A good rule as to diet, and applicable to stout, gouty men, is to limit the breakfast to fish, bacon and an egg, with a little toast; the lunch to a mutton chop or a slice from the joint, with green vegetables, and on no account any farinaceous puddings; the afternoon tea to one cup and a dry biscuit; the dinner to fish and poultry or game, with green vegetables as at lunch, thin toasted bread, no butter, or pastry, or rich sauces. If these lines are carried out you will not fail to find improvement in the digestion, the weight, the muscular power, and the general *bien-être*. And one can in this way generally avoid the troublesome Salisbury diet; or, on the other hand, the establishment of a practically vegetarian regime.

Beer, effervescent wines and mineral waters should be avoided. Dry ciders, dry wines of the Rhine or Moselle, or of the Bordeaux type, may be allowed in strict moderation. Sugar is better dispensed with, and saccharin, if suggested, should be laughed out of court.

Smoking has to be dealt with, and if necessary, with a firm hand. Conditions suggesting a fatty degeneration certainly forbid it in all forms; and anginous cases should also certainly not smoke. On the other hand the irritable heart of the neurotic man may be distinctly benefited by the use of tobacco within the physiological limit and well within that limit.

Contrary to the general opinion, I believe the cigarette, if not smoked to the hilt, is the least harmful form of the weed. The ordinary cigar is too strong and bulky for the heart patient, and the pipe needs a "draw" which the cigarette does not; moreover, it is generally not a clean instrument.

Free indulgence in tea or coffee must be checked, and "big drinks," however innocent their composition, should be avoided.

The under-nourished man should be fed as carefully as the plethoric, but he may eat farinaceous puddings and be put on cod-liver oil as well. He is not exactly to be fed as a phthisical under open-air treatment, but supplementary meals may be given him, with good results, in the form of good soup, milk and doses of hematogen. And, generally speaking this freer diet should also be exhibited to the man with a disturbed innervation, unless it be evidently caused by gouty conditions.

The medicinal treatment of the conditions we have just been considering is in many aspects an important one. Practically it resolves itself into the treatment of a gouty and inefficient myocardium, an overloaded and probably degenerating myocardium, and a feeble and easily overstrained myocardium.

I think *colchicum* has a very strong claim on our notice in the treatment of the first section; the quick, rapid pulse, the intermissions, the collapse—all point to it as, in large doses, a peculiar and distinct depressant. According to our rule of practice such a medicinal action, especially when it is confirmed by the totality of symptoms, would lead us strongly to rely on the therapeutic value of the preprimary or plus action of this drug in small doses. In severe cases it should not be given in more than the second decimal dilution, though in more chronic and less markedly severe attacks the first decimal might be used with advantage.

Digitalis is another remedy made use of by both schools of medicine. When there is a rapid and irregular palpitation and heart distress, but without marked dilatation, it becomes a valuable remedy in the second and third decimal dilution. But when weakness, mere intermittence, and a general condition pointing to atony rather than irritability, the first decimal, or else drop doses of the mother tincture, are more dependable.

There are three remedies which are extremely useful in cardiac pain of a chronic nature occurring at this time of life. I exclude aconite, because its indication, generally

speaking, would be in most cases marked by a certain amount of fever, or at least erethism, as well as from the fact that it is very specially the medicine of the young.

Spigelia is markedly the remedy of the weak, neuralgic, and under-nourished heart. The pain is not of a severe character, but it is evidently cardiac in location; it is associated with such tension and palpitation as we get in this class of cases, and there is often pressure and weight on the heart region, besides tension in the brain and semilateral neuralgias of the head.

Next to this I would mention *cactus*, a remedy probably as useful in the male sex as *spigelia* in the female. The special indications are pain and oppression, just as if an iron hand were grasping the heart, intermittence of heart and pulse, feebleness of heart's action generally. Rubini's classical proving of this drug, supplemented later by Hencke and Lembke, seem to my mind to produce a series of facts concerning the power of this drug to induce heart weakness, intermissions and suffering of a most marked and undoubted character. It is in our school a drug in daily use for just those special symptoms which these observers elucidated. Nature properly and carefully interrogated reveals the curative power of small doses by indicating the track affected by larger doses, and also the lines of special affinity through which they act.

The third remedy of this analgesic group is *glonoin*, or *nitroglycerin*. For the pain which commences in the cardiac region and has a tendency to pass across from the chest to the left arm and down to the fingers, accompanied with a dyspnœa, anxiety, and fear of impending death, this remedy (just as amyl and the nitrites) has a remarkable power of bringing relief. The quick, rapid, and often irregular pulse, the headache and distress, the shooting, throbbing pains, the anxiety and shallow respirations, the palpitations, the pain shooting through to spine and down the arms, the flushing of the face followed by extreme pallor, fainting, and insensibility,—all make up a striking picture of what one recognizes

as angina. And I feel sure it is your experience, as it has been mine, that the relief to these marked symptoms has been over and over again of a satisfactory character. The dose I generally prescribe is 1-200 of a grain.

The short list of remedies which I am bringing before your notice this evening would not be complete without the mention of *strophanthus,* which is in common parlance a heart tonic, and no doubt a very valuable one. I have found it of great use in the chronic weak heart when dilatation is of a moderate character; when uneasiness rather than pain is present, or, if there is pain, pain of a slight and limited character,—an ache, as of fatigue; when the pulse is occasionally intermittent, but palpitation is not of a vigorous paroxysmal character. The experiments of Fraser, Piedvache and others lead to the conclusion that the *plus* action of strophanthus is to be found in the dilutions or in drop doses of the mother tincture, and that as soon as full doses are given, the cardiac impulse is enfeebled, arrest of its action follows, and paralysis of the organ finally ensues.

Among the lesser-used heart tonics may be mentioned *spartein* and *convallaria;* and as special tissue remedies acting on the degenerating myocardium I must mention arsenic and its iodide, iron and barium.

The *hygienic* treatment of cardiac weakness may be summed up:

1. As it relates to pure air.

2. As it relates to ordinary movement and exercise. Impetuosity must give way to deliberation.

3. As it relates to regulated movements, opposed and self-opposed.

4. As it relates to baths.—*Dr. Herbert Nankivell, in The Monthly Homeopathic Review, London.*

Melilotus in Neuralgic Complaints.—The remarkable effects of melilotus, or sweet clover, in neuralgic complaints prompted me to order some for a case which had bothered me

not a little for several years. The gentleman had been subject to attacks of neuralgia for fifteen or twenty years, affecting the right side of head, and which had been the cause of the almost complete destruction of sight in that eye. The attacks were caused by fatigue, cold, or derangement of the stomach. The pain centered about the eye, and extended over the right side of head and neck, and left the scalp sore and tender to the touch. The pain during some of the attacks was agonizing in the extreme, and the patient would become wild and furious with its severity. I had used all the usual remedies, including morphine, at different times, but aconite and belladonna had generally rendered the best service. I first used the melilotus last fall, with the effect to completely control the attack; and since that time, when taken soon enough, it has always checked or controlled it.—*The American Physician.*

After-treatment of Tracheotomy.—The after-treatment of tracheotomy is important. Secure damp air in the room, to keep the secretions from drying and occluding the cannula. Remove the inner cannula frequently, and keep it clean. On the third day remove the outer cannula, and see if the patient can breathe without it. If not, reintroduce, but use another cannula. This renders less the danger of decubitus. After two more days remove again, and if necessary to reintroduce, use the first cannula again. Do not remove the cannula the first time before the third day. The wound heals rapidly, and by so doing, a second operation might be necessitated. Be sure the wound is large enough to admit the cannula without undue pressure, but don't go low enough to endanger the arteria innominata. In Vienna we were strongly advised in all cases to make intubation before commencing a tracheotomy. It prevents stenosis from retraction of the head, and gives the operator more time, thus enabling him to operate more deliberately.—*Dr. E. H. Linnell.*

Nitroglycerin in Asthma.—It is the mainstay of many physicians in asthma. I have used it freely and often in asth-

matic cases for the past six or eight years, and with the happiest results. Am now using a tablet, first made and sold by Sharpe & Dohme, composed of glonoin 1-50, strych. 1-50, and morph. sulph. 1-20. This combination is the quickest and surest palliative I have ever found in this agonizing disease. It will relieve and cut short the attack in nearly every case. It is preferable to morphine alone in a large dose, and is a more far-reaching remedy than nitroglycerin alone. This tablet, given once or twice hypodermically, and followed with hourly doses of nitroglycerin alone in 1-250 grain doses, often relieves and, for the time, cures patients for me in a few hours, whose attacks, a few years ago, before I learned about my present treatment, kept me thinking and worrying for days. These cases often have a weak and irregular heart's action, and here, as elsewhere, feebleness of circulation makes the action of this remedy all the more certain.—*Dr. W. B. Webb in The Clinique.*

Drug Proving.—But in order to do good work and of permanent value here, it is necessary that we do it not only in the spirit of the early masters, but, with the light and experience of modern times, *bring the methods of modern research upon this important work.* Said our strenuous President Roosevelt: "*The days of the pioneers have gone, but the necessity for pioneer virtues remained.* The duty of each generation which appreciated the work of their fathers was to keep alive the *meaning* of that work as a spur to ever-fresh effort." So with us homeopathists. We must keep alive those virtues and qualities that helped to early-day success, and add thereto the experience of the present. To understand the best tendencies of the old school, is the best aid to maintain our own position toward the full development of medical science. So, in this department of drug proving, we utilize modern methods of research, and profit thereby in the upbuilding of our art,—*supplementing* but not *supplanting.* In this way we make of materia medica the great highway that leads to all successful use of medicine in all conditions of disease.

Dr. Wm. Boericke in Pacific Coast Journal of Homeopathy.

COLLEGE, HOSPITAL AND LABORATORY NOTES

Prof. A. W. Weysse of M. I. T. and B. U. S. M. has formally been appointed to the chair of zoölogy in the new scientific department at Boston University.

Mr. Daniel B. Wesson, of Springfield, Mass., has presented to the trustees of the Hampden Homœopathic Hospital plans for a new hospital, to cost $100,000, which sum he will donate. This will give Springfield one of the finest hospitals in the United States.

The New York Homœopathic Medical College and Hospital offers a fine and very attractive Practitioner's Course May 2 to May 21. There will be operations, clinics and lectures, and careful laboratory work under personal supervision. The fee for the course is $20, including a certificate of attendance.

James Stillman of New York, who last year gave $50,000 to the Stillman Infirmary of Harvard to establish a contagious ward, has added another $25,000 to his gift to complete the contagious ward in the finest manner. The new contagious ward will adjoin the main body of the present infirmary, being connected by a long corridor.

The recently quoted prices which follow, for radium for therapeutic purposes, are suggestive of its monetary value: 1,000 x activity, 2-10 gram in sealed glass tubes, $10; 1,000 x activity, 1-2 gram in sealed glass tubes, $20; 7,000 x activity, 1-10 gram in sealed glass tubes, $30; 7,000 x activity, 1 gram in sealed glass tubes, $275.

A home for aged people of both sexes who may be afflicted with an incurable malady, and who may stand in need of charitable aid, to be erected at Methuen, Mass., is provided for in the will of Mrs. Julia Nevins, who was the widow of H. C. Nevins, formerly of Boston. The will directs that the home shall be called "The H. C. Nevins Home for Aged and Incurables."

Land has been bought for Chicago's great hospital for the cure of infectious diseases, founded by Harold McCormick and his wife, who is a daughter of John D. Rockefeller. Part of the block at 53d Street and South Park Avenue has been acquired, and a deal is on for the purchase of the remainder. Although no definite announcement has been made, it is believed the hospital buildings will cost $1,000,000, while aside from this there will be a heavy endowment. The hospital is to be a memorial for John Rockefeller McCormick, the infant son of the founders, who died of scarlet fever a few years ago. Dr. Louis Hektoen probably will be medical director of the institution, which will be in affiliation with the University of Chicago.

PERSONAL AND GENERAL ITEMS.

Dr. Harvey B. Dale of Oshkosh, Wis., is now editor of *The Medical Visitor.*

Dr. Chas. H. Helfrich announces his removal, on May 1, to the Windsor Arcade Building, 5th Avenue and 46th Street, New York City.

The imperial Russian minister of finance has offered a prize of 50,000 roubles ($25,000) to the person or persons who will invent some way of making alcohol undrinkable.

The Minnesota State Homeopathic Institute meets at Minneapolis, for its thirty-eighth annual session, May 17, 18 and 19.

The Homeopathic Medical Society of Ohio holds its fortieth session at the Great Southern Hotel, Columbus, Ohio, May 10 and 11.

Dr. Benj. T. Loring was married to Miss L. M. McAllister of Elgin, Ill., April 12. Dr. and Mrs. Loring will be at home Wednesdays, after May, at 178 Huntington Avenue, Boston.

The American Gastroenterological Association will hold its seventh annual meeting at Haddon Hall, Atlantic City, N. J., June 6 and 7, the papers, discussions, etc., being upon the subject of gastric ulcer.

The ninth post-graduate course of instruction in orificial surgery, by Dr. E. H. Pratt, will be held May 16 to 21, inclusive, at the Chicago Homeopathic Medical College, Chicago, Ill. The tuition for the course will be $25 in advance. Communications should be addressed to Dr. E. H. Pratt, 100 State Street, Chicago.

The American Institute of Homeopathy will meet in sixteenth annual session at Niagara Falls, N. Y., June 20 to 25, 1904. The headquarters will be at the International-Cataract Hotel. Rooms can now be engaged. The Railroad Passenger Associations have granted a special rate of a fare-and-a-third, from all points, on the certificate plan. About the middle of May the announcement of the coming meeting will be mailed to all homeopathic physicians whose names are in "Polk's Medical Register." Blank applications for membership will be enclosed. For further information, address the secretary, Dr. Ch. Gatchell, 100 State Street, Chicago.

The office of coroner in New York City has been abolished by act of legislature. The new statute provides for the appointment of physicians for medical examiners. The salary of the chief medical examiner is to be $6,000 a year, and those of the medical examiners $3,500 each. The medical examiners are to be a part of the department of health, and are to assume all the duties of the coroners, with the exception that they are to make their reports in all suspicious deaths to the city magistrates, and if an examiner is not satisfied with the result of an examination into the cause of death of a person, he is to notify the district attorney, and is then to make an autopsy in the presence of that officer and a police officer.

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ORIGINAL COMMUNICATIONS.

SOME OBSERVATIONS ON PNEUMONIA.*

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

[Read before the Boston Homeopathic Medical Society.]

I shall not attempt to tell you to-night everything that is known about pneumonia,—by which I mean croupous pneumonia,—because I do not know it all myself, and because you know it better than I do. I shall attempt to give you some ideas on this disease, which has now become the greatest destroyer of human life in this country, passing tuberculosis in fatality, and relegating that disease to the second place. These ideas are largely the result of a quarter of a century's observation in the Connecticut Valley, a most charming place of residence, where sickness is gradually disappearing, but where we still occasionally see rheumatism, malaria, grippe, pneumonia and consumption. In dealing with this subject it is unnecessary to bore you with facts which every one knows, and, in passing, I would like to remark that I wish medical books could occasionally be written on this principle. Every few weeks I look over a new work on practice, or obstetrics, or laryngology, it may be, which an obliging book agent engagingly lays before me, from the pen of some distin-

* For discussion of this paper, see page 271.

guished author whose titles and offices and memberships occupy a considerable portion of the first page, and as I turn the leaves I long for some man to arise great enough to write a concise book, telling what you want to know, and leaving out the confirmed details which have been told over and over again. Of course, books must be written for students and beginners, but why not write sometimes for those who have already seen and thought for themselves? Would that I could to-night reach this high level in this short paper!

What do we want to know about pneumonia? We want to know why it occurs; in other words, its cause; how to prevent it; why some patients get well and others die; what we can do to make a larger number live and a smaller succumb. These are vital questions.

I wish to record my belief right here: that many persons recover because they have homeopathic treatment. I believe that there is no other method of employing drugs in the healing art so potent to cure as the homeopathic. I believe it to be the greatest single principle in therapeutics. Yet I believe, paradoxical as it may seem, that the most efficient means of saving life and restoring health may consist in a combination of the homeopathic with other methods, and that the most useful physician is one who does not strictly confine himself to homeopathy. These propositions I shall attempt to prove later, for it was my purpose, in accepting your president's invitation to write this paper, while making pneumonia my text, to discuss with you the healing art in several aspects which might be naturally suggested in the various phases of our main subject.

What is the cause of pneumonia? That pneumonia is a germ disease is now generally believed, although many cases occur whose origin can be adequately explained without recourse to the germ theory. On the other hand, the most important work of the past year has been the development and strengthening of the theory that pneumonia is a disease of general infection, and not a local infective process, accom-

panied by constitutional symptoms. The discovery of pneumococci in the circulating blood, by new methods of examination and culture, in a large per cent of cases lead to the belief that they are always present in the blood during pneumonia, and that their presence, therefore, does not signify unusual severity or indicate an unfavorable termination.

The contagiousness of pneumonia is of late being discussed, and its importance is, in my opinion, overestimated. It must be admitted, however, that there are occasional striking instances of apparent contagion in institutions and in private practice. I have not myself encountered simultaneous or consecutive cases in the same house in an experience of twenty-six years. It is probable that pneumococci are present in the air passages of most persons all the time, and of all persons some of the time. The attack of pneumonia occurs when the vitality and power of resistance are for some reason lowered: undue exposure to cold and wet, alcoholism, overwork, overcrowding, with its accompaniment of insufficient food and impure air, great anxiety or grief. I believe that mental strain can lower vitality as well as physical, and that the modern strenuous life predisposes to pneumonia as it does to other diseases. As we go over these causes we are struck by the fact that they are just the same as they were before the discovery of the germ origin of disease, and that to avoid pneumonia our greatest safeguards are wholesome lives, cheerful lives, plenty of work,—hard work it may be, if not too prolonged,—pure air indoors and recreation outdoors, and nourishing food. It is not difficult for those in comfortable circumstances to obtain these wholesome conditions of life, or most of them. But how can the poor, especially the very poor, reach these conditions? There is the problem. The solution of the tenement-house problem and all that it stands for means not only the uplifting of the race mentally and morally, but it means the greatest step towards the abolition of tuberculosis, pneumonia, diphtheria and other diseases. It means not only less sickness for the tenement-house dwellers,

but less, also, for those who live in lofty mansions, whose wide windows let in the blessed sunshine,—the source of life itself; for we touch each other continually, and rub elbows in our work and in our play, in the trolley and train, in theater and church, in the store and at the dressmaker's, the underpaid girl behind the counter and the luxurious woman in front of it, the pale assistant at the modiste's and the rosy maiden whose plump figure she is adorning. Self-interest, as well as philanthropy, should lead those who have more than they need for themselves to better the condition of those who have not enough.

While the unfavorable conditions of life mentioned predispose to pneumonia, the germ plays its important part, and side by side with the problem of hygienic environment stands the problem of getting rid of the germ. This means, in cities at least, the abatement of the nuisance of dust. The first step in this direction is a proper pavement,—such as stone or asphalt,—and when the conditions are favorable asphalt has no superior. The next step is to keep the pavement clean; and this should be done mainly by the free use of water. The streets should be scrubbed and washed off. This may necessitate a separate water supply for the purpose; but as population increases and the difficulty of obtaining pure drinking water becomes greater, it will become necessary to have two supplies: one for household uses, and another for fires, factories and street cleaning. At present those methods of cleaning the streets and the interior of houses should be employed which really remove dirt and dust, and not simply start the latter into motion. The dust brush and the feather duster should give place to the damp cloth in the household economy. In one respect, at least, the houses of the poor are more hygienic than those of the wealthy, for they are not encumbered by curtains and hangings and draperies and other inventions which please the eye and gather dust. Especial pains should be taken to thoroughly clean theaters, churches and other places of public assembly,

railway cars, including parlor and sleeping cars. The method of heating our houses is of importance. I formerly believed that the hot-air furnace gave the purest air, but I am not so sure now. The outside air is drawn into the furnace through the cold-air box. (This thought comes from President Eliot of Harvard, in a recent book on education.) Did any one ever hear of the cold-air box being cleaned? We clean our furnaces once a year, and the furnace men make a show of cleaning the tin pipes which carry the heated air from the furnace to the rooms; but has any one ever had the wooden cold-air box scrubbed? Twenty years ago I built a house, and as the years have gone by I have added to it,—an ell here, a second-story balcony there, a new kitchen and a new dining-room. (Isn't it curious how a doctor's expenses will somehow increase just a little faster than his income?) But in all these years the cold-air box has remained unchanged and has not once really been cleaned. Yet I must confess that we have not had a case of tuberculosis or pneumonia or diphtheria in the family, but have had one case of scarlet fever, one of typhoid (a servant),three cases of measles, three of whooping cough and three of chicken pox. Nevertheless, that air box ought to have been cleaned. It draws its air from the back yard (which is clean, however) close to the ground, and it must have gathered quite a harvest of dust and germs in twenty years. If we use the hot-air system, the fresh air should be filtered in some way, or drawn from the top of the house. I am sure that steam and hot-water systems cause less dust, and I believe the latter to be the best method of heating dwelling-houses.

It goes without saying that the pneumonia patient should expectorate in small pieces of cotton cloth, which should be promptly burned. We should use every effort to abate the nuisance of street spitting, and to prevent the exhibition in exposed places of fruit and other food to be eaten uncooked.

The diagnosis of pneumonia is usually not difficult, but it is sometimes hard to detect it and to differentiate it from

pleurisy. I make it a rule to keep pneumonia in mind in every case which begins with a chill, especially if the patient has a red face, even if there is no cough and no pain in the chest. Sometimes there is abdominal pain and none above the diaphragm, but this is an exception not frequently encountered. A few years ago I had an interesting case which taught me several things. Usually there is little difficulty in distinguishing between pneumonia and pleurisy with effusion.

As you know, in pneumonia after consolidation the physical signs are dullness on percussion, which does not change its level with the change of position, bronchial respiration and increased vocal resonance. In pleurisy with effusion there is flatness on percussion, changing its level as the level of the fluid changes in moving the patient, decrease or loss of respiratory sounds and decrease of vocal resonance. These signs are, however, not always reliable. This case I speak of began in a commonplace manner: moderate chill; temperature not over 103°; distinct consolidation of left middle lobe behind; pulse and respiration not greatly quickened; slight pleuritic pain in affected region; physical signs perfectly clear,—dullness, bronchial breathing, increased resonance. Presently the area of dullness began to spread, the lower lobe of the lung became solid, the front of the lung the same, then it advanced upward, and the whole lung, front and rear, became absolutely solid; indeed, the lower half was flat, but the upper was perfectly dull on percussion. Auscultation disclosed bronchial breathing over the whole area and increased vocal resonance. The flatness suggested pleuritic effusion, but the effusion should have cut off the respiratory sounds and markedly decreased vocal resonance; yet the bronchial respiration was distinct, and the increase of vocal resonance, with the peculiar transmitted sound of the voice, unmistakable. Change of position of patient made no change on percussion. The left half of the chest was larger than the right half, and the heart sounds, while perfectly clear, were heard further

to the right than normal. I made a diagnosis of pleurisy with effusion complicating the pneumonia, for I knew that sometimes a large effusion will produce the physical signs of pneumonic consolidation. I reasoned that the effusion was so great in volume that it had completely covered the lung in the lower two-thirds or half of the chest, and by its pressure had compressed the lung into the apex, so that it gave the signs of dullness, bronchial breathing and increased resonance in that region. With a hypodermic syringe I aspirated the pleural cavity and immediately found the effusion. I drew off two quarts in one day, and two quarts more two days later. It was most interesting to hear the return of the normal respiratory sounds and percussion note at the apex of the lung as the pressure was removed and the imprisoned lung expanded and resumed its function.

This case emphasized for me the fact that the physical signs of pneumonia, reliable as they are, are sometimes misleading. In case of doubt, the hypodermic needle will settle the question. There was another curious feature about the case which taught me something I did not know before. Although the consolidation and effusion temporarily completely disabled one lung, the pulse did not go over 100, remaining strong, and the respiration did not vary much from 26. The temperature, too, was low (not over 102°) after the first day. I had been taught and had believed that the heart became weak and exhausted because it had to pump the blood ineffectually against the barrier of consolidated-lung tissue, which thus added to its labor, and that the frequent respirations were largely due to the smaller area of normal-lung tissue doing the work of the whole lung; yet here was this man going comfortably along with only one lung, his heart beating only ninety odd times to the minute, and his respiration not going above 26. I have believed since then, and more firmly with further observation, that while the amount of lung tissue involved is of course a factor in the case, yet the severity of the attack depends more

upon the virulence of the infection than anything else. A high degree of infection means a severe case, whether little or much lung tissue is involved, and heart failure is caused more by the exhaustion due to systemic poisoning than by the extra load laid upon the heart, just as it is in diphtheria or typhoid fever.

The facts which we have just considered help us to understand why some patients get well and why others die; but at present we do not know why the disease in some seasons is more virulent than in others. Pneumonia is certainly more common and more severe during the prevalence of grippe, and the prostration which is caused by the latter unquestionably increases the mortality of the former.

What can we do to make a larger number of recoveries from pneumonia? This is not an easy question to answer. Our friends of the old school frankly admit that they have no answer. I cannot refrain from quoting the opening pages on pneumonia from *Progressive Medicine for* 1903. The March volume of 1904, recently issued, has nothing new to recommend in therapeutics.

"That pneumonia has been gradually increasing in frequency, that it is the same deadly disease as of old, and that treatment is too often futile, if not harmful, is the impression of most men of experience, at least in the hospitals and in our large cities. This is discouraging, if not disgraceful. At the meeting of the American Medical Association, held at Saratoga, several papers on this subject were read, abstracts of some of which I give. The trend of these papers and of the discussion was far from encouraging, yet good may come if members of the profession are aroused by the candid presentation of these facts to renewed and closer observation of the clinical phenomena of the disease, to more careful and less harmful therapy, and to assisting in every effort at research, be it laboratory, experimental, clinical or statistical, that can throw additional light on the problem of how to avoid this dread disease that has lost much of its terror merely because

it is seen and met so often that the public has become familiar with it. A visitation of cholera that was as deadly as pneumonia would call forth scareheadlines in even our soberest daily papers, and completely unnerve an entire country. I cannot refrain from quoting an editorial in the *Journal of the American Medical Association* upon this subject. The writer's name I do not know. The date of the journal is July 5, 1902.

"'On the same afternoon of the Saratoga meeting two of the sections of the association were occupied with the important question of the present-day mortality from pneumonia. In the section on state medicine the discussion brought out the fact that while the mortality from all the other infectious diseases has been very materially decreased, and they occur with ever-lessening frequency, while the general city death-rate has been nearly halved in a quarter of a century, and the average age at death of the population has increased from thirty-one to over thirty-five years, the mortality from pneumonia has increased almost in proportion to the density of the population of our cities. While tuberculosis has dropped to fourth place in the list of diseases causing death, pneumonia has advanced to second place in many large city mortality returns. In the section on the practice of medicine, on the other hand, the mortality from pneumonia at the present time was reported to be over thirty per cent in large hospitals, and in extensive series of cases in private practice at least eighteen per cent. Besides, it was confessed that our methods of treating pneumonia are not a whit more successful at the present time than they were seventy years ago, when pneumonia first began to be recognized as an independent disease.

"'This is, of course, an appalling (almost, we might say, absolutely discouraging) picture. As Dr. Osler well said, it is extremely hard to understand how physicians can sit mute and impassive while listening to the details of this sad state of affairs; yet, as he added, our only possible attitude must

be that of impassivity, for our hands are tied, as far as regard the possibility of ameliorating the situation. It may be said, it is true, that there are two factors which lessen somewhat the force of the statistics cited. Our improved city sanitation has, in recent years, kept alive many of the very young and the old, who formerly perished from diseases incident to unhygienic surroundings, only to have many of them fall victims to pneumonia. The death-rate from intestinal affections among infants in our large cities is much less than it was, and this keeps alive many delicate children, who readily succumb to pneumonia before childhood is over. At the other end of life people are living decidedly longer than a generation ago. There are now nearly twice as many among our city populations who are over sixty years of age as there were half a century ago. Old tissues are an especially favorable soil for fatal pneumonia. An analysis, however, of the statistics of large cities—as, for instance, those of the city of Chicago—shows that the death-rate from pneumonia has increased much more than has the percentage of persons living over sixty years of age. Even with the addition of the delicate children saved from other fates to become victims of pneumonia, it would seem that this dread disease, in spite of all boasted sanitary and hygienic advance, is ever increasing its ravages, especially in our crowded centers of population.

"'The great practical question is: What shall be done to modify this alarming situation, when growing prevalence and the failure of therapeutics make the future look so dark? Prophylaxis is the first thought, but its successful employment is a complex problem. Dr. Cunningham of Alabama reported in the discussion on pneumonia a series of epidemics of the disease that had occurred during the last fifteen years among the six hundred prisoners who are under his charge. Epidemics of pneumonia are not infrequent in unhygienic barracks in Europe, and, to a limited extent, in boarding-schools and in hospital wards of this country. While the risk of contagion, then, must be considered, and scrupulous care of the sputum

and of all the other excreta of pneumonia patients, and the employment of careful precautions against allowing any of the material from becoming dry and finding its way into the air, are advisable, it should be remembered that the germs alone are not perhaps the most important factors, except it may be in epidemics such as mentioned above. In densely populated cities the intimate association of human beings, as in ill-ventilated and unsanitary quarters, would naturally seem to provide the opportunity for their distribution. Many healthy persons have the pneumococcus almost constantly present in their mouths, but under special conditions of physical weakness the soil is prepared, and they become fulminantly virulent. Influenza is doubtless responsible for a portion of the increase of the disease during the past ten years. The increasing urban concentration may also play its part in predisposing to the disorder, and there may be other important factors as yet undiscovered. We know, however, that climatic conditions and exposure are active elements in the causation; that it is in cold and changeable weather that it is most deadly, and that it is by no means so important a causal element in the mortality in the warmer portions of the country as it is in the rigorous climate of the North.

"'It would seem that if the problem of pneumonia mortality —one of the most urgent that presents itself for the consideration of the twentieth-century sanitarians—is approached from this standpoint of prophylaxis, some practical headway against the new "captain of the men of death" may be made in our generation. Just now the duty of the medical profession is to familiarize the public with the dangers of pneumonia, instant and unforeseen, so as to bring about a state of public opinion that will encourage the enactment and enforcement of any sanitary regulations that may check its apparent increase.'"

In the homeopathic ranks we do not hear such words as these. We are not boastful or vainglorious, but we are hon

estly more confident of our ability to handle the disease than our brethren not of our faith. So far as the homeopathic treatment is concerned, a few well-tested remedies are our main reliance: acon., gels., bry., phos., iodine., tartarine, iodide of antimony, and sulphur have proved to be of great value, and their indications are so well known that I will not go into detail concerning them. But however accurate our knowledge of materia medica may be and our ability to select the right remedy at every stage of the disease, have we done our full duty if we confine ourselves to the administration of medicines alone? In my opinion we have not. This brings us to the consideration of the various factors which enter into the art of healing, not only in pneumonia, but in other diseases as well. We should attempt:

1. To remove the cause.
2. To administer the proper curative medicines.
3. To support the strength, not only positively, but also negatively, by preventing the occurrence of those things which produce fatigue and exhaustion.
4. To remove obstacles which hinder recovery: (*a*) to assist the elimination of waste products; (*b*) to relieve pain; (*c*) to assist sleep.

The removal of the cause is theoretically our first duty, but practically it is too often beyond our reach, or unknown, so that this procedure cuts a larger figure in the text-book than it does at the bedside.

The administration of the proper curative medicines according to the homeopathic method cannot be too strongly insisted upon, nor can too much care and judgment be exercised in their selection and administration, for there will be fewer difficulties to overcome later by other means if we prescribe accurately.

The greatest danger to be feared in pneumonia is heart failure, mainly the result of the severity of the toxemia. The importance, therefore, of supporting the strength of the patient, and preventing the occurrence of those things which

induce fatigue, cannot be overestimated. There is more danger of overfeeding than underfeeding in our desire to keep up the strength. Pneumonia is ordinarily of short duration, and a comparatively small amount of liquid and semisolid food will sufficiently nourish the patient during the first six or seven days. The ability to digest should be the guide, and it is far wiser to give a little food, and have the stomach easily take care of it, than to crowd that important organ with more than it can comfortably handle. I always give my directions in writing, that there may be no possible misunderstanding, and the first direction is: "The patient must not, under any circumstances, sit up."

It is by no means necessary to give stimulants in every case of pneumonia. Watch carefully the pulse, the respiration and the heart sounds for early warning of impending loss of strength. If signs of weakness appear, I know of no stimulant so valuable as alcohol, for it is a food as well, to a limited extent. For sudden emergencies, nitroglycerin is invaluable. I have less confidence in strychnine, though it is the main reliance of our old-school friends. In alcoholics, give stimulants from the start. The fever of pneumonia very seldom needs special attention. Above all things, do not attempt to lower it by any of the coal-tar products. The system can stand without harm any temperature short of extraordinary for several days.

The cough, which may become exhausting, is one of nature's methods of getting rid of the products of the inflammation from which the lungs are suffering, and it is unwise to check it by anodynes unless it becomes positively harmful by harassing the patient so that sleep is impossible and his strength is exhausted by it.

Pain can usually be made bearable by hot applications. I long ago discarded poultices in favor of antiphlogistine, in which I have much faith. It is claimed that ice-bags are better than any hot application, and I am inclined to believe that ice judiciously used may be very beneficial. It certainly

is in appendicitis and mastoiditis, but I have not yet tried it in lung inflammation. I wish that those of you who have used it would report your experience in the discussion.

Occasionally patients are unable to sleep, not because of cough or pain, but because of intense cerebral activity, varying from excessive wakefulness to delirium and maniacal excitement. If such cases cannot be controlled by the genuine curative remedies,—and they cannot always,—it may be necessary to give appreciable doses of sedatives of some kind.

The bowels need attention, that undigested food may not accumulate, ferment and cause discomfort and even harm from the pressure of gases. It is well to watch the urine, keeping track of the chlorides (more for prognosis than any other reason), noting their decrease and disappearance in severe cases, and their return before the crisis in cases which are going to terminate favorably.

It would be most gratifying if every case of pneumonia, went smoothly on to recovery under our gentle but effective remedies, but unfortunately every case will not do so, and we have to fight desperately with every available weapon. I know that some of you believe that when you have given the right remedy—the truly indicated remedy—you have done your full duty, and that if life is not thus saved, it cannot be saved by any other means. I am frankly not of this belief. Much as I believe in the truth and efficiency of the homeopathic method, I no not believe that it is all there is in medicine. There is danger that we may ask too much of it, as there is perhaps greater danger that we may not rely enough upon it.

It has often been said that the homeopathic law is as invariable as the law of gravity. I believe that it may be so, and that the comparison is a good one. But let us examine somewhat critically this law of gravity, and see how invariable it is. While it is true that all bodies are equally attracted towards the earth's center, irrespective of size and composition, it is not true that that force is always exerted equally under ordinary conditions. A bullet and a feather are equally

attracted to the earth, but if allowed to fall together from the same height, the bullet reaches the ground first, because the resistance of the air impedes the fall of the feather. In a vacuum they fall with exactly the same velocity; that is to say, while attraction of gravity is invariable, the right conditions are needed for its invariable demonstration. So I would say of the homeopathic law of cure, that it is invariable in its tendency, but that right conditions are necessary for its invariable demonstration. It is our duty to determine these conditions as accurately as possible, that we may not apply our remedies under conditions which will prevent or seriously impede the working of the law. In its proper sphere it is supreme; outside of it, it may be less effective than other methods. A case of pneumonia I treated a few years ago will illustrate this. The patient was a brother physician in a neighboring town, whom I had once before taken through a pneumonia. He was a very obese man, inclined to shortness of breath on exertion, and there had been sugar in his urine from time to time; otherwise he was sound, temperate in his habits, inured to the vicissitudes of a large country practice. On account of poor facilities of transportation I could not see him daily, and he was under the direct care of another physician, an old-school practitioner, who had become interested in homeopathy and who was friendly and faithful. The case progressed favorably for several days under usual treatment, and was apparently going on uneventfully to recovery. After about a week, however, diarrhea set in, the bowels bloated enormously, the heart became irregular and weaker, and respiration labored. The origin of the disturbance was evidently the stomach, for he had failed to properly digest his food, though there was no vomiting or gastric pain. The distention of the bowels was the main cause of distress, producing much discomfort in itself, and affecting unfavorable heart action and respiration. I looked the patient over carefully and decided that carbo veg. was what he needed, and carbo veg. was given to him. No improvement whatever

followed, and he was in such great distress the next day, that the local physician, without waiting for further advice, gave him ten grains of calomel, followed by a seidlitz powder. Nothing better could have been done, and I ought to have known it in the first place. The cathartics carried off a mass of fermenting, decomposing food, and a threatened toxemia was averted; the diarrhea ceased; the bloating subsided; the heart became regular, and respiration easy. Phosphorus resumed its beneficent sway, and in due time complete recovery ensued. This is what I call common-sense treatment,—a righteous combination of homeopathy and allopathy. I could have fooled with carbo, or puls., or some other remedy invaluable in its right place, but without value in the wrong place,—and it would have been fooling. It is as much the physician's duty to get rid of obstacles which prevent or hinder recovery as it is to give the indicated curative remedy. But we must know what we want to do, and what the tools with which we work are capable of doing. There is no part of the treatment of pneumonia more important than the accurate administration of potentized drugs according to the homeopathic method, but there are times when other methods of treatment are temporarily more important and of imperative necessity. The indicated remedy is of little use after the heart stops beating; and when the heart sounds begin to lose their distinctness, when the pulse grows more rapid and feeble, when the respirations rise and the patient pants for breath, when the lips and nails begin to look dusky, what are you going to do? Will you trust then solely to your indicated remedy? I confess that I cannot. I must somehow keep that heart beating; and I believe that for that purpose we must use other measures,—temporary expedients, it is true. But time is just what we want; and if we can support the patient a few hours, his life may be saved. Here, then, is the office of alcohol, nitroglycerin, strychnine, oxygen and others of that class,—useful tools in the right place, but of little use in the wrong place. I know that I have saved life

by their use, for I have seen most desperate cases recover when recovery seemed beyond hope. I would be at a loss without them in emergencies, but I would be at still greater loss at all times were I deprived of the oft-quoted indicated remedy. Perhaps I can put my therapeutic belief in a phrase which will fitly close this somewhat discursive and lengthy discourse.

The day has passed, if ever it existed, when the physician's therapeutic armamentarium consisted only of an accurate knowledge of the homeopathic materia medica, but the day has not yet dawned, and never will dawn, when his armamentarium will be complete without that knowledge.

THE MENTAL AND MORAL SIGNIFICANCE OF PUBERTY.

BY GRACE E. CROSS, M.D., SOUTH BOSTON, MASS.

[Read before the Massachusetts Homeopathic Medical Society.]

The caption of this paper states clearly its purpose, and implies something of the writer's intent in bringing before you this evening the consideration of a period in the development of the individuals of our race which may seem to many a trite and too familiar theme. I have therefore given a full title, in the hope that too many might not turn wearily away from an anticipated recital of physiological facts, but rather remain to discuss a more novel aspect of a time-worn matter.

For comparatively novel it certainly is to consider, from a serious point of view, any side, except the physical, of this momentous change which takes place during adolescence, not only in the person of the youth or maiden, but in the mind and heart as well. Puberty, if normal, is generally regarded as a universal experience common to all, like birth and death; yet alas, differing from these in that it is customarily unregarded and unprepared for. The rightly conceived infant finds its tender welcome ready, and few there

are who do not seek to fit themselves in some way and at some time for the transition to the after-life. Care and preparation attend the child's entrance into the world, and with care the soul prepares for its exit into eternity; yet with unpardonable thoughtlessness—yea, with criminal negligence—do we allow the maturing child to emerge into the world of adult life, with its fuller meanings and its sacred mysteries, ignorant, helpless and bewildered.

Not so do we regard the material welfare of our children. If the boy shows an aptitude for certain mechanical pursuits, the parents at once begin to plan for his future career; if he shows scholarly tastes and attainments, his studies are directed toward the intellectual life, and he begins to look forward to some profession. The girl, even in this day of the new woman, is not yet quite so carefully considered as her brother. There still lingers the old prejudice in favor of a domestic life for all women, and so the daughter is often allowed to drift aimlessly toward a vague future, in which home, husband and children play a somewhat indefinite part. If, on the other hand, she, profiting by a generation or two of progress toward a higher development for women, demonstrates an inclination toward some special calling, the parents usually recognize the fact that she must be properly fitted for that work, and perhaps manifest as much interest in her prospects as in the boy's.

Now, leaving aside the question as to whether or not home-making should be the chief vocation, or is even the one highest vocation, for women, concerning which matter "there is much to be said on both sides," we are sure that for the present, and for some time to come, the majority of women and men will at some time enter the domestic state. It will be observed that I place woman first in the consideration of this subject, because to the woman it is the more vital matter; for good husband and father though a man be, the family life is to him, and must always be, to a certain extent, incidental, while to the woman, if she be truly called, it is, and must ever be, the

center around which her physical, her intellectual and her moral life revolve.

Are we not willing, then, to place wifehood and husbandhood —motherhood and fatherhood—at least on a par with other callings and professions? And as it is in the field as a possible calling for each individual, shall we not—*must* we not—give each girl and boy such instruction and training as shall enable them at least to know the conditions of this most important profession in life,—the bearing and the rearing of a generation of the human race? Rather, we see the unhappy spectacle of human beings rushing headlong into marriage,—too often at the mercy of impulses less worthy, and not more intelligent, than those which compel the mad combats of the jungle beasts.

I believe that every child, as soon as his intelligence is adequate, should know the meaning and object of marriage; and there can be no doubt that the age of puberty is the time when this advanced training in the science of life should begin. I assume that already the child should have been taught the reverent care of his own body, and should be able to treat with proper scorn the suggestion that baby sister came in the doctor's bag; but from this time on, he should come to know, little by little, the mysteries of life and reproduction, and to grow gradually into that reverence for them which is so ready to spring up in the heart of the child for all nature's wonders. Now is the heart and mind most plastic, and now can desirable impressions be graved most deeply, and, alas, undesirable ones no less permanently fixed. To my thinking, the *mind* should not be too strongly forced at this period. Better far could it lie fallow for a season, if only the sunshine of good influence might fall upon it; for now is its soil bringing to use new elements which must be assimilated and intermingled with the old, and the germs of hitherto-unsuspected physical, mental and moral characteristics are quickening to full development.

Now, too, self-consciousness awakens, and to the vague

questionings which arise should answer be made wisely and well. So may be averted a tendency to introspection, which, if added to untimely mental overstrain, gives rise to a morbidness and nervousness, which is a bane to many a life in after years. Now, therefore, should be given such knowledge and instruction as shall enable the child to go forward with confidence and dignity through the portals of the new life.

The boy must know what his dawning manhood means, what powers it brings him, and their use. Unless of necessity, speak little of their abuse. Rather, make the positive suggestion of good, and avoid the negative one of evil. Point out to him with care the friendliness which ought to exist between parents and children, the joys and privileges which await him in that ideal home of the future, and his responsibilities, also, and so lure him into making you his confidant in after days, because you have treated him like a man.

The girl, too, must know to the full what lies before her if she choose the lot of wife and mother, and so shall be prevented a repetition of those pitiful cases—of which surely any woman practitioner can give instances—of ignorant marriage, and its aftermath of revulsion and horror. The girl should know fully of the pain, as well as of the joy, of the life of wife and mother. She should know that this, like every other life-work, has its suffering and trials, and that much of the rosy halo which surrounds the courtship days is but nature's self-protective illusion. Even at the cost of stripping aside the sentimental garb with which poetry and romance have clothed the mating of the human race, let her know the facts, and so be able to choose wittingly her lot.

The boy will seldom have any misgivings, for we have not yet passed beyond the time when physical suffering counts,—and from that, in marriage, he is free. Yet should he consider full well his fitness for marriage and fatherhood; and with knowledge he will not only be able to do this, but he can bear his own life the more manfully, and, if so be, take into his keeping another's happiness with greater tenderness.

To the girl, her knowledge will be of priceless value. In the first place, she will be given a weapon for her maidenhood's protection far more potent than volumes of good advice falling upon ignorant ears; and after that, she will have the data upon which to decide her future life. Some there will be, and these not necessarily less womanly than the rest, who will know themselves unfitted for the obligations and privileges of the family life.

These may do noble work elsewhere, who would make lamentable failure here, and feeling this, will deliberately turn their thoughts and energies in other directions. But others there will be,—and these in spite of the higher education of women,—probably always in the majority, who, in spite of their knowledge of pains and duties, in the face of disillusionment, will hear the call of motherhood within the heart, and, when the hour strikes, answer with all a life's devotion. These will be mothers indeed; and who shall say that such assortment can result other than in an ever-advancing human type. Indeed, we who know so well the truth of the centuries-old anathema, "The sins of the fathers shall be visited upon the children," might expect in such ideal state its blessed antithesis, and look to find the little child, with its birthright of a pure conception, going on triumphantly, unfettered by inherited evil, toward an ideal maturity.

I cannot pause here (for it is beyond my subject) to say all I long to regarding the sacred responsibility those should feel who finally choose the married life, nor to point out how much more important it is that the bride-elect should give some attention to the study of scientific home-making than that her trousseau should be elaborate; nor can I stop to more than express the hope, now brightening into possibility in the minds of certain students of sociology, that the present system of household drudgery may some day give place to a more rational system.

In the unlamented past of the two-volume novel, stands Amelia, in the gateway of womanhood, waiting and watching

for the hero of her dreams. Upon his appearing and offering her his hand and heart (too often, I fear, with mental reservations), she falls upon his breast, in an ecstasy of gratitude and relief. Not quite yet, but soon to come, we trust, is the era of the equal and intelligent union for life of two enlightened companions in the upbuilding of a human home. Then shall we see the dawning of the true romance of marriage.

And now, what is the remedy for these social deficiencies of which we are all aware? Most of us are willing to acknowledge that some sort of reform is desirable; but what is the practical side of the matter? If you find my answer imperfect, I must beg you to recall Dr. Holmes' answer when asked when a child's training should begin. He replied: "One hundred years before he is born." I only beg that in this matter we should commence that glorious centenary of training of the child of 2004. As to how to begin, opinions vary, and I am not enough psychologist to entirely decide between them. A distinguished woman physician, who addressed the National Educational Association last summer, claimed that such teaching should be given in the schools by a trained physician of practical experience, who should make the teaching of physiology a specialty. In the large cities we pay many thousands of dollars annually to special teachers in music, drawing, reading, etc., and yet the all-important subject of physiology (with, however, all reference to reproduction carefully expurgated) is left upon the schedule of already overburdened teachers, who themselves have only the most desultory knowledge.

The ideal school for the child in life-study is the home, and the proper instructors the father and mother. How inadequate these are at the present time we are but too well aware. I know not how better we can partially supply this painful deficiency of instruction along these lines than to urge its necessity, as opportunity can be made, upon the parents among our clientele, supplementing this by simple teaching to the parents of what they may, in turn, teach simply to the

child, and at the same time endeavoring to overcome that false shame which so often constrains the parent, and at which we cannot wonder when we contemplate certain conditions of family life to-day.

The child, if left alone, is sure to learn distorted facts from some companion older or more evil than himself, and warnings against such will but stimulate the intimacy; for the same impulse which leads the parent to patronize the risqué drama will allure even the well-disposed child to the companionship of one who dispenses forbidden and mysterious lore. So let us not delay this good work too late in the life of the child, lest we repeat the experience of a very well-meaning mother of my acquaintance, who, having hesitated overlong to break in upon her son's innocence, was, to her surprise and horror, interrupted in her well-planned narrative by the remark: "Oh, cut it, mother! The streets are full of it."

I plead, then, for a puberty and adolescence for our youth which shall be wise in accumulating knowledge of life's inner meanings, and reverent with a deeper understanding of God's law in us. We are accustomed to picture maidenhood in that, to me, most pathetic attitude:

"Standing, with reluctant feet,
Where the brook and river meet."

I choose, rather, to see her rich in the plenitude of physical perfection, wise in the knowledge of what life has to offer, and gladly confident in her power and right to choose, under Providence, her own pathway along the shores of time. From her shall issue rare product, whether or no mortal children shall call her "Mother," and to her shall we look in the dawning future, as well as to man in his higher development, for an uplifted humanity and a purified civilization.

Stronger and sweeter than words of mine, the poet thus sings my thought in the second vision of "The Two Callings":

"So when the great word 'Mother' rang once more,
I saw at last its meaning and its place;
Not the blind passion of the brooding past,

But Mother—the World's Mother—come at last,—
To love as she had never loved before,
To feed and guard and teach the human race.
The world was full of music clear and high!
The world was full of light! The world was free!
And I, awake at last, in joy untold,
Saw love and duty broad as life unrolled—
Wide as the earth—unbounded as the sky—
Home was the World—the World was Home to me."

Colchicum in Gout.—I have employed Merck's colchicine 2x tablets made by Otis Clapp & Son. I prefer tablets containing 1-100 gr. to the 3x because they are more exact in the quantity of drug contained. Colchicine is soluble in water, alcohol and chloroform. I dissolve one tablet of the 2x in from five to ten teaspoonfuls of water; of this, a teaspoonful (which thus approximates 1-500 or 1-1,000 of a gr.) is given every one, two or four hours, as required. Solution in water seems to be more active than in alcohol. It is well to direct thorough stirring before taking each dose. In two of my cases, where the patients seemed to be specially susceptible to the drug, active emesis occurred, which subsided on withholding the medicine. In these cases the subsidence of the swelling and inflammation in the joints was very rapid.

In the case of the feeble or aged, a tablet of the 2x of colchicine should be dissolved in not less than ten teaspoonfuls of water, and a teaspoonful of the mixture (after thorough stirring) given every two to four hours.

The similarity of colchicum to the joint pains of gout suggests its use also in acute articular rheumatism; and experience proves its value in this disease.—*Dr. T. H. Carmichael, in The North American Journal of Homeopathy.*

EDITORIALLY SPEAKING.

Contributions of original articles, typewritten if possible, society reports, news items, etc., should be sent to the editor, A. Temple Lovering, M.D., 10A Park Square, Boston. Articles accepted with the understanding that they appear only in the GAZETTE. News items and reports must be sent in by the tenth of the month. Books for review, journals, subscriptions and advertising matter should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

LOOKING FORWARD.

The approach of summer, however long delayed, suggests the coming of opportunities for rest and relaxation, or at least for change, which itself is often as beneficial in its results as inactivity. We are inclined to think that the American temperament demands change of scene and occupation for the recuperation of the body, more than absolute rest, in the sense of idleness or the laying aside of all active interests and pursuits.

It is said the average length of life physicians attain is fifty-four years,—a discouragingly low average, when it is remembered that their professional life is seldom well begun before the age of thirty. Advancing years are generally an advantage in the practice of medicine. Other things being equal, gray hair inspires confidence, and confidence on the part of the community begets patients. The older physician need never be supplanted by his younger confrère if he has been a faithful, progressive worker. But statistics tell us that physicians as a class, do not live to grow old, and that the estimated earnings of the whole number give but $750 a year to each one,—a bare pittance aside from the consideration of the large sums invested in obtaining the necessary education and other equipment.

Something surely ought to be done to lengthen the days of men of our profession, and increase the years in which they may acquire a competency. The summer months are favorable to vacation-taking, and we have before this advocated such a good investment as temporarily turning one's back on work and worry always proves to be.

A writer in *American Medicine* very aptly says: "The

enjoyment of a full holiday at the proper season not only means a distinct economic saving for the rest of the year, by enabling one to return to his calling with renewed intellectual clearness and physical energy to do better and more thorough work than he could have accomplished without such period of relaxation; but it is also one of the most important factors in securing the future enjoyment of the fruits of labors during the declining years of a hale and hearty old age."

We believe there are other reasons, however, why physicians do not attain great longevity, besides those evidently connected with too close and continuous application to professional duties, with consequent irregularity in eating and sleeping.

It is claimed, and we fear with truth, that the drug-taking habit is very prevalent among men of our guild. Opium and cocaine, with other allied insidious and alluring narcotics and stimulants, work havoc in our ranks. They are spurs to the tired mind and body, or mediums whereby temporary oblivion to pain or anxiety can besecured; but their ultimate effect is fatal. We who know this so well should be the last to become slaves of such demoralizing habits.

Another reason why physicians are short-lived is because they do not exercise enough in the right way. It is true they are in the open air a good deal, but generally merely rushing back and forth between their offices and patients' homes. Golf, horseback exercise, and other out-of-door healthy pleasures they get little of. The latest death-dealing agency, the automobile, promises to still further undermine the health of the profession, to increase nervous tension and diseases of the respiratory and circulatory organs.

Is it not time that physicians should consider seriously what they owe to themselves as well as to others? Matthew Arnold said of Sophocles: "He saw life steadily, and saw it whole."

This is a pregnant summing up, and the longer one carries it in one's mind, the more of a direct personal message it seems to have.

SOCIETY REPORTS.

ESSEX COUNTY HOMEOPATHIC MEDICAL SOCIETY.

The spring meeting of this society was held April 27, at the Essex County Homeopathic Hospital. By vote of the society, this meeting was made an adjourned meeting from the annual meeting in January, when no quorum was present. The following officers were elected, to hold office until Jan. 1, 1905: President, Dr. F. L. Gardner; vice-president, Dr. S. Manning Perkins; secretary and treasurer, Dr. Mary R. Lakeman; censors, Drs. Ferguson, Valentine and Hopkins; auditor, Dr. C. W. Morse. It was voted that meetings for the coming year be held quarterly.

Dr. Alonzo G. Howard gave the society a valuable talk on "Flat Foot," illustrated by plaster models, arch supporters and models of shoes. Among the causes of flat foot, Dr. Howard gave first place to typhoid and other wasting diseases, constant standing and sudden strain. The treatment consists in relieving the strain caused by the body weight, by suitable support to the long arch of the foot, then strengthening the natural supports by exercise adapted to the needs of the patient. Supporters should fit accurately and bring sufficient pressure to bear to elevate the arch without discomfort. If steel or other inflexible material is used, it should stop short of the ball of the foot, because of undue leverage produced at the heel by a long shank.

Four exercises were given by Dr. Howard as especially adapted to the cure of flat foot.

1. Walk on the outside of the feet.
2. Stand on toes, turn heels out, and walk.
3. Pick up marbles or a pencil, and throw with toes.
4. Waltz or two-step in proper shoes.

Dr. Wm. T. Hopkins read a paper on "Muscular Deformities of the Spine."

Functional deformities furnished the topic of Dr. Hopkins' paper.

The ordinary curvature, as met in childhood, begins with an exaggeration of the normal hyphosis, with more or less rotation. It occurs chiefly in ill-nourished children, and should be met by toning up the system, exercising the weak muscles, well-regulated rest and sleep, by cold baths and massage skillfully applied.

The meeting adjourned until the October meeting.

MARY R. LAKEMAN,
Secretary.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

The regular meeting of the society was held in the hall of the Boston Society of Natural History, May 5, 1904, at eight o'clock, the president, J. Emmons Briggs, M.D., in the chair.

The records of the last meeting were read and approved.

The following physicians were duly elected to membership: Clarence Crane, 228 Huntington Avenue, Boston, and Chas. Theo. Cutting, 31 Highland Avenue, Newtonville.

Voted: That a cordial vote of thanks be extended to our colleague, Dr. Hooker, for his courtesy in preparing and delivering to us so interesting an address.

SCIENTIFIC SESSION.

DR. PACKARD: I have three cases here that are so unusual and instructive that I take this opportunity to briefly present them.

Case 1.—This appendix in itself is not particularly unusual (we meet any quantity of them), but the extraordinary thing was the rather baffling symptoms which the patient presented. She had two previous attacks of abdominal pain, the cause being obscure; thought to be bilious colic. In the last attack she was seized with pain in the epigastrium, and when I saw her it was localized in the lower part of the abdomen, and there was nausea and vomiting, yet the temperature and pulse were normal. I operated and found the appendix still unruptured, but already showing an exudation on its exterior.

It is much enlarged in diameter, its wall thickened, and at one point is gangrenous. This case is an illustration of the extensive rapidity of retrograde change which sometimes takes place, and yet absence of alarming symptoms.

Case 2.—This is a case which has come to me within the last few days. The history of the case, prepared by the attending physician, Dr. Piper of Lexington, is as follows:

"First came to me in May, 1901, complaining of pain in the stomach, mostly on left of center. Attacks are irregular, very severe, come on more or less quickly, and last about an hour or two. I prescribed four times in May and June, 1901, and then she went away for a month or two. I was suspicious of hepatic colic at this time. There was vomiting with the pain. The pain, vomiting and accompanying loss of flesh and strength made me think also of malignant conditions. On her return to Lexington, September, 1901, she was free from attacks of pain and nausea. She came to me again April 18, 1904, the first time since June, 1901. Has good appetite, sleeps well, color good, urinalysis negative, bowels regular and normal, but has gradually lost flesh and strength for the past three years. No history of cancer in family or former occupants of any house she has lived in. Her home is always well aired. Uses well water of uncertain quality. No pain or vomiting since July, 1901.

"May 26, 1904, condition unchanged. Physical examination revealed tumor in right lumbar extending to central umbilical region, smooth, oval shaped, about 3 x 5 inches apparently, and fully movable.

"Here Dr. Packard was consulted."

I saw this case a few days after, and found an oval elongated tumor extending down into the lumbar region below the umbilicus. It was movable from side to side, but did not slide back into the lumbar region when the patient was reclining. I advised operation, cut down and found the gall-bladder enormously extended. It contained these gallstones which I now show you,—thirty-nine in number. The tension of the

gall-bladder was so great, the fluid gushed out for a distance of several inches on penetration with the aspirator needle, and yet there had been no pain. This case upsets our rather preconceived notions of the relation between distention of the hollow viscera and pain.

Case 3.—A similar obscure case of several years ago, that proved to be gallstones. The woman had pain in the epigastrium to the left of the median line. Incision was made on the site of pain, and nothing found. Further exploration showed the gall-bladder filled with these four large stones.

Dr. Packard also exhibited an appliance of his own invention, designed to prevent incontinence of urine following a very difficult instrumental delivery. It was absolutely impossible for the patient to control the contents of the bladder, and she sought surgical aid to have the action of the sphincter restored. Such means not proving successful, a pessary-shaped appliance was designed, to which was adjusted a spring button. A pair of forceps was devised to aid in adjusting. This enables her to insert and remove the appliance herself. When she wishes to empty the bladder, she presses the button.

PROGRAM.

1. "Causes and Treatment of Abnormal Curvature of the Legs." Demonstration of patients. Alonzo G. Howard, M.D.

Discussion by Charles F. Painter, M.D., Boston, associate professor of orthopedy, Tufts College.

2. "Some Observations on Pneumonia." Edward B. Hooker, M.D.

Discussion by Frederick B. Percy, M.D.

3. "Report of Surgical Service at the Massachusetts Homeopathic Hospital during the First Quarter of 1904." Nathaniel W. Emerson, M.D.

In demonstration of his subject, Dr. Howard presented seven cases of bowleg and knock-knee accompanied with rickets, and described briefly the methods of treatment, which included massage and splints.

Discussion on Dr. Hooker's Paper.

Dr. Sutherland: I do not know that I can say very much in discussion of the paper that was presented. I certainly enjoyed it very heartily, and it seems to me a particularly practical paper, and nothing occurred to me, while listening to it, that I feel like discussing.

I could not help going over some of my own experiences. I do not know that they differ very much from those of the rest. I feel that the homeopathist has no special need of discouragement in treating in pneumonia. I cannot estimate my mortality in private practice, and it has not reached a very high percentage in the hospital. I do not know that I ought to attempt to give any figures, but I do not recall, at the present time, a large number that have died. I have lost two cases this winter, but not so much from pneumonia as some disease of the kidney or cardiac complication. Cases of straight pneumonia, where the heart is pretty good, and kidneys able to do their work, get well. Cases that were in mind, while listening to the paper, all of them had some complication. I have had some very elderly people, as old as eighty-seven years, dangerously ill with pneumonia, yet quite a number got well. Quite recently a lady, seventy-three years of age, had a chill, followed by somewhat high temperature, 103° sub-lingual (she was unable to keep her mouth closed at the time), dullness, and some bronchial respiration. There had been great pain on the left side with difficult breathing and marked flushed face, the whole picture of pneumonia from a clinical point of view; pulse rapid, and it seemed impossible for her to get well.

Another case: An elderly man, eighty-seven years of age, who had been sick for a long time and was in a bad condition, comatose, dark, flushed face, and could not last very many hours. I thought of opium, and I asked one of our physicians to see him, and after examination he asked me what I was giving. I said, "opium," and he replied that he should keep right on with it. The old gentleman lived for five years, so

I feel we have some reason to have confidence in homeopathic treatment of pneumonia. If heart and kidneys are in pretty good condition, I do not feel particularly helpless.

Another case: A gentleman, convalescent, got up and wandered about the room; went to the open window and got a chill, had a relapse, but pulled through, and the lungs cleared up. One day I noticed a little twitching of the eye, and within twenty-four hours from that time there was a little rigidity of the neck, the head was thrown back, and meningitis developed, from which he died.

Apropos, I think we may have cases of meningitis, which are cerebral or spinal, due to pneumococcus infection.

I have used aconite, gelsemium a little, and bryonia, but iodide of antimony I do not know much about.

Dr. H. E. Spalding: I have enjoyed the paper and its rehearsal of the groans going up from the old school because of their inability to successfully treat pneumonia. This terror that seems to have taken possession of them comes from bitter experience.

When in Vienna, Dr. Buéshie, a physician famous as a diagnostician in chest diseases, said to me: "If I had pneumonia I would want a physician of to-day to diagnose my case, and a physician of forty years ago to treat me. We do not save as many patients as in former years." This evidently fairly represents the impotence of old school treatment.

How can we account for this? We hear of cases seemingly mild in character, when to the surprise of all, a change comes, and in a few hours death comes from heart failure.

I believe the reason that so many die thus from heart failure is the free and general use of coal-tar preparations, not only those recommended by the attending physician, but the habitual use by the public at large. In all cases of pneumonia we have to look out for heart failure. In an editorial in the *Medical Record*, some six or eight years ago, statistics were given comparing the treatment of pneumonia in the Philadelphia Hospitals, during the preceding five years with the

treatment twenty years before, followed by this comment: Why is it that we are losing a greater percentage than twenty-five years ago? Because our physicians are using coal tar preparations to lower the fever. These drugs reduce the temperature through their action on the heart, and lowering the temperature at this expense to the vitality, they lower the patient into the grave. Headache powders are on every druggist's counter, and it is almost impossible to prevent our patients taking them.

As to the contagiousness of pneumonia, I suppose we cannot doubt that it is possible to be taken by one from another. That it is highly contagious, as is scarlet fever or measles, I cannot agree. In my experience of thirty-eight years' practice, the first twenty years in a neighborhood where we had a good deal of pneumonia, and I wish to say here that I had in my practice a larger percentage of pneumonia cases in that country town than I have had in the city, I only recall one case apparently contagious. An old man and his sister lived a sort of hermit life. The neighbors found him dead, and the sister in a dying condition. She died twenty-four hours after I saw her. Both died of pneumonia. With this exception I recall no instance where two members of a family had it at the same time, in my personal experience.

I cannot think, from my own observation, that it is very contagious.

Regarding the success of homeopathy compared with the old school failure in treating pneumonia, I want to say that a few months ago a lady said to me: "I have a great compliment for you. I hear you never lost a case of pneumonia while in Hingham." I replied: "I wish it was so, but unfortunately it was not." I do know that I had the credit of being very successful with my pneumonia cases, and lost only a very small percentage. Just what my losses were it is impossible for me to say.

I confined my treatment (never gave a narcotic) to the homeopathic remedies, those old sheet anchors, aconite, bry-

onia, phosphorus, tartar emetic, sulphur and lycopodium. A good deal can be done by cold water compresses on the chest during the first stages, changed from one to three hours; after solidification I used to put on flaxseed poultices. Now I use antiphlogistine, though once in a while I have a leaning to the old-time flaxseed. Patients enjoyed it, and I got good results. Stimulants are absolutely necessary when strength is flagging and heart weak, but in the ordinary case I never use them. In the country town where my practice was located, there was an unusually large number of aged people, and I learned that aged people must be liberally nourished. One must look after their strength. Let them lose it and it is very hard to get it back. I frequently carried patients of eighty or more years through pneumonia just as nicely as a young person, by watching the strength, and, as called for, giving easily digested food, but much more than a younger person would require.

Another thing I think I have found very valuable: frequent sponge baths with warm water. This is perhaps a hobby with me in all cases of fever, and especially in pneumonia. I recall a patient, a boy, very ill with pneumonia, desperately ill from a relapse with high fever. I prescribed bathing with tepid water, not wiping off, but allowing the moisture to evaporate. Spend twenty minutes in giving the bath, then wait an hour and repeat. This treatment was continued all night, and in the morning the temperature was lower, the fever was broken, and he made a good recovery. In all cases we should use the indicated homeopathic remedy. If we do this we shall surely meet with good results. Our percentage of losses will be very small. Our well-tried remedies are just as efficacious to-day as they have been in the hands of our predecessors, if we use them with like careful discrimination.

There is no specific that will reach all cases of pneumonia. Cases vary in characteristics, and they must be met with various remedies. If we attempt to use the same remedy for all cases, and abandon our well-tried remedies for coal-tar

preparations and other drug store advertised drugs, we shall ingloriously fail.

Dr. Clapp: I enjoyed the paper; it was certainly very unconventional, containing much of freshness and interest, not at all like a text-book.

But I wish that Dr. Hooker had made his praise of homeopathic treatment a little stronger. I feel that homeopathy has gained a very important part of its laurels in this disease. There were in Hahnemann's time tremendous differences between the schools in treatment of pneumonia; and although the difference is not to-day so well marked, still I feel that the superiority of homeopathic treatment is, even now, very strongly apparent. I do not think that any other disease can demonstrate the superiority of homeopathy to-day as pneumonia can. There is no disease in which a patient can apparently get so sick and yet recover as pneumonia. In the treatment of this disease it must be very seldom indeed that anything outside of pure homeopathy is wise, and in my own practice I cannot remember now any departure strictly from the law of homeopathy, except the occasional use of strychnine. I do not call alcohol a departure any more than a cold compress, a cotton jacket, or such other auxiliary treatment. I do feel that homeopathy in this disease is very important, and we need not depart from it. Oxygen can be used to please the patient and friends; it will do no harm and may be some comfort, but probably never is a life saver. Morphine (or drugs of that class), for the pain or for the cough, I believe may be quite injurious. A recent post-graduate magazine of New York has a strong article by an old-school physician against the use of morphine in pneumonia, which he considers very dangerous; and he is very sure that many cases have died from the use of this drug. Others of his school are lately condemning it as liable to paralyze the respiratory centers, although their text-books almost universally recommend it. In this case, why should we use it?

Dr. Moore:* I want to heartily second the position Dr. Clapp has taken concerning the marked efficacy of our homeopathic remedies in pneumonia, and I am glad that the essayist has spoken along this same vein in the way in which he did. I believe we can show not only this marked efficacy of our remedies in pneumonia, but can better demonstrate in this disease our principle of drug action than in any other disease with which we have to contend.

Dr. Hooker: I thank you very much for the kind consideration you have given my paper. I believe I can truthfully say, as one of the gentlemen has said, that it is not cribbed from text-books. I have tried to tell you honestly what I have been doing and thinking. We cannot all think alike, but we can frankly tell what we believe and the grounds of our belief.

I think I have put my faith in homeopathy strongly enough. If there was anything lacking in the treatment of the case I cited, it was discrimination. I made a mistake in giving carbo. for calomel, and the seidlitz powder did the work better, and, being a phosphorous case, it went on smoothly afterwards. There are possibly some physicians who could have selected a curative remedy for that stage of the case, and that fermenting mass in the intestines, which was keeping up the diarrhea, could perhaps have been taken care of by some high potency, but I could not do it that way.

Statistics are often unreliable, because it is difficult to get similar conditions. At the Massachusetts Homeopathic Hospital, during the past four years, there were one hundred and twenty-six cases of pneumonia discharged, twenty-two discharged because they died, making a mortality of seventeen and four-tenths per cent. At the City Hospital, in the last four years, there were 1,666 cases, with 535 deaths, a mortality of 32 per cent. Dr. Mann does not think the comparison a fair one, because the Massachusetts Homeopathic Hospital

* We regret that lack of space prevents a report of the interesting case Dr. Moore cited.

has a better class of patients, who are stronger and better nourished. Johns Hopkins Hospital stands as high as any in the country for the scientific attainments of its physicians. It has a mortality of twenty-four per cent.

It is very difficult to get statistics of private practice, but so far as I can learn, by writing and talking, I believe that in private practice we do not have a mortality over twelve per cent. I wish I had kept a complete record of my cases from the beginning. I have never lost a healthy adult in middle life; cases with heart disease and old people have died, though a good many have lived. Healthy adults under seventy years I have never lost, largely, I believe, because I have insisted on most careful nursing and absolute rest for the patient, selecting the curative remedy as well as I knew how, giving proper nourishment, no anodyne, unless unavoidable, removing obstacles to recovery, and supporting the patient, thus giving nature all the aid in my power.

I cannot speak too highly of the value of our remedies, but I ask that we do not demand of them that which they are not able to do, that we learn their limitations as well as their powers, and that in their use, and in the use of all other therapeutic measures, we exercise discrimination.

Dr. N. W. Emerson's "Report of Surgical Service at the Massachusetts Homeopathic Hospital during the First Quarter of 1904" was read by Winslow B. French, M.D.

Not discussed.

Adjourned at 10.25 o'clock.

H. O. Spalding, *Secretary.*

AMERICAN INSTITUTE OF HOMEOPATHY.

Boston, May 20, 1904.

It is our privilege and pleasure (calling on the journals that serve our cause to act as our trumpets) to once more sound the "assembly" call for the coming together of our hosts of homeopathy in national convention. This we do with as

hearty satisfaction and confidence as could well inspire a like summons; for we feel convinced that the program to be offered at the Sixtieth Annual Session of the American Institute of Homeopathy, to be held at Niagara Falls from the 20th to the 25th of June, will be, if not the finest, yet in the foremost ranks of the finest, the most living, the most helpful programs ever offered at a meeting of our national society. It is not too much to say that a close following of the papers and the discussions of this sure-to-be memorable week will constitute a post-graduate course in new and valuable medical teaching and research,—a course which cannot but inspire fresh thought and experiment, that, on the merely material plane of pecuniary profit, will be rich in after-result; and, on the higher plane of mental growth and stimulation, will be of use beyond computation. The chairmen of the various bureaus and officers of the sectional societies have worked with such intelligently directed and enthusiastic effort that the mere reading of the names of the authors of papers and leaders in discussions is assurance of the worth of the teaching and suggestion in which each and every bureau will be rich. To the physician eager to keep abreast of the best and latest thought, the journey to Niagara Falls would be richly repaid by the instruction and inspiration obtainable from a single bureau, such as that of sanitary science, or that of pedology. These are not cited as superior to other bureaus, but as aptly illustrating the large and practical value of the bureau work of this year. The executive committee have made it an object, in arranging the schedule of the meetings, to avoid bringing similar or even close-related subjects under discussion at the same hours or days; and they believe that this has been successfully accomplished. On only a single day, Tuesday, has it been found necessary to schedule two large bureaus. Each bureau, with this exception, has a day to itself. For all sectional society meetings, the fullest arrangements, both as to time and space for their work, have been consummated. The growth of the Institute itself and the growth in the medical world of spe-

cialization and specialists have made sectional society meetings of high necessity and importance; and this fact will be found, as has been said, to have been fully recognized by the executive committee. But it has been also recognized that the whole is greater than any of its parts; that the members of the Institute owe to the Institute and to its prime objects a loyalty and a respect that they cannot, in justice to themselves, the Institute and the cause of homeopathy at large, afford to neglect or minimize. Therefore, the last two days of the session have been set aside for the consideration of the great subjects of prime and common interest to every member of the Institute, whose full name is the American Institute of Homeopathy. To homeopathy the Institute owes its foundation, and, when the last word is said, it is to the study and the propagation of the truths of homeopathy it owes its reason for being. To materia medica and homeopathy, therefore, the last two days of the Institute's session are to be devoted; and we cannot too strenuously urge upon all members who propose to be present, the planning to remain and participate in these two days of so distinctively Institute work. It is proposed to take up the all-important subjects of the reproving of our materia medica on the lines of the latest scientific research; possibly to discuss the feasibility of establishing an Institute of Drug Proving, and to judicially consider the subject of posology. More vitally important than to the military expert the study of the most effective weapons of warfare, must it be to the homeopathist to know on what weapons of his therapeutic armory he can most surely rely. It is homeopathy and its materia medica that have made us what we are. As we promote their dignity and advancement, we shall promote our own. Let the attendance and the enthusiasm of the sessions of our last two Institute days demonstrate our practical recognition of this fact.

Never were there more cogent attractions offered for a record attendance at the Institute than this year. The place of meeting is known the world over for the magnificence of

its natural attractions. It is centrally located, and easily and comfortably reached; and as no American can afford to be ignorant of Niagara, our members may well rejoice in this opportunity to know the wonderful and historic old place, at a less expense and under happier circumstances than may be again possible for an indefinite time. Proverbially a "City of Hotels," the accommodations will be ample for all who may choose to come. For those who care to prolong a vacation so auspiciously begun, picturesque old Canada lies but a bridge's width away; and Buffalo, distant but a half-hour, is a famous point of departure for the most interesting sights of that highly interesting part of the summer world. Our kind hosts have prepared much tempting entertainment for the Institute and its guests. Everything invites to a glorious week. Come one and all, and help to make it so.

Nor come empty-handed. Make the Institute, to which you owe so much, your debtor, in turn, by bringing to it at least one application for a new membership. The world reads success in numbers; let it read in our proudly augmenting numbers of this year, the growth of homeopathic ideas and practice.

John Preston Sutherland, M.D.

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

THE MODERN READER'S BIBLE. A SERIES OF WORKS FROM THE SACRED SCRIPTURES PRESENTED IN MODERN LITERARY FORM. Edited by Richard G. Moulton, M.A. (Camb.), Ph.D. (Penn.), professor of literature in English in the University of Chicago. New York: The Macmillan Company. 1903. Twenty-one volumes. Price, per volume, cloth, 40 cents; leather, 60 cents, *net.*

We esteem it a privilege to have the opportunity of introducing this notable edition of the Bible to our readers. A review of such a work cannot be other than appropriate in a journal which goes to the medical profession, for no profession renders more Christlike services or stands more in need of the guidance and help to be found in the Book of books. As a body we are committed to the highest standards of thought and life, and to that true religion which exemplifies Christ's teachings.

Professor Moulton, in this most scholarly and reverent rearrangement of the text of the Bible, has rendered an incalculable service to educated men and women, and to all who are seeking to obtain a knowledge of the Bible from the Bible. This edition offers no theological expositions, enters into no controversy concerning authenticity; it presents the books of the Old and New Testaments in their original form, in the text of the Revised Version, including the Marginal Alternatives. The most casual and indifferent cannot fail to be impressed by the great gain in clearness, beauty and spiritual meaning. Each volume contains a brief introduction, which prepares the reader for an intelligent consideration of the book or books following. Notes at the close of each volume supply brief interpretations of and comments upon individual divisions or passages.

We feel that every one who is simply interested in literature will realize our indebtedness to Professor Moulton, while all who find in the Bible the Word of God will receive new revelations of God's message to man

A System of Practical Surgery. By Prof. E. Von Bergmann, M.D., Prof. P. Von Bruns, M.D., and Prof. J. Von Mikulicz, M.D. Vol. II, Surgery of the Neck, Thorax and Spinal Column. Edited by William T. Bull, M.D. Illus. New York and Philadelphia: Lea Brothers & Co. 1904. pp. 820. Price, cloth, $6.00; leather, $7.00; half morocco, $8.50, *net.*

Aside from the obvious merits of the notable contribution to surgery, nothing is calculated to make a more agreeable impression upon purchasers than the commendable promptness with which the second volume has followed the first. Already fully a third of the whole subject-matter is thus available for immediate profit and use.

There is every reason to believe that the energetic methods of the publishers will insure a speedy completion of the set.

The second volume is worthy of the first, which, it will be recalled, deals with the Head. A regional arrangement is logical and practical, and especially adapted to a complete working exposition of so vast a subject as surgery.

The chief sections of Vol. II are: Malformations; Injuries and Diseases of the Neck, of the Larynx and Trachea; Diseases and Injuries of the Thyroid Gland; Injuries, Malformations and Diseases of the Thorax and Its Contents, of the Mammary Gland; Injuries and Diseases of the Spinal Cord and Vertebral Column; Malformations, Injuries and Diseases of the Vertebral Column.

Many of these subjects, in their subdivisions, are discussed at unusual length, the conclusions of all important authorities being cited and compared; as, for instance, in the consideration of that baffling disease—goiter. We doubt if there is any contribution more all-embracing or more instructive than this. We would also call attention to the detailed and comprehensive account of injuries of the thorax and its contents, including the most approved modern methods of treatment; as, for instance, in wounds of the heart.

Other sections are of the same high order of merit. These volumes are not merely or principally pictorial atlases, although well and sufficiently illustrated, but primarily the collective wisdom and experience of the best surgeons in Germany,—that land of patient and productive labors in the cause of science.

Elements of General Radio-therapy for Practitioners. By Dr. Leopold Freund, Vienna. Translated by G. H. Lancashire, M.D.Brux., M.R.C.S.Eng., L.R.C.P.Lond. Illus. New York: Rebman Company. 1904. pp. 538. Price, cloth, $5.00.

The extremely modest prefatory remarks in this book might lead the casual reader to underestimate its value. Further investigation, however, would at once correct any such misapprehension. Excellent authorities commend Dr. Freund's work for its simplicity and clearness, as well as for the large amount of information it contains. The subject is comparatively new, and one to appeal to a large proportion of the profession,—those who are resorting to radio-therapy, and those who wish to know what is being accomplished by the new methods of treatment. Dr. Freund offers to both classes a text-book and a chronicle of progress. The sections discuss the elements of electricity, treatment with high-frequency currents, treatment with X-rays, Bacquerel rays, photo-therapy, or treatment with heat and light rays. The notes on instrumentation, although not properly a part of the text, are none the less suggestive and useful. The directions for the application of the different forms of radiation are full and clear, and the results obtained by leading specialists, and their recommendations, are constantly cited, while Dr. Freund's own large experience is freely drawn upon. This is without question a notable contribution to the literature of radio-therapy.

A Practical Treatise on Medical Diagnosis for Students and Practitioners. By John H. Musser, M.D., professor of clinical medicine in the University of Pennsylvania, etc. Fifth edition, revised and enlarged. Philadelphia and New York: Lea Brothers & Co. 1904. pp. 1213. Price, cloth, $6.50; leather, $7.50; half morocco, $8.00, *net.*

Although this work is already well known and greatly esteemed, it merits especial attention in this fifth edition in that the revision has meant a practical rewriting and recasting of the whole work, the exclusion of all matter unessential, or too elementary or theoretical, and the inclusion of new scientific facts and methods of diagnosis.

A correct comprehension of the meaning of every symptom, accurate and all-embracing methods of ascertaining the disease manifestations, and a constant training of every faculty of perception and observation,—all these qualifications the successful practitioner must have and keep by personal effort and studious habits.

Dr. Musser's work is one of the easiest and most satisfying of all books on this subject for the graduate and undergraduate to use. Every topic is considered in its natural and logical place. Thus we have in sequence: Historical Diagnosis, Subjective Diagnosis, Objective Diagnosis, Physical Diagnosis and Laboratory Diagnosis,—these subjects occupying more than half the book; and Special Diagnosis taking up the infections, intoxications, constitutional diseases and special diseases of the organs and systems of the entire body.

The sections, without exception, are copiously illustrated, not only with wood cuts, but also with fine, full-page colored plates. Tabulations and summaries are frequently used, also charts and diagrams. It is almost impossible to do justice to the excellencies of this work, which must be seen to be properly appreciated. The index covers thirty pages. The type and paper are very good. We strongly recommend the purchasing of a copy.

The Chronic Diseases: Their Peculiar Nature and Their Homeopathic Cure. By Dr. Samuel Hahnemann. Translated from the second enlarged German edition of 1835 by Prof. Louis H. Tafel. Philadelphia: Boericke & Tafel. 1904. pp. 269. Price, $1.25, *net.*

The theoretical part only of Hahnemann's arguments and instructions upon the above subject will be found in this volume. This part, however, furnishes sufficient food for reflection, both to the questioning and unquestioning follower. Our allopathic friends would probably consider it especially choice reading, particularly the portion gravely advising that the susceptible patient be allowed to merely "smell of a few small pellets contained in a vial, once or twice, with each nostril," a lower potency being used each day for several days. We do not know with what potency Hahnemann began in these cases; probably the

potency and the number of "smells" per day were individual matters. But this is by the way. This volume presents Hahnemann's theory of psora—*i.e.*, "the internal itch disease, with or without its attendant eruption on the skin"—as the primal cause of all nonvenereal chronic diseases; gives the symptoms of latent psora, and discusses their cure. There are also a few pages on sycosis and syphilis.

This edition is issued in a neat and attractive manner.

The Medical Epitome Series. Pediatrics. A manual for students and practitioners. By Henry Enos Tuley, A.B., M.D., professor of obstetrics in the Medical Department of Kentucky University, etc. Illus. Philadelphia and New York: Lea Brothers & Co. 1904. pp. 266. Price, $1.00, *net.*

We consider this a capital little manual, and by no means to be confounded with the old-fashioned quiz compend made up of questions and answers. This epitome is a connected, if condensed, account of the anatomy and development of infants; of how to examine and treat them; methods of feeding; varieties, preparation, selection and administration of foods at different periods of growth.

All the diseases of children are defined and described; treatment, preventive, hygienic and medicinal, is outlined.

A perusal of this excellent little book fills us with wonder that the homeopathic manner of drug prescribing is not adopted for children by all schools. Its superiority is evident to any fair-minded observer who has had the opportunity, as we have had, of comparing the old and new schools.

In Dr. Tuley's book, methods common to the best-informed practitioners of all schools are well and abundantly set forth. There are many sensible and valuable suggestions.

The Practical Medicine Series of Yearbooks. Vol. IV, Gynecology. Edited by Emilius C. Dudley, A.M., M.D., and William Healey, A.B., M.D. March, 1904. Chicago: The Yearbook Publishers. pp. 216. Price, $1.00, *net.*

While this is not a large volume to cover the year's work in gynecology, it contains much good material relating to the

pathology, symptomatology, and, more especially, the treatment of diseases of women, both medical and surgical.

An interesting section is that which treats of infections, such as tuberculosis, gonorrhea, nonspecific inflammatory conditions, and disorders properly to be considered in connection with the various infections. Tumors of the uterus and tubes, and displacements of the uterus, occupy many pages. There are a number of short, illustrated papers in addition to the abstracts culled from numerous foreign and American journals.

PERSONAL AND GENERAL ITEMS.

"The Specialist" department is omitted this month because of press of other matter.

The number of registered pharmacists in the United States is estimated at 43,000. In Great Britain the number is 15,600.

The Cleveland Homeopathic College conferred the degree of doctor of medicine upon twenty-two candidates the 4th of May.

Dr. Helen M. Junkins has opened an office in Central Block, Lowell. Office hours daily, except Sunday, 2 to 4 P.M., also 7 to 8 P.M. Tuesday and Friday.

Trachoma is usually found among Italians, Armenians and Syrians. Frequently the steamship companies will turn away at Naples as many as 100 seeking passage on one steamer who have this disease.

The boys and girls of the public schools in New York City are aiding in the suppression of the filthy and dangerous practice of spitting on pavements, by distributing to violators of the law cards warning them of the heavy fines to which they are liable. We wish this might be done in Boston.

Dr. Helen S. Childs of South Huntington Avenue, Jamaica Plain, announces the opening of a summer camp for girls at Ossipee, N. H., June 27. The camp borders on a fine lake with sandy beach, and is surrounded by pine woods. Gymnastics, rowing, swimming and tennis can all be enjoyed, and tutoring can be arranged for.

An investigation of the cause of pneumonia by the bacteriological department of the board of health of New York shows that contagion is of comparatively little importance in the spread of the disease. The board is inclined, therefore, to attribute the excessive death rate from pneumonia to the cold of last winter.

Dr. A. T. Lovering, 10A Park Square, Boston, will make engagements now, for the summer or early fall, to suit the convenience of members of the profession or others desirous of assistance in the collecting, arranging or editing material for publication or presentation before societies. Papers written, proof sheets corrected, manuscripts typewritten and revised.

The new regulations of the board of health require that all milk kept for sale in any store, shop, restaurant, market, bakery or other establishment shall at all times register on test a temperature not exceeding fifty degrees Fahrenheit. It shall be stored in a box or refrigerator. Also, no vessel containing milk for sale shall be allowed to stand outside said cooler, box or refrigerator except while a sale of said milk is being made.

It also provides that no person shall bring into the city of Boston, for the purpose of sale, any milk which contains more than 500,000 bacteria per cubic centimeter, or which has a temperature higher than fifty degrees Fahrenheit.

The St. Louis Homeopathic Medical Society has appointed a committee to furnish to all homeopathic physicians and

their families information and literature concerning the Exposition.

This committee will be pleased to answer inquiries sent by mail relative to this subject, and will undertake to reserve desirable quarters in hotels, boarding houses, rooming houses or private families. *There will be no charge or expense for such information or service.*

In corresponding concerning accommodations, physicians must state definitely the date for which they are to be reserved, the approximate length of their visit, the number in their party, and the price which they wish to pay.

All hotels, boarding houses, etc., require a deposit at the time reservations are made, such deposit to be placed to the visitor's credit.

The committee consists of Dr. W. E. Jones, 3859 Page Avenue; Dr. W. W. Gilbert, 314 South Jefferson Avenue, and Dr. Willis Young, 2344 Park Avenue, all of St. Louis.

THE NEW ENGLAND MEDICAL GAZETTE

No. 7. JULY, 1904. Vol. XXXIX.

ORIGINAL COMMUNICATIONS.

PRESIDENTIAL ADDRESS.

BY JOHN PRESTON SUTHERLAND, M.D., BOSTON, MASS.

[Delivered before the American Institute of Homeopathy, at Niagara Falls, June 20, 1904.]

The annual assembling of the members of the American Institute may fitly be called the "Old Home Week" of homeopathy in America. The sixtieth birthday of the Institute's honorable and fruitful life, which we now are assembled to celebrate, assuredly gives her the title of Mother of homeopathic organized life on our side of the sea. To return to her hearthstone, that of the oldest national medical organization in America, may well be reckoned, for the loyal homeopathist, a professional home-coming. That excellent and now so widely prevailing custom of observing Old Home Week, our country over, is productive of a doubly good result. To those returning to the mother's hearthstone, it means a renewal of family ties, of dear and friendly associations; it means a renewing of the ideals of youth; it means an enlargement of interests and loyalties beyond the merely personal and individual; it means the wholesome realization that one is a part of a whole, and not an isolated and selfish unit. On the other hand, it means to the old home itself the inrush of the larger world beyond its own borders; it means getting closely into

touch with the life of the hour, learning, at first hand, of the marvels of the year's progress; adjusting old ideas to new revelations of fact. And these things are precisely what our annual assembling as children of the venerable American Institute of Homeopathy ought to mean to the Institute and to ourselves. It ought to renew old friendships and associations. It ought to keep green the memories of those, our predecessors and exemplars, who here on earth will meet with us no more. It ought to renew our early ideals of broad and useful living along the lines of our mutual and beloved work. It ought to quicken our best selves, with the realization of brotherhood, and teach us to respect the brotherhood of other households than our own. And to the Institute itself our home-coming ought to mean the enlargement of our common view; the assimilation of new truths, and the fitting of them into the great general scheme of truth that we have already seen and accepted. The spirit of Old Home Week is a good one in which to open our present deliberations and to enter upon our enjoyments. As the son of the great Mother, upon whom for the hour falls the duty of speaking her welcome, I greet you with all affectionate heartiness to the Mother's hearthstone; and I ask you to aid me to make this particular home-coming richer than any that have come before it in growth, in harmony, in service, in wisdom, and in strength of devotion to the cause and the loyalty we have in common, as children of the Institute, the Mother of American homeopathy.

It is natural and fitting that on the first evening of assembling at an old-home hearth, the talk should travel far backward and far forward, taking as long views as may be, in both directions. That is what I aim to do in this first talk we hold together, in our present assembling: I would ask you to look far backward, into the causes of our coming together; and far forward, into the largest uses that we can serve in coming together.

Who founded the American Institute of Homeopathy? A body of *physicians*. That is what we are apt to forget, in answering that question on quick challenge; we are far more apt to say . . . a body of homeopathists. True, the founders were homeopathic physicians, but they were that secondarily, though very essentially. First of all they were *physicians*. They were men well grounded in all the medical lore of their day; they were men who had studied that lore under exactly the same instruction as had any men then bearing the title of physicians. Broadly speaking, all that any physician, as such, then knew, they knew; and knowing, they did not find it sufficient for their needs as healers of the sick. Let that never be forgotten. The founders of homeopathy did not become homeopathists as an easy road to riches, or to notoriety, as not a few of our unbrotherly professional brethren still hold, even to-day. They did not become homeopathists, because they were not intellectually equal to mastering the knowledge possessed by other physicians of their day; as again is too often claimed. They had already mastered that knowledge, and not a few of them stood high in existing medical councils. They became homeopathists, because, knowing all that was known by the medical science of their day, they did not find that all sufficient to treat the physical ills of humanity as successfully as they felt the physician should be able to treat those ills. They believed that in the homeopathic law of cure they saw an advance upon any method of cure then in use. And they resolved to give that law a trial in their daily practice. Keep always clearly in mind that if they could have been freely allowed by their brother physicians thus to test this new article of their medical faith, there would never have been separation, of the homeopathists' making, in the great army of healers of the sick. They were not so allowed; for, resolving to test the homeopathic law, they were met with a persecution that it is no part of my purpose to recall to-night. This persecution forced

them into what we may call professional segregation. The toleration, nay the encouragement, extended since that time, and to-day, to the practitioners and exclusive practitioners of innumerable specialties of the vast field of medicine, was violently denied to those physicians, our professional ancestors, who sought to become therapeutic specialists. Let us keep this fact well in mind, and then we shall never lose sight of that other fact, that in electing to become a therapeutic specialist, then or to-day, no physician loses, by any logic that can be summoned, his right to be a physician at large; his heirship in every medical discovery of his own or of past ages; his right to experiment along any line that may seem wise to him, in the treatment of his sick patient. Let us keep, I say, this fact well in mind; for we shall find it a good compass along roads we are presently to follow.

A man does not lose the right to be reckoned among physicians, with every claim to the fullest recognition and privilege that great title implies, because he chooses to cultivate as peculiarly his own, one small corner of the vast medical field. Nor does he lose his claim to share in every fruit of that field, if he offers freely to his fellow-laborers in other corners of it, the fruits he is cultivating in his own corner, and can prove to them the worth of what he offers. As well advance the economic insanity that the man who raises potatoes must live on potatoes exclusively; or the man who deals in wool, be denied the wear of cotton, as to claim that the man who practices a medical specialty, is thereby debarred from the fruits of the field of medicine at large. But what the laborers in the field of medicine have the right to claim, is that the aspirant to recognized ownership of a corner of that field shall first prove his knowledge of the use of tools, and of the character of the soil in which he is to work; as antecedent assurance that the fruits of his raising will be worth a place in the medical market. This metaphor easily translates itself into fact. No man can justly claim a right to recognition

as a laborer in the medical field, who cannot first demonstrate his knowledge of those fundamental sciences on which, as on an indispensable foundation, the art of medicine rests. He must have mastered the sciences of anatomy, physiology, chemistry, histology, pathology and pharmacology. No man ignorant of these things, whether willfully or otherwise ignorant, has any right to recognition as a laborer in the medical field. He is not a physician; and until a man is first a physician, he can never be accorded recognition as a medical specialist. Our medical ancestors, the first homeopathists, met these requirements fully and triumphantly. All that was known of the fundamental sciences of medicine they knew. Their right to become specialists was therefore clear; and we who call ourselves homeopathists to-day, have also fulfilled these conditions. All that any physician of to-day is required to know of these fundamental sciences we are taught in our homeopathic colleges. Homeopathic colleges, indeed, may boast of having led those of any other school in their requirements as to the length of time a student must compulsorily spend, in acquiring his knowledge of those sciences. As physicians we have a right to our share of every fruit grown in the medical field. We are also specialists, with our own long-claimed corner of that garden to keep under careful cultivation; that we may offer from it worthy fruit to the common market. Is it said that no one not resident in our particular corner has any use for our fruit? It may be true that not much of our fruit is openly in request in the public medical mart, but as it is none the less pretty constantly found on the tables of fellow-laborers whose fields neighbor ours, we are forced to the conclusion that what is not bought by day, is sometimes plucked by night. I need not perhaps interpret this metaphor to you. You have only to study the therapeutic "discoveries" chronicled in the journals of other schools than our own, to follow it easily.

You would do well to repeat, as a *credo* to be recalled on the

eve of any labors we undertake in common, the fine and satisfying definition that our Institute *Transactions* bear on their title-page: . . . "A homeopathic physician is one who adds to his knowledge of medicine, a special knowledge of homeopathic therapeutics; and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

"His knowledge of medicine." What medicine? It is a curious fact that while most of the states of the Union have laws for the regulation of medical practice, there does not exist an authoritative legal definition of medicine. Perhaps as satisfying a definition of it as does exist, is to be found in the Standard Dictionary, in the phrases which define it as "The healing art; the science of the preservation of health; and of treating disease for the purpose of cure." "The healing art," that was a phrase dear to Samuel Hahnemann. Healing the sick; that is the work to which we are pledged by the fact that we are physicians. Not to uphold a theory, however old or new; not to dogmatize, but to heal the sick. Not, please note, to heal the sick exclusively by means of drugs. It is important to have that clear in our minds, for we who are physicians too often are guilty of that confusion of thought which is almost chronic with the laity; the inseparableness of the practice of medicine from the administration of drugs. There are a great many worthy and successfu practitioners of medicine to-day, the very least part of whose work has to do with drugs at all. This may not be a very palatable reflection to those homeopathists whose devotion to the practice of medicine does not go far beyond the exercise of their own therapeutic specialty. But it is none the less a fact immensely to be reckoned with. Nor can we escape reckoning with the fact that the greatest practical advances in the healing art for the last half century have *not* been made along the lines of drug administration. Do you doubt this? Look over the records of recovery from disease made under

treatment where drug administration has been reduced almost to a negligible quantity, or has been dispensed with altogether; the cures made by surgery; by diet alone; by hydrotherapy; by the various forms of manipulation; by the open-air treatment; by electro-therapy in its all but miraculous advances along the lines of high-frequency currents and vibratory stimulation; by the antitoxins; by psycho-therapeutics. What advances has drug administration made to compare with the advances made by these? Our brethren of the old school return to this query an all but wailingly pessimistic reply. Said Dr. Frank Billings, in his presidential address before the American Medical Association, only a twelvemonth ago:

"Much as has been accomplished by experimental medicine in a comparatively brief period of time, there are vast fields to which the method has not been applied. With most of us our present methods of clinical observation enable us to do little more than name the disease. In the vast majority of infectious diseases we are helpless to apply a specific cure. Drugs, with the exception of quinine in malaria and mercury in syphilis, are valueless as cures."

As homeopathists we are happy in being able alike by accumulated and authentic statistics, and by long and varied personal experience, to give a much more cheerful pronunciamento on the usefulness to-day, and in a long past, of drugs, administered under a law. In this fact we read anew our warrant to our share of the great medical field. Here is our proof that, as specialists, we are making our specialty subserve the common store of medical knowledge, and the alleviation of the sufferings of our fellow-creatures. But while reiterating and rejoicing in this fact, we must yet ask ourselves what progress has homeopathy, the therapeutic specialty, made in the last twenty-five years, that is at all commensurate with that made by the majority of the specialties already named. Understand, please, that I do not mean by "progress" advance

along the lines of public appreciation or pecuniary success, but progress along the lines of augmented therapeutic resources. It simply should encourage us to quick and fruitful effort to make the next quarter century tell a different and more inspiring tale. It is much that our remedies applied under our law still so largely hold their own, approving themselves by their success in curing diseases. When we compare this truth with the fate of the remedies twenty-five years ago, so highly vaunted by our brothers of the old school, and to-day, by so high an authority as the president of their national association, hurled in a mass into the wastebasket of dishonored oblivion, we have no reason for despondency. As homeopathists we have no reason for despondency that other specialties have outrun our own in relative progress in a half century, since all those other specialties, our most friendly rivals when we think of ourselves primarily as homeopathists, are our gleaning fields, our personal resources when we think of ourselves primarily as physicians. Every progress made in medicine is our progress, since by it we may profit in equal measure with any of our brethren, in our work of healing the sick. There have been periods when factions have held that a homeopathist was false to his calling, if he employed in healing the sick any other resources than those offered by the drug administered under the law of similars. Those periods have fortunately passed; those factions practically no longer exist. However the not yet extinct prejudice of our brethren of other schools may vehemently deny it, we are essentially at one with every educated physician, whatever his specialty in medicine. We need not talk of "amalgamation" with the mass of the medical profession as a future possibility, dependent on our yielding our special medical title. We *are* amalgamated with the true healers of to-day and of all time past and to come, when we claim as our own all knowledge that physicians can possess in common, and the right to employ all means that time and science may reveal for lessening the sufferings

of humanity. Is there any one calling himself a homeopathist to-day who will claim that the use of a drug alone administered along the line of similars, will cure *every* diseased condition as quickly and surely as any other means known to the medicine of to-day can cure it? I venture to say there is not. If there be, he must find himself ill at ease indeed in the American Institute of Homeopathy, so much of whose time is profitably occupied with the deliberations of special societies which exist to cure diseases by means not primarily those of drug administration. Is there any homeopathist to-day who claims that he can select a drug, under the law of similars, which will achieve the results of the fresh-air treatment of tuberculosis; of surgery in pathologic conditions requiring the knife; of saline injections in collapse; of diet in diabetes, gout and scurvy; of antitoxin in diphtheria; of the desiccated thyroid in myxœdema; of adrenalin in hemorrhage; of psychic therapy in certain forms of neurosis; of hypnotic suggestion in certain hysterias; of the X-ray in epidermoid cancer and lupus; of manipulative treatment in certain muscular affections? I again venture to answer no; and to assert the necessary corrolary of this admission that there are few homeopathists indeed who would ignore the obvious duty, when faced with a case of any of the above referred to maladies, of adding to whatever benefit he was achieving for his patient by the use of a carefully selected homeopathic remedy, the immeasurably more assured benefits of the treatments above referred to, each in its appropriate field of action. Would the homeopathist in doing this be advertising the inefficacy of his own specialty? It is hardly conceivable that such a claim can be made. Surely no one, outside the advertising circulars of a vender of quack remedies, claims to-day that for every disease there is a single cure-all. In admitting the limitations that we share with every other specialist, we assert the privileges we share with every other physician.

Is it a matter for regret that in the ever widening history of medical specialization, what I have already called the segregating process should so continually obtain? From any sane or far-reaching viewpoint, emphatically no. Spencer's famous law of cell growth and reproduction may well be believed to apply to the cells of knowledge as well as to those of more material sort. Says Spencer:

"A cell increases in bulk, as the cube of its diameter; in surface, as the square of its diameter."

The obvious outcome of this inevitable process is that there comes a time when the demands of the bulk exceed the power of the surface to supply. The consequence must either be death or segmentation. Two bodies take, by segmentation, the place of one, each unit with a surface of its own. Is not this entirely true of the bulk of knowledge? Slowly growing, from within outward, there comes a time when segmentation takes place, and two bodies stand where one stood. This is inevitable, if all the truth which has developed is to have means of manifestation. Hence differing religious creeds. Hence differing medical denominations and specialties. Disruption as a means of growth is nothing to lament. So that no part arrogates to itself the title and privileges of the whole, the process of segmentation, of specialization, is wholly beneficent in result. In each, some new revelation of truth, from each, some possibility of borrowing truth. Our ancestors in medicine, when the moment of their segregation came, found no recognition of their right to a life separate from that of the parent body. That was and is regrettable. What would be infinitely more regrettable, would be for us, their descendants, to emulate the unwisdom that refused them that recognition. Let us, in this our day, watch the new processes of specialization with calm and acquiescent eyes. Let us ask of any medical specialty the one question: Does it heal any form of sickness more quickly and more permanently than any method already in use? Let us ask of any specialist:

Is he first a physician? Here, I take it, is the key to problems of medical legislation. To face with no dogmatic challenge curative systems that claim a right to prove their efficacy on whatever patients are willing to try their efficacy. Merely to demand of those who desire to practise such systems, that they be and approve themselves physicians, well grounded in the knowledge of the fundamental laws governing the life of the complex human body. This assured, admit them to the field of medical practice, and watch the results of their work. Surely the most radical defendant of the rights of individuals can see no tyranny here. The community demands that no man shall practice as a pharmacist unless he can show the license that proves his familiarity with the properties of the drugs he dispenses. It demands that no man shall practice as an engineer unless he can show the license that proves him master of his steam and his steel. Is it more tyrannical for the community to demand of every one who would practice as a physician, a healer of the sick, that he first demonstrate his understanding of the laws governing the human body with which he asks to deal? To demand less than this, to admit fanatics and charlatans, ignorant of the bodies they are tampering with, into the field of medical practice, is to put the community at large into obvious peril. I need but to instance the risk to the community of allowing a case of smallpox or scarlet fever or diphtheria to fall into the hands of those either too ignorant to recognize the character of the disease, or too fanatical to admit its existence. No; let us as physicians insist by every influence that we can command that none but qualified physicians shall have a right to recognition in the field of medical practice; and then, as specialists in that field, let us accord respect and intelligent interest to the work of every other specialist in that field.

Is this too large a liberality to ask of you? Are there certain specialties I have already mentioned to which you

are doubtful if thinking men and women are justified in according any measure of credulity? Do you hesitate to admit, for instance, the claims of the almost innumerable varieties of psycho-specialists, because their methods seem too aërial and indemonstrable? Neither time nor inclination permits me to enter here into any lengthened argument for or against the possibility of distinctively psychic means for the cure of disease. But I cannot forbear a suggestion or two, which I leave for you to ponder at your pleasure. Has it ever occurred to you that any physician who knowingly gives a placebo to an hysterical patient, which placebo serves its healing purpose, has accomplished his cure by distinctively psychic therapy? Can you deny that this is the case? And when he keeps the knowledge of this fact from his patient, and in not infrequent instances from himself, so far as he is gifted in self-deception, is he the superior or the inferior of the specialist who treats his patient by distinctively psychic means, with that patient's full knowledge and assent? I but ask the question; in answering it, weigh the justice of ridicule or persecution of the habitual practitioners of psychotherapy, by those who employ the same therapy occasionally and unconfessedly. Is there here no possible gleaning by night in a neighbor's field, such as we agreed awhile ago we ourselves sometimes suffered from, not without an irritated sense of its injustice? One more word in this connection, and a somewhat more serious one, to which I ask your serious attention and consideration. Is it not possible, I say only possible, that there may be rounds in the ladder of consciousness too elevated for ordinary sense to climb, yet to be scaled by senses of which not many of us are as yet practically aware? May there not be powers too high and subtle for manifestation to the ordinary sense, that can yet make themselves manifest to specially cultivated sense? The lowest of the recognized five senses through which the universe outside ourselves manifests itself to our consciousness, is

that of touch. Touch is our ability to apprehend, by means of its direct and material contact with certain nerve fibers, a form of energy manifesting itself through a solid mass of matter. This is the lowest round on the ladder of consciousness, requiring for its ascension only a material object and flesh with which to bring that object into contact.

The second round in our ladder of consciousness we call taste. Here indeed we have material substances still to be apprehended before the act of consciousness can be complete, the round of the ladder ascended. But note that this matter must be in higher form and manifested through a more subtle medium than that which appeals to the sense of touch. Touch deals with solid substances; taste refuses to deal with other than liquid ones, with matter in solution. We have mounted a step, and are using a sense that can apprehend, nay, that demands a finer and subtler medium for matter to use in making its appeal to the consciousness. Another round, and we have reached the sense of smell. Yet again we have changed and rarefied our medium for the appeal of matter to nerve. We have climbed above the liquid; we have here matter in suspension in a gaseous medium, appealing to a sense so delicate that it can receive this suspended matter through a medium that is invisible and intangible. Here is an appreciable upward step indeed! And now we climb, if not far, yet fast. For our next round is that we call hearing. Here we are emancipated from matter altogether, as matter is ordinarily understood. Here the universe makes appeal to our attuned sense, through a medium of air alone; through mere energy in motion, manifesting a vibration. Brought into realization, have we not here a fine and wonderful thing, which yet is a most familiar experience? Have we not climbed fast and far? But we may make one more step yet, nor stand above our reassuring experience of every day. We climb the round of sight. Here we have energy emancipated from solid, from liquid, from atmospheric media; here we

have as a medium only that mysterious thing called the ether; as far above the air as that is above the liquid, or that above the solid. Here we stop, or do we stop? Would it not be more rational, more logical, to say not, here we stop, but here we for the moment pause? Are we prepared to say that at the sense of sight there ceases arbitrarily, this wonderfully, subtly, exquisitely graded ascent, up which we have thus far been led? Has life energy lost its power of further, higher manifestation? Has humanity no senses by which that life energy in higher manifestation can be apprehended? Let us imagine a form of life which has not yet, in its evolution, mounted above the first round of our mystic ladder, whose sole sense is that of touch.

If it could be conveyed to such forms, that beyond touch there was capacity for taste, beyond taste there was capacity for smell, beyond smell there was capacity for hearing, beyond hearing there was capacity for sight, what answer do you fancy that creature possessed of but one sense of touch would make to these assertions of its own latent powers? Do you suppose they would make a widely different answer from that made by many of us, when we are asked to consider the possible existence of a sixth sense, a seventh, a thousandth sense which mount above our five senses, as they mount above each other? Recall how receptive capacity differs with the individual, even on each separate round of the ladder we have climbed. Compare the delicate taste of those with whom tasting is a science, the tea-tasters, the wine-tasters, with the capacity along that line of you, or of me. But because you or I would never claim to differentiate a wine of '85 from a wine of '71, do we deny that there are men who can do this? Do the color-blind deny the reds and blues to their more fortunate brothers because they see only a uniform gray? Do we, in a word, deny niceties of apprehension which we ourselves lack, only because we ourselves do lack them? We are not so stupid. Shall we be so, pardon me, stupid, as

to deny that others may have climbed at least one step higher on the ladder of consciousness than we? Rather let us try and test by what proof such can make their claim good. If by virtue of their claim they would enter the medical field as specialists to heal by means of psycho-therapy in one of its protean forms, shall we not merely demand of them what we have agreed shall be demanded of every other physician? Shall we not satisfy ourselves that they are grounded in anatomy, physiology, chemistry, pathology, and once satisfied of this, welcome them as brother specialists, and watch eagerly to see if there be any form of human ill amenable to treatment by their specialty, which yet baffles ours? I only ask. It is for you to answer, when next the question of psycho-therapy comes your way.

Thus far in our talk, I have spoken to you largely as a physician to physicians. Now for a few moments, let me speak to you as a homeopathist to homeopathists. Let us, for a little, turn to our own special corner of that field, and talk of family matters. What are we, as homeopathists, contributing to the work of the medical field at large? What are we doing to justify our claim to be therapeutic specialists? We cannot escape these questions; and it is better that we should ask them of ourselves and of each other, than that the world outside our corner should ask them of us.

What are we giving to the field at large? We are giving what we have long given, but we are giving it with the confidence in its worth only the testing of years can bring. We are giving remedies for whose efficacy we have scientific warrant. We are giving remedies whose worth we have tested by scientific methods, and tested for ourselves, and which can be proven as to their pathogenetic powers, by any scientist curious to do so. In this respect alone we justify our right to continued existence as homeopathists. The drug-giving physicians of other corners of the field can bring no such claim as ours. They know no law under which

remedies can be administered for the cure of the sick, other than that of loose empiricism. The drugs and combinations of drugs that they employ are not only not chosen as the result of their own study of their properties, but are used by them many times in total ignorance by the prescriber of the very names of the drugs he is administering. Is this an incredible statement? You have only to read carefully one week's contribution to your mail by the pharmacists who make a specialty, and how many of them do not? of "elegant, ethical and synthetical pharmaceutical preparations" for the cure of everything under heavens. The component parts of these specifics they shyly refrain from mentioning, yet despite that fact, they present ardent testimonials from physicians of unimpeachable standing, as to the power of the specifics. Reflect on this and you will not find my statement incredible. Ponder Dr. Billing's statement, which I have already quoted, on the nonreliability of every drug but two, in use by the allopathic school to-day, and then ponder the fact, demonstrated by a study of their magazine literature, of the number of drugs they habitually employ, and I think you will admit the need as crying to-day as ever before, of therapeutic specialists who know what drugs they employ, and what the properties of those drugs are, as proved by their action on the healthy body, and under what law they can be administered, to secure an all but uniform result. We may say, indeed, to secure a uniform result, when we subtract occasional temperamental idiosyncrasy of the patient, and certain occasional errors of diagnosis of the physician; such errors as the failure to recognize a condition that calls for special treatment outside the domain of drug giving at all; for instance, a headache directly due to eye-strain.

We have not outlived the world's need of us. We have not outlived the need of our continuing as therapeutic specialists. Nor are we departing, as is sometimes woefully claimed, from our faith in homeopathy and its laws, because we have in our

ranks many specialists who treat exclusively given diseases, and treat them largely by means outside the domain of drug administration. There are few if any of these, our specialists, who do not use the homeopathic remedy as the most valuable adjunct of their treatment as a whole. In a series of questions I recently addressed to many of our specialists, with this aspect of my subject in mind, and which were fully and courteously answered, many interesting and germane points were brought out. The question, for instance, as to whether in their specialty they found the homeopathic remedy of practical use, elicited a universal and warm assent. The general opinion is well epitomized in the following quotation from the reply of a well-known specialist in diseases of the eye and ear:

"Since I began practicing, I have constantly depended upon my drugs to aid me in the treatment of my patients. Perhaps I do not depend on the drugs alone, but I do feel they are of the greatest importance in many eye and ear conditions, and I would be greatly handicapped if I did not have their aid. This is particularly the case in intra-ocular diseases; *i.e.*, iritis, choroditis, and the various conditions of the retina and the optic nerve. Here the homeopathic specialist has everything to give his patient, while his allopathic confrére has to depend only on general lines of treatment of a dietetic and hygienic nature."

So much for what homeopathy is doing for its specialists. What are its specialists doing for homeopathy, is a question of germane interest. This also has suggestive answers. For one thing they are fighting the battles of homeopathy on the material side, by compelling recognition of the fact that homeopathists are capable of as telling work in special fields as are their old-school confrères, and thus enlightening prejudice on the score of our limitations. For another thing, they are sifting and specializing our materia medica, of which more presently, for they are making more use of, and consequently

doing more to establish in a month the powers of our drugs having special symptoms, eye and ear, skin, kidney symptoms, for but three instances, than the general practitioner would be likely to do for such drugs in a year. For yet another thing, as was pointed out in one of the answers I received, homeopathic specialists have enlarged our knowledge of the use of homeopathy through the publication of numerous text-books relating to their specialties, which deal fully with remedies homeopathic to the disease they specially treat. Thus homeopathy ministers to our specialists, and they to it. A good and cheering record! Thus far our outlook has been all cheer. Not so much can be said, perhaps, when we have asked ourselves the questions: What progress has homeopathy made, on its therapeutic side, in the last quarter century? Is homeopathy making any progress in worth commensurate with its progress in success? I need not answer these questions, but it is my duty to ask them. It is also my duty earnestly to urge that our history be made to furnish more optimistic answers to them, when they are asked a quarter century hence. I am sure that nothing can help forward a consummation so hoped for by us all, than the carrying out of a plan for the founding of an Institute for Drug-Proving, which will be so fully and ably submitted to you that I need do hardly more, at present, than express my hearty and full concurrence in it. Its work will be living work; it will be vitally necessary work; and it will be our own work, by right of sacred inheritance. Not a recruit under our homeopathic banner but can do his share toward that work. In the governing body of that Institute we must enlist representatives of every specialty. Every specialty, through its representative, must glean from every drug proved those symptoms which suggest its usefulness in that specialty. These symptoms it must be his special province to verify by test and counter test. Thus he will be greatly serving homeopathy, and adding greatly to the power of homeopathy, to be

of service to him and his patients. Even we general practitioners, though painfully conscious, sometimes, of standing as the future dodoes of the medical profession, soon to be of interest only to the student of extinct species, will have our share of that great work, by chronicling the triumphant emergence from the sharper tests of this new scientific day of our own old stand-bys, in the few, unfashionable, homely, and as yet unspecialized, ills that remain for our tendance. We shall point out to a world that still eats green apples, how colocynth is equal to autumnal emergencies, and how aconite still holds its own in measles, a formidable rival to the common or domestic saffron tea. Nor is it alone the ministrants to differing varieties of disease, who must claim equal representation in the new Institute of Drug Proving. This must embrace as well representatives of every differing shade of homeopathic medical opinion, who may, in the large toleration born of these new days, work together in amity. The gruesome specter of the "potency question" as a war issue, may surely now, at last, be relegated to our family tomb. The advocates of the highest potencies can hardly be unwilling to submit their claims to some other tribunal than that of the uncontrolled clinical test, since by that tribunal to-day the most numerous honorary diplomas are granted to quack proprietary preparations. The scoffers of aforetime, at the powers of the infinitesimal, are remaining if not to pray, at least to ponder in chastened soberness, lessons in the power of the infinitesimal, of the germ theory, and the X-ray, and to read thoughtfully that recent report of the United States Department of Agriculture, which states that the application of a solution containing one part of copper sulphate to seven hundred million parts of water, is sufficient to affect the growth of certain seedlings when applied to their roots, and that experiments with infinitesimal dilutions of this same substance (one to fifty million) promise to give a treatment of water supplies that shall make the workers on the Panama

Canal practically immune from the diseases that it was proclaimed only a few brief months ago could not fail to cost that enterprise a million lives before it saw completion. With the recognition of the necessity of scientific control tests on the one side, and the recognition on the other side of the unwisdom of crying "impossible" to anything because we cannot at once determine its methods of working, the two hitherto opposed factions of our therapeutic faith should find it easy to work together to noble and abiding result, and in a spirit wholly fraternal.

Once more, fellow-children of our great Institute Mother, I bid you welcome to her councils. Surely it does not call for any fantastic imagination, to see her clear before the eyes of our spirits, our honored Mother in homeopathy, in this, the hour of our home-coming to her, a great and gracious Mother, calm browed, deep breasted, steadfast eyed. Surely it takes but little play with the words, to fit to our need in this hour, the cry of the sons of a great nation to the Mother they came to pledge, a few great years ago.

When we turn to our own lands,
  As we go forth alone,
We will bless her where she stands
  For strength above our own.
On high we hold her fame
  That stands our fame beyond;
Making her mere-breathed name
  Our bond upon our bond.
Surely in work or play,
  Under whatever sky,
Comfort it is to say
  Of such a Mother am I!
Now for this debt we owe,
  And for her far-borne cheer,
Do we pass to and fro
  With tribute to her here.

And we beg her touch and remit . . .
After the use of kings,
Ancient, orderly, fit,
All that each true son brings;
All that we have won in far lands;
And this we do for a sign
That power is not mine, nor thine. . .
But our power we take at *her* hands!

THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMEOPATHIC HOSPITAL.

SERVICE OF NATHANIEL W. EMERSON, M.D., BOSTON, MASS.

[For the Quarter ending March 31, 1904.)

In offering a report of the surgical service of the present year attention is called again to the increase of abdominal cases, not only in the aggregate, but in proportion to other cases; about forty-one per cent of all the work of this service was abdominal. This is referred to for the reason that the death-rate must necessarily increase with the increase in the severity of the work, and in no year in the writer's experience, or, it is probably safe to say, in the experience of the hospital, has there been such a constant succession of extraordinary and interesting cases. All that has been said in the past about appendicitis and obscure abdominal cases is here again emphasized. Were it possible the attention of all patrons of the hospital would be constantlycalled to certain particular aspects of abdominal cases. In appendicitis the earlier such cases are seen by the operator the safer they are and the fewer die; almost without exception the fatal cases are the neglected cases, already complicated when brought to the hospital by general septic peritonitis, which is uncontrollable. All the deaths from appendicitis were in suppurating cases. One of the fatal cases under this heading is not strictly a death due to appendicitis. This case was brought to the hospital as an

emergency case and was operated as soon as possible after her arrival, probably within two hours. She had all the symptoms of suppurating appendicitis, and the appendix was found not only acutely inflamed, but perforated, although evidently at an early stage of perforation. The appendix was removed, and the abdomen closed without drainage; the patient made most excellent progress for several days, when temperature and pulse again went up, and she rapidly failed and died. The autopsy showed the abdomen free from infection of any kind; at the site of the appendix was a single drop of pus, encapsuled, which would undoubtedly have been absorbed. The patient died from an acute pneumonia, which so far as could be determined, had no reference to the operation itself otherwise than as the anesthesia favored the subsequent development of pneumonia in a patient who was also tubercular.

One of the other deaths from suppurative appendicitis was one left over from the preceding term, and the third was in a child, the operation failing to interrupt a general suppurative peritonitis already begun. One other case was also operated upon in the previous service for suppurative appendicitis and had apparently made a good recovery, but he developed symptoms of sepsis which could not be accurately located, although it seemed as if the focus of infection must be in the liver; a second exploration was made but nothing definite could be found.

There were three deaths in cases which were, previous to the operation, somewhat obscure, the deaths in nowise being the result of or due to the operation; the operation simply failed to give relief.

Mrs. M. F. K., an old lady of sixty-three, had a very rapidly growing abdominal tumor which seemed as if it might be an ovarian growth; much time was lost in getting consent for the operation. Upon opening the abdomen the tumor was found to be a resilient, semifluctuating, smooth and slightly movable tumor, symmetrically developed from the liver. A

piece sufficiently large for examination was removed and found to be sarcomatous. No attempt was made to extirpate, and she died in a few days.

Still another case, Mrs. E. L., presented a movable abdominal tumor of very rapid growth which was semifluctuating; it was diagnosed as an ovarian tumor, and it was hoped that it would prove a multiple cyst. Upon opening the abdomen and exposing the tumor it was found to be a soft, sarcomatous mass, so delicately friable in places that it could not be handled, even with the greatest care, without exciting hemorrhage; but this tendency to bleed was discovered only after she was having a hemorrhage from the tumor itself and losing blood with great rapidity. It was recognized that no amount of surface application or manipulation would check so copious a peripheral hemorrhage; hence the source of the blood supply from the left broad ligament was quickly sought and ligated, and then only was the hemorrhage controlled. The tumor was rapidly removed, but it was impossible to thoroughly enucleate the diseased tissue, and it was expected that she would die, which she did, on the third day following the operation.

Another death was a case of carcinoma of the gall-bladder, secondary to gallstones. Mrs. C. M. B., who had been a long and continuous sufferer, was relieved of gallstones by operation. The case had gone on so long, however, that the gall-bladder was rigid, fixed, evidently carcinomatous, and communicated by a fistulous opening with either the pyloric end of the stomach or the duodenum adjacent to the stomach, since there was a continuous leakage of the stomach contents through the wound; this was really a carcinoma of the gall-bladder due to gallstones,—a neglected case. It should be emphasized that gallstone cases are dangerous in proportion to the degree of neglect to which they have been subjected previous to the operation.

One other case, Miss G., died the next day after entering the hospital, as a result of a criminal abortion; she was

thoroughly septic and practically moribund when received by us. Two other cases were inoperative. The first was an old lady, Mrs. J., who was brought to the hospital with a fracture of the hip, and died within a week; of course we were helpless in her case.

The other case was the locally celebrated one of the Dexter boy, who was brought to the hospital the day upon which he was shot by his brother. Dr. French was particularly interested in this case and gave him most assiduous attention, but the autopsy showed that nothing could have been done, the ball having entered in such a way that his death was inevitable.

It is humiliating to report a death from chloroform, but such is the case. A man upon whom we had operated twice under chloroform, once for hernia, a second time for stricture of the urethra, came back for final dilatation of the stricture. While being chloroformed in the anesthetizing room before being brought to the operating room, he suddenly stopped breathing. While immediate attention was given, I personally assuming charge, nothing we were able to do caused a resumption of the heart's action. By means of artificial respiration we could secure audible inspiration and expiration, but not for a moment did the heart show the slightest ability to resume its function, and the man was dead.

Among other cases, to the loss of which one cannot be reconciled, was one of vaginal hysterectomy for procidentia. The case presented no mechanical difficulties in its performance, went off with reasonable rapidity, and a prompt recovery was the expected result. No action of the bowel could be accomplished, however; there seemed to be complete atony, and she died with all the evidences of paralysis of the bowel. I could find no evidence of sepsis, the vault of the vagina being tense and tympanitic, as was the abdomen anteriorly, as from distended bowel.

Another remarkable and inexplicable case was that of Mrs.

M. C., twenty-three years old, who entered the hospital on the medical side. Her case was diagnosed as one of ulcer of the stomach, with serious hemorrhage. When taken to the operating room it was very evident she would die from hemorrhage unless it were arrested; there was copious vomiting of nearly fresh blood, with considerable blood in the stools, of such a character, that it seemed to indicate that the hemorrhage was high up in the intestinal tract. An exploration was accordingly made, but neither in the stomach nor the duodenum could any evidence of an ulcer be determined. She died within a few hours, and, more remarkable still, the autopsy, although a most careful examination, did not reveal the source of the hemorrhage.

One other case, which cannot be classed as a successful one, is worthy of record because of unusual features. This patient, Mrs. D., came to the hospital with urgent abdominal symptoms; she was exquisitely tender, with a tense, distended abdomen. Upon opening the abdomen an ovarian cyst on the left side was found as large as a cocoanut, which was twisted upon its pedicle, not to a degree sufficient to cause a complete strangulation, but quite sufficient to cause a marked embarrassment of the return circulation. The cyst was not only passively congested but was becoming edematous, and also soft and friable, and I have no doubt that, had it not been relieved, complete strangulation would soon have supervened. There was a cyst of considerable size on the right side and of course both were removed. She was making an uneventful recovery when it was noticed that she was beginning to be jaundiced, and in a short time a tumor developed in the region of the gall-bladder, and jaundice became extreme; there was no colic or symptom of gallstone. An exploratory incision over the gall-bladder was made which revealed a carcinoma of the liver, some nodules of which were obstructive to the ducts; nothing further was attempted, and she made a surgical recovery. The tumors removed at the first opera-

tion suggested nothing malignant, and her condition at that time was completely explained by what was found, and I can trace no direct connection between the two conditions.

Aside from the fatal and unfavorable cases above mentioned there were many successful ones of most extraordinary interest. A Mrs. C., sent to the hospital from some distance, was found with an evident general septic peritonitis. While I wished to operate in the small hours of the morning, when first seen by me, she declined to have anything done until her husband arrived and certain church rites had been performed, the result of which was that it was noontime before the operation was undertaken. Her condition then was as desperate as any case I have ever seen which lived, the pulse being above 160, and she was literally and practically moribund. Only the slightest amount of anesthetic could be given, because she became so asphyxiated. Upon opening the abdomen the pus boiled out, the whole abdomen appeared distended with it, and the amount of it could not be estimated. This in nowise seemed to relieve her, and her condition was such, that no effort was made to find the source of infection. With a hand within the abdomen the appendix was sought, and found to be apparently intact, as were also, so far as could be determined by touch, both tubes. Her appearance was such that it was thought she would not survive to leave the operating table and the operation was brought to a very hasty conclusion. The abdomen was flushed out with a hot saline solution somewhat inadequately, and tube and gauze drainage inserted in several directions. Towards the last of the operation, apparently she was kept alive only by the most generous use of oxygen, and I felt so certain she would not survive that I felt justified in giving instructions for an autopsy, indicating special features which I wished investigated. To the surprise of everybody interested she not only left the table alive, but rallied in the course of the night, and in forty-eight hours was so markedly improved that we felt

sure a fatal result had been avoided, for the time being at any rate. From this time on she improved markedly, although it was evident there was a pocketing of pus somewhere within the abdomen. Later she was again anesthetized, and through the former opening the finger was inserted, and we found a considerable amount of pus in the pelvis well walled in but connecting with the external opening. This was washed out with saline very thoroughly and drained, and while she is still in the hospital, she is progressing so well that it seems as though her recovery is assured.

Another case, Mr. G., came to the hospital with symptoms of intestinal obstruction; he was very tympanitic (not sensitive, however, to pressure), and it was determined to open, since nothing relieved the apparent obstruction of the bowel. There was found a general septic condition of the peritoneum with an enormous accumulation of pus in the pelvis and left side behind the intestine. This was, of course, evacuated, the cavity thoroughly washed out and drainage instituted, and he improved and made a most satisfactory recovery.

These are cases which encourage one to make attempts to relieve under conditions which seem almost surely hopeless. It was literally as a forlorn hope that the operation in the case of Mrs. C. was undertaken, and it is because of the success now and then in a case such as hers, that one is justified in attempting to drain such cases and, if possible, remove the source of infection, since otherwise they are doomed.

There were an unusual number of cases of myomata uteri, which were operated upon according to the individual characteristics of each case, and with a uniformly successful result. There is no class of cases which is so satisfactory as these; the relief is definite and permanent, and accumulating experience shows that the death-rate is most astonishingly low. Several of these cases were of extraordinary interest and will be reported elsewhere by themselves. One of them, Miss McK. twenty-eight years old, had been in the hospital two years

before with an acute abdominal condition caused by pus tubes. An emergency operation was required; and because of the rupture of the tubes, and everything in consequence being bathed in pus, a tubo-ovariotomy only was undertaken, although there was a well-developed fibroid present. She made a satisfactory recovery from this operation and left the hospital apparently well, after which she resumed the duties of an active business situation. The tumor, however, continued to grow until, from its size and pressure, it was becoming intolerable, when she tried again for its relief. The growth was immovably fixed in the pelvis and reached to the umbilicus. Upon opening to remove it it was found solidly imbedded in its position, no portion of it being free and the whole fixed by adhesions on all sides. It required the greatest persistence to enucleate it sufficiently to ligate the larger vessels; but this was successfully accomplished, and she made a most satisfactory recovery. The extensive adhesions were doubtless due to the former inflammatory conditions secondary to the pus tube, and I have no doubt the tumor grew with most unusual rapidity partly in consequence of the general adhesions, its nourishment thus being most generous.

One other case is worthy of record: that of Mr. B., a man sixty-six years old, a musician by profession, of most excellent habits, being addicted neither to liquor in any form, nor tobacco. He had a tumor of the left thigh, which had already been operated once and which was definitely determined to be a sarcoma. The former operation was a complete failure, and the tumor was recurring with considerable rapidity. The only possible hope was by an amputation at the hip joint; this was accordingly undertaken by Wyeth's method, making the flaps as short as possible. Too much in favor of this method, for an operation of such magnitude, cannot be said; the operation was completely without incident, with almost no loss of blood, with absolutely no shock to the patient, and at no time was he in any apparent danger. He recovered

from the immediate effects of the operation with no incident worthy of record. Whether the result will be a permanent recovery time alone will determine.

Miss I. R., aged sixty, proved a satisfactory case. There was a history of obstruction of the bowel, rather indefinite in character; the obstruction had never been complete, but it had been progressively more obstinate, although at no time had she any acute symptoms. Examination, even under ether, gave no definite information, but, by reason of the consistency of the history of the case, I determined to explore. The abdomen was opened and there was found a sharply defined stricture, confined entirely to the intestine, at about the junction of the sigmoid with the rectum or possibly a little lower than this. It was just sufficiently far from the anus to prevent its detection through the rectum, although when in position it lay in the hollow of the sacrum; it was so movable, however, that it was not felt from below. I made a resection of the bowel, taking out perhaps two inches, and made an end-to-end union, the difficulties of which were greater than usual, by reason of the manipulation being within the pelvis. The result was most satisfactory, the bowel uniting by first intention, and almost immediately taking up its normal function.

Did one attempt to detail all the interesting cases, it would draw out this brief résumé to unpardonable length. In the summary of cases to follow, all cases are included, both hospital and private, which were operated upon, either by myself or my assistants, Drs. French, Chandler and Howard.

Of this list, Dr. French operated upon twelve abdominal and fifty-one general cases; Dr. Chandler, two abdominal and fifty-eight general cases; Dr. Howard one abdominal and twenty-nine general cases. All the rest were operated upon by myself. I could not say enough in appreciation of the services of the assistants. Always ready and cheerful, every possible attention has been rendered for the welfare and comfort of the

patient. It would not be possible to accomplish so much work of such a character as is here shown, without the faithful devotion of those upon whom one is very dependent, and I take this occasion to express my gratitude.

Summary of Cases.

Abdominal Cases—Total number, 197; total deaths, 14; death-rate, 7 per cent.

General Cases—Total number, 283; total deaths, 4; death-rate, 1.4 per cent.

Total cases, 480; total deaths, 18; death-rate, 3.75 per cent.

THE ELECTRO-DIAGNOSIS OF TRAUMATIC BACK.

BY FRANK C. RICHARDSON, M.D., BOSTON, MASS.

[Read before the Massachusetts Homeopathic Medical Society.]

The enormous and constantly increasing amount of accident litigation, a natural consequence of the mechanical age in which we live, brings to the physician a line of work from the responsibilities of which he cannot escape, no matter how reluctant he may be to become ensnared in medico-legal meshes.

The millions of dollars paid annually by corporations in liquidation of damage claims, naturally affords great temptation to spurious and unjust claims, and so many cases of exaggeration, and even malingering, are constantly occurring, that defendants are now inclined to look upon all litigants as impostors, until positive proof to the contrary has been adduced. Any test, therefore, calculated to furnish objective evidence of a condition, for the existence of which we might otherwise have to take the word of the patient, seems worthy of consideration.

Medical opinion in regard to the validity of Erichson's views on "concussion of the spine" has undergone a great change, until now it is generally conceded that the symptoms

attributed by him to intraspinous inflammation and degeneration are rather due to extra-spinous injury associated with traumatic hysteria. This association is found in a large proportion of the litigation cases, aside from general surgical injuries, which the general practitioner or expert is called to pass upon.

Alleged injury of the back is perhaps the most frequent basis of a claim for damages, and the trauma is usually represented as having consisted of a direct blow upon the back, being thrown violently forward or backward, bended or twisted, or severely jarred.

While the possibility of intra-spinal lesion resulting from such trauma must be conceded, the large majority of cases are of extra-spinous injury, involving ligaments and muscles, and unassociated with damage of bones or nervous structure.

The symptoms of so-called traumatic back are largely subjective, most of the objective ones being so capable of simulation as to lack value as evidence. The symptoms may come on at once after the accident, but usually they develop gradually, and several days may elapse before they become severe or disabling. The patient complains of pain on pressure or movement, or a continuous ache even when quiet. The pain may radiate or be confined to one or more spots. The back is stiff, and bending or twisting movements impossible or attended with pain. In severe cases there may be swelling and ecchymosis, but many times there is no tangible sign of violence, even in recent cases. The pain and discomfort may have its seat in any part of the back, and often in the occipital region. It may be unilateral or bilateral.

Because of pain and inflammation in muscles, ligaments or joints, there is an effort to restrain active motility, or the muscles take on a condition of tonic spasm, in an unconscious endeavor to fix the painful parts, and to avoid or restrict all movements which will disturb them.

It is this condition of muscular rigidity, nature's protective

splint, which furnishes a symptom that cannot be simulated, and which, when present, affords an unequivocal evidence of painful back.

Pain, with all its ordinary evidence, may be easily feigned; temporary muscular rigidity may be assumed at will; but overaction of muscle fiber, if continued any length of time, will invariably give rise to alterations in electrical excitability which are unmistakable and entirely beyond voluntary control.

During the past year I have examined many cases of alleged painful back, and in a sufficiently large number to convince me of the value of the test. I have found a condition very similar to the so-called myotonic reaction.

The test should be made with the patient in the prone position, and the trunk supported in such manner as to secure all possible relaxation. The indifferent electrode should be large and applied over the sacrum. Both sides of the back should be tested and compared.

The marked alteration in electrical reaction consists in increased direct faradic muscle excitability, the contraction persisting several seconds after the current has been removed. In severe cases even weak currents produced prolonged tonic contraction.

No other changes of electrical response, either quantitative or qualitative, were observed, but I have repeatedly been able to obtain the above reaction, and when found it is, in my opinion, pathognomonic of the almost tetanic rigidity assumed by muscles in order to protect from painful movements incident to traumatic back.

Negatively the reaction is, of course, useless, as many mild cases of painful back might not show it; but I claim for it, when found, a considerable value as an aid to the diagnosis of a condition which has become important, not only from a medical, but from a legal, standpoint.

EDITORIALLY SPEAKING.

Contributions of original articles, typewritten if possible, society reports, news items, etc., should be sent to the editor, A. Temple Lovering, M.D., 10A Park Square, Boston. Articles accepted with the understanding that they appear only in the GAZETTE. News items and reports must be sent in by the tenth of the month. Books for review, journals, subscriptions and advertising matter should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

CONCERNING TUBERCULOSIS.

Within the past few weeks there has reached our editorial sanctum a statement of what the Boston Association for the Relief and Control of Tuberculosis has already accomplished, and also an outline of the further work this much-needed organization proposes to do. It has provided for the payment of nineteen patients' board at the State Sanatorium at Rutland; has secured the admission of twenty-nine consumptives into small hospitals and homes; has visited and inspected the homes of the tuberculous poor; furnishing food and improving the surroundings; has instituted a series of illustrated popular lectures and talks which has been given before over six thousand people, and has published in English, Yiddish, and Italian a four-page leaflet, "A War Upon Consumption," for distribution among fifty thousand school children of the upper grades of our public schools. All this good work has been done in one short year, and with the express purpose of aiding physicians, health officials and others in combating the spread of tuberculosis, and in stamping out the "white plague."

What this society proposes to do in the future is to extend its usefulness along the lines already indicated; to interest the public sufficiently, if possible, to insure the construction of a hospital for cases of tuberculosis not eligible for admission at Rutland; to exercise helpful supervision over the afflicted poor in their homes, and, above all, to vigorously prosecute a campaign of education. In this, as in all other matters relating to the health and welfare of the community, education and consequent enlightenment as to individual responsibility

must be the main dependence. All other means and measures which can be devised or adopted must prove of secondary value.

We were told by Dr. E. B. Hooker, in his helpful paper on "Pneumonia," published in the June number of the GAZETTE, that tuberculosis as a cause of death has fallen from first to fourth place, and that pneumonia bids fair to claim an increasingly larger number of victims.

We believe that the work that is now so widespread to prevent the development of tuberculosis will aid in preventing pneumonia. Light, pure air, sunshine, nourishing food, right conditions of labor, adequate space to live in, the observance of sanitary laws and those of personal hygiene, all tend to prevent pneumonia as well as tuberculosis. Both demand a fertile soil for development, lowered vitality, and a disease-breeding environment.

These truths are now taught as never before within and without our schools and colleges, but the general public remains, to a considerable extent, unmindful or sceptical of the need for any active coöperation. The filthy excretions of the chronic spitter whose name is legion, defile the pavements and cross-walks, and within two months a man, haled into a Boston court for spitting in the Subway, has been discharged after the payment of one dollar and the strong expression of an opinion by the judge, that such an arrest was most unnecessary. If the supposedly intelligent classes condone and commit such offences, what may be reasonably expected from the masses?

Other causes of the spread or development of tuberculosis, less frequently commented on, are diseased meat and alcohol. *The New York and Philadelphia Medical Journal* has recently pointed out editorially the comparative and even marked immunity of the Hebrew population in New York City, attributing this immunity chiefly to the fact that only inspected meat is eaten by the Jews. Rabbi inspection is of the closest,

while much of the meat rejected by this official is afterwards sold for consumption by Chrisitans, so-called. Again, abstainers from alcohol are admittedly less subject to the inroads of this dreaded disease.

Dr. John B. Huber, in the course of the editorial referred to, says: "There appears to me to be evidence, strongly corroborative of the present-day scientific opinion, that the alimentary canal is the region most concerned in the spread of tuberculosis with the organism; that even pulmonary tuberculosis results generally from infection, often latent, by means of bacillus-containing food-stuffs, the lacteals and the lymphatics carrying the bacilli from the intestines through the thoracic duct, the vena cava, the right heart, and finally to the pulmonary parenchyma."

It was our purpose, however, in choosing this subject, not so much to go over the familiar ground of the reasons why tuberculosis is so prevalent, as to call attention to the work of the association organized to fight against it, and also to refer to the wonderfully encouraging results obtained at the State Sanatorium at Rutland in the treatment of pulmonary tuberculosis in its earlier stages. The seventh and last annual report, kindly furnished us by Dr. J. P. Rand, of Monson, one of the trustees, contains a tabular statement, which we take pleasure in appending.

COMPARISON OF PERCENTAGES IN FIRST, SECOND, THIRD, FOURTH AND FIFTH YEARS.

	1898-99	1899-1900	1900-01	1901-02	1902-03
Per cent of "arrested" and "apparently cured" cases . .	34.28+	42.35	46.12	48.31	48.97
Per cent of all classes of "improved" cases . .	39.36+	44.70	47.64	44.51+	43.00+
Per cent of "not improved cases	26.04+	12.95	5.74	6.73+	7.90+
Per cent of "arrested" or "apparently cured" incipient cases	64.60	72.90	73.00	72.00	72.60

Were other testimony wanting, which, fortunately, is not the case, this report alone would be conclusive evidence of the curability of pulmonary tuberculosis, and of what can be

accomplished in this direction by the simplest and most inexpensive methods. Four dollars a week pays one patient's board, and six months or a year insures a cure in curable cases, after-conditions being favorable. We feel that every opportunity of commending and furthering this splendid work for afflicted humanity should be seized, and that we should exert our influence toward increasing the financial resources of this Sanatorium. Our support is due, also, to the Boston Association for the Relief and Control of Tuberculosis, and this can be most practically given by remitting the annual membership fee of one dollar to the treasurer, Mr. George S. Mumford, P.O. Box 369, Boston. Also, by expressing our approval of the society's endeavors whenever opportunity offers, and by supplementing its work by reporting to the Board of Health cases of tuberculosis or the removal of the tuberculous from one dwelling-place to another that disinfection may be properly performed.

A Poisonous Constituent of Tobacco Smoke.—We have recently tried the following instructive experiment which bears upon this point: Two or three mouthfuls of tobacco smoke from a cigarette were shaken up with a few drops of blood diluted with water in a bottle. Almost immediately the blood assumed the pink color characteristic of blood containing the gas, and further observations with the spectroscope confirmed the presence in the blood of carbon monoxide. Similarly a few mouthfuls of smoke from a pipe and a cigar were tried, and the results were even more marked. In this experiment we have some explanation in particular of the evil effects of cigarette smoking, for it is chiefly cigarette smoke that is inhaled—an indulgence by which the poisonous carbon monoxide is introduced directly into the blood. This effect of tobacco smoke upon the blood appears to be of considerable significance.—*Lancet.*

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

CASE TEACHING IN SURGERY. By Herbert L. Burrell, M.D., and John Bapst Blake, M.D., Harvard University. Philadelphia: P. Blakiston's Son & Co. 1904. pp. 159. Price, 75 cents, *net.*

The authors, respectively, a professor and an instructor in Harvard University, have gotten up a unique aid to perfecting students in the diagnosis of surgical cases. They have collated complete clinical histories and clinical examinations of seventy-five actual cases. These histories are printed on the left-hand pages, the right-hand pages being left blank for the student to fill in his diagnosis, prognosis and treatment.

The knowledge which the students have acquired from their lectures and bedside work is thus evidenced. The cases have been chosen with much care, and illustrate all the more important surgical conditions.

To teachers using this book for their classes, a Key, giving the correct diagnosis, prognosis and treatment, is furnished by the authors. This Key is not for student circulation, and will not be sent with the books sold to the classes.

THE PRACTICAL MEDICINE SERIES OF YEARBOOKS. Vol. V, OBSTETRICS. Editd by Joseph B. DeLee, M.D., professor of Obstetrics, Northwestern University Medical School. April, 1904. Chicago: The Yearbook Publishers. pp. 220. Price, $1.00, *net.*

While the report of no distinctly new or noteworthy advances in this field can be made for the past year, yet a great deal that is of service has been contributed by various writers, and has been well epitomized in this volume.

The care of the premature infant is outlined in detail, and apparatus illustrated; the entire subject of the newborn child receives attention. Another good section deals with the pathological aspects of labor, and a corresponding one with the pathol-

ogy of the puerperal state. The practical points relating to operative work will be appreciated. A considerable proportion of the abstracts are from first-class foreign journals, which many readers would not otherwise be able to consult. A judicious selection has been made.

The Mother's Manual. A month by month guide for young mothers. By Emelyn Lincoln Coolidge, M.D., visiting physician of the Out-Patient Department of the Babies Hospital, New York, etc. New York: A. S. Barnes & Co. 1904. pp. 259. Price, cloth, $1.00, *net.*

This small duodecimo is a compendium of instruction for the care, feeding and general nurture of the child during babyhood. It forms the second of the series of excellent manuals, comprising the "Woman's Home Library," edited by Mrs. Margaret E. Sangster.

"The Mother's Manual" is written in a simple, attractive way, and although somewhat incomplete, contains nothing but what will be serviceable to a young mother.

One or two recommendations are somewhat illadvised; *e.g.*, that pus should be washed from a baby's eyes, and with a blunt-pointed dropper. The average mother, without further directions, will be quite as likely to distribute as to remove pus in this way. More explicit instruction should have accompanied this, and also how to use small bits of absorbent cotton (to be afterwards burned) in these cases. There is not sufficient stress laid throughout the book upon the cultivation of the water-drinking habit. But there are incidental points, and the book is a good and helpful popular presentation of the subject.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. Part V, Concerning the Effects of Saline Waters (Kissengen, Homburg) on Metabolism. By Prof. Carl Von Noorden, Frankfort, and Dr. Carl Dapper, Bad Kissingen. New York: E. B. Treat & Co. 1904. pp. 89. Price, 75 cents.

The above is a painstaking monograph setting forth the results of a long series of observations of patients under treatment by saline mineral waters. The authors conclude that investiga-

tions of the effect of mineral waters to be of value must be performed in subjects who are ill; that in certain cases they describe, saline mineral waters lead to an active and permanent increase in the production of hydrochloric acid; in other cases which are cited, to a decrease, and also to a decrease of the subjective symptoms. Their experiments lead them to believe that no particular diet is essential to beneficial results during the employment of these waters; that metabolism of proteids is not increased; that the absorption of food is not interfered with; that the excretion of uric acid is slightly increased.

Volumes on "Obesity," "Nephritis," "Colitis" and "The Acid Autointoxications" have already been published.

THE MAN WHO PLEASES AND THE WOMAN WHO CHARMS. By John A. Cone. New York: Hinds & Noble. 1904. pp. 131. Price, cloth, 75 cents.

There is no question but what this is a useful and much-needed little book, not less but more worthy of consideration from professional people. Of the latter, more is expected than of those with fewer educational opportunities; but good manners do not by any means always characterize men and women in the professions. There should be a course of lectures on this subject in every medical school, at least, in the land.

Mr. Cone's book is well written, and the quotations are well selected. We wish he had emphasized a little more the best and most lasting foundation of good manners, the consideration based upon a Christlike love for all men. Such subjects as the art of conversation, the use of good English, tact, suitable dress, modulating the voice, etc., show the scope of the book.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Vol. VI. General Medicine. Edited by Frank Billings, M.S., M.D., and J. H. Salisbury, M.D. May, 1904. Chicago: The Year Book publishers. pp. 330. Price, $1.00.

A book without a preface is a welcome novelty. This book certainly needs no introduction. It is similar to the corresponding volume issued last year, only even better and more complete. It contains readable articles on typhoid fever,

malaria and dysentery, and quite complete sections discussing diseases of the mouth, esophagus, stomach, intestines and liver. Over one hundred pages are devoted to a good summary of the literature of the stomach. Individual diseases, such as enteralgia, constipation, appendicitis, colitis, various fevers, etc., are not slighted.

By remitting $5.50 in advance the ten volumes of the series can be secured. This is an extremely low price for the information furnished from month to month.

Note.—Messrs. P. Blakiston's Son & Co. sold 15,487 copies of Gould's Medical Dictionaries during 1903, making the total sales to date 166,083. This is by no means an incredible number when the excellence of these dictionaries is remembered.

Mucous Colitis.—In those cases where the abdominal pain is the prominent feature, the remedies to be compared are colocynth, dioscorea, magnesia phos. Under colocynth the abdominal pain is severe, and causes the sufferer to writhe. It is griping, cutting or squeezing in character, and relief is found by bending double and from pressure upon the abdomen, while eating and drinking makes the patient worse. Dioscorea is indicated when the pains come at regular intervals and there is a sensation as though the intestines were being grasped by a powerful hand. Relief is obtained from standing up and bending backward, while lying down and bending forward make the pains worse. Magnesia phos. benefits the thin, dark, emaciated patient when the pains are sharp and cutting, when they come and go. They cause the patient to bend double, are relieved by heat, rubbing and from hard pressure.—*The Clinique.*

THE SPECIALIST.

MATERIA MEDICA AND PRACTICE.

Under this heading will appear each month items bearing upon some special department of medicine; next month, "Pediatrics."

Ottorrhœa.—Pulsatilla may be useful when pus is profuse, bland, thick yellow or yellowish green. In a chronic case of Eustachian catarrh, kali sulph. will act better.

Plantago maj., with throbbing pain and discharge of sanguineous serum, will cure if belladonna seems indicated but fails.—*Cleveland Medical and Surgical Reporter.*

Drug Proving the Sine Qua Non.—It must never be forgotten that all methods of incorporating medicines into the homeopathic materia medica, outside the regular door of drug proving on the healthy, are to be distrusted and discouraged. The integrity of the school depends thereon. —*Dr. Wm. Boericke, in the Pacific Coast Journat of Homeopathy.*

Arsenicum in Diarrhea.—The diarrhea of arsenicum is generally dark, scanty, watery or mucous, sometimes bloody, Stools may be brown or black, burning, putrid, brought on by eating or drinking, or worse after midnight, preceded by most violent burning and cutting pains, and followed by extreme exhaustion; the general arsenic symptoms are usually present.—*The American Physician.*

Facial Neuralgia.—Ignatia relieves the pain of the fifth nerve when it is similar to the nail driven in the head, but only when the causa occasionalis is grief, or a general hysterical condition,—kali bich. being a more frequently called-for remedy when the pain can be covered by the touch of the finger, especially if it is along the supraorbital ridge or supraorbital notch.—*Homeopathic Eye, Ear and Throat Journal.*

Argentum Nitr. in Chronic Diarrhea.—In chronic diarrhea it is indicated in neurotic subjects, who are distressed with

frequent and forcible eructations. The stools vary in character; they contain an excess of mucus, and are attended with but little or no tenesmus. It meets the indication in cases of pseudomembranous enteritis, when the discharge consists of a red or green shreddy material, there is pain in the bowels, and the patient is hypochondriacal and a neurotic.—*The Medical Visitor.*

Arnica and the Small Blood Vessels.—Arnica has a special action upon the small blood vessels,—the capillaries. It produces such a weakness of the walls of these vessels that the blood oozes out from slight causes. Blood oozes from the mucous membranes in general, hemoptysis, hematemesis, epistaxes, hematuria, bleeding from the ears, etc. Any slight mechanical violence produces ecchymoses. There is also noted a general venous stasis from the weakened capillaries thus favoring hemorrhages.—*Cleveland Medical and Surgical Reporter.*

Cimicifuga After Labor.—After-pains are often relieved rapidly by small doses of cimicifuga 2d or 3d, in those cases which seem to be kept up by a neuralgic disposition, or mental and nervous irritability, and the patient was sleepless, restless, sensitive and low-spirited.

Suppression of the lochia is treated successfully with this remedy. When from a cold or mental emotion the discharge is arrested, uterine spasms and cramps in the limbs sometimes occur, accompanied with headache, and even delirium.—*American Medical Monthly.*

Aborting a Boil.—The injection of a few drops of pure carbolic acid will often succeed. This method, however, is painful. The introduction of a needle heated to a *white* heat is very effective. This is painful if the needle is *red* hot, but not if it is *white* hot.

This method will abort a large percentage of boils if done within three days, and frequently carbuncles. In more

advanced cases, a single application of caustic potash sometimes check the process.—*Virginia Medical Semimonthly.*

Liniment Useful in Rheumatism.—A good preparation is made by adding three-fourths ounce of camphor gum to an ounce of chloroform, shake until the camphor dissolves, then add an ounce of olive oil and a drachm of tincture cantharides. Keep tightly corked.

Another good preparation is made by adding two ounces of camphor gum to one-half ounce each of oils of thyme and cajaput, two drachms each oils of wintergreen and anise. Mix in half a gallon of raw linseed oil.—*The Medical Brief.*

Remedies in Epilepsy.—The curative remedies in epilepsy (and there are many) are those which reach the root of the evil,—the patient himself. Calcarea, sulphur, borax, natrum muriaticum, sepia (and sepia is a fine remedy and will not be infrequently indicated), cuprum, silicea, argentum nitricum and the like, prescribed on the pure totality of the symptoms, will do all that can be done. The closer you follow this totality, the longer you work on the case to arrive at the constitutionally indicated remedy, the more brilliant will be your results.—*Dr. W. A. Dewey, in the University Homeopathic Observer.*

Treatment of Tender Feet.—Soak the feet well in tepid water, to which a little ammonia has been added, and as the water gets cold pour in more hot, to keep up the temperature. After drying the feet, rub them gently and thoroughly with a mixture made thus: Add one ounce of the best linseed oil to the same quantity of lime-water, shake the bottle in which the ingredients are until a mixture about the thickness of cream is produced, then pour in half a drachm of spirits of camphor, shake again, and it is ready for use.—*How to Live.*

Repetition of the Remedy.—The too frequent repetition of the remedy has been the most difficult lesson we have had

to learn in the practice of pure homeopathy. This is not a question of potency, but of principle. It applies with almost equal force to all potencies, all remedies and all patients, especially those suffering from chronic disease; and it is nearly or quite as disastrous to the patient under the 3x as under the thirtieth, one thousandth or one millionth. These principles, vital to the life of homeopathy and the well-being of its patients, and not "the high-potency craze," are what the true followers of Hahnemann are trying to perpetuate. Some professed homeopaths would seem unable to distinguish between a principle and a potency.—*Editorial from The Medical Advance.*

Facial Neuralgia.—Arsenicum is the right-sided remedy as regards the face. The pains must be hot; the patient must be pale and restless; he is generally thirsty, and always prostrated. Without these characteristic symptoms the remedy will disappoint you, but in some of its combinations it will bring about the results which you had expected from the metal alone. The combination which has served me more than any other is natrum arsenicum. Most of the patients present a dejected picture, because of the wasting of the face in the orbital region. They complain of headache, infra-orbital for the most part, and have discharge from the nostrils. The pain is referred to the malar bone, and comes in paroxysms in fact, it is one of the remedies for the right-sided tic douloureux.—*Dr. J. B. Custis, in the Homeopathic Eye, Ear and Throat Journal.*

COLLEGE, HOSPITAL AND LABORATORY NOTES.

B. U. S. M. AT THE EXPOSITION.

Many of the readers of the GAZETTE are alumni of Boston University School of Medicine, and it may be of interest to them to learn that their alma mater is represented by an exhibit at the great Louisiana Purchase Exposition at St. Louis.

The display consists of laboratory work from the department of physiology and pathology, and includes cabinets of specimens mounted in gelatin, with their normal colors preserved, and one hundred appendices mounted in a similar way. Although in size these exhibits are small in comparison with some, they nevertheless reflect great credit on Professor Weysse, Dr. Watters, and the college as a whole. Photographs of the interior of the college dispensary and Massachusetts Homeopathic Hospital also appear in connection with the display of scientific work.

Those who visit the Fair will find the space devoted to the school in the Palace of Education and Social Economy, Block No. 7, and in the booth occupied by the smaller colleges of Massachusetts.

The writer being present at the opening of the Exposition, when so much was incomplete, found it somewhat difficult to judge of the exhibits made by other medical colleges as compared with our own. However, these are to be found in the same building, and in quite close proximity.

Too much in the way of praise cannot be said concerning the work shown by the German universities. Lavish expenditure, care as to detail, painstaking effort to have everything of the best, characterize not only the educational exhibits in medicine and science, but also all the exhibits which bear the colors and seal of the German empire throughout the Exposition.

Most of the larger colleges and hospitals of our land have

made some display, and the home and foreign manufacturers of apparatuses and instruments pertaining to medicine and surgery show what is newest and best in their lines.

The professional man or woman at the Fair will find in the United States Government Building much to claim his interest, for the exhibits from the medical departments of the army and navy, and laboratories of the Marine Hospital are very instructive.

It cannot prove other than gratifying to every graduate of Boston University School of Medicine who visits the Exposition, to find, as he will find, that the school has demonstrated, by her exhibits, that the work done in her laboratories compares most favorably with similar displays.

ORVILLE R. CHADWELL, M.D.

ON June 1st the Commencement Exercises of Boston University took place at Tremont Temple, twenty-six candidates receiving the degree of doctor of medicine and two the degree of bachelor of medicine.

BOSTON UNIVERSITY MEDICAL LIBRARY has received a donation of complete sets for 1903 of many valuable medical journals. This donation comes to the library through the kind thoughtfulness of Mellin's Food Company, who have been equally generous for several years past.

THE legislature of New York has not renewed the annual appropriation of $15,000 to the cancer laboratory at Buffalo. The finance committee said: "We are convinced that no progress is being made in the Buffalo laboratory. The state would gladly spend its money in the effort to find a cure for cancer if it could be shown that any advance had been made."

THE annual business meeting of the Alumni Association of Boston University School of Medicine was held at the Hotel Lenox, at 6.30 p.m., May 31. The following officers were

elected for the ensuing year: President, Sarah S. Windsor, Boston; first vice-president, Edward E. Allen, Charlestown; second vice-president, Walter E. Bongartz, Beverly; secretary, Charles T. Howard, Boston; assistant secretary, Henry H. Amsden, Boston; treasurer, Herbert D. Boyd, Boston. Dr. Conrad Smith acted as toastmaster at the dinner to the graduating class, which followed the business meeting.

PERSONAL AND GENERAL ITEMS.

Dr. Orville R. Chadwell has located at 50 Seaverns Avenue, Jamaica Plain. Office hours, until 8.30 a.m. ; 5.30 to 7.30 p.m. ; Sundays, until 12.30 p.m.

Dr. John H. Musser of Philadelphia was elected president of the American Medical Association for the year 1904–5, at the recent annual meeting held at Atlantic City, N. J.

Dr. F. A. Webster, formerly at Westboro Hospital for the Insane, has located at 22 Cabot Street, Beverly. Office hours, except Sunday, until 9 a.m. daily; 1 to 3 and 7 to 8 p.m., Wednesday excepted.

Dr. William H. Watters was united in marriage to Miss Gertrude M. Hepburn of Lachine, Province of Quebec, at the home of the bride, Thurday, June 16th. Dr. Watters has the good wishes of all his associates.

Dr. Wm. Francis Honan, editor of the *Homeopathic Journal of Obstetrics, Gynecology and Pedology*, will be, as usual, at the "New Mathewson," Narragansett Pier, R. I., from July 1st to September 20th.

Pulmonary diseases reached the highest figure on record in New York the second week in June, 1,000 cases being under the direct care of the health department. The officials have

deemed it necessary to issue a card of instructions to check the spread of pulmonary affections.

The Boston Homeopathic Medical Society held its last meeting until fall, June 9th. Dr. Mary E. Mosher gave an interesting lecture, illustrated by stereopticon views, on "Personal Experiences in Alaska and the Klondike District." We regret that the report of the meeting was received too late for publication.

On July 11, Dr. Nathaniel W. Emerson will open a private hospital for medical and surgical cases in the beautiful and easily-reached Boston suburb of Forest Hills. The hospital is upon the Parkway adjacent to Franklin Park, and will accommodate about fifty patients. Address all inquiries to Dr. N. W. Emerson, 685 Boylston St., Boston.

Dr. E. F. Wells, in the *Journal of the American Medical Association*, gives statistics of pneumonia cases gathered from all over the world from 1804–1901 inclusive. He finds that the mortality from this disease, out of every one hundred cases, is 21.8 per cent, and that this percentage has remained practically the same for the last eighty years.

In Philadelphia fifteen warrants against meat dealers were issued the middle of June at the instance of the state food and dairy commissioner in his campaign for pure meat A list was made up of one hundred dealers charged with selling meats preserved with sulphite of soda. Proceedings will be taken against all of them.

Dr. A. T. Lovering, 10A Park Square, Boston, will make engagements now, for the summer or early fall, to suit the convenience of members of the profession or others desirous of assistance in the collecting, arranging or editing material for publication or presentation before societies. Papers written, proof sheets corrected, manuscripts typewritten and revised.

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ORIGINAL COMMUNICATIONS.

MECHANICAL VIBRATORY STIMULATION.

BY GUY B. STEARNS, M.D., NEW YORK CITY, N. Y.

[Read before the Massachusetts Homeopathic Medical Society.]

The most recent application of vibratory stimulation in the treatment of diseased conditions depends on the presence, in the spinal cord and adjacent parts, of centers having reflex and automatic control of the different functions of the body.

A knowledge of the position of these centers and of their several functions is necessary for the correct application of this treatment. In fact, no branch of medicine calls for a more exact knowledge of the physiology and anatomy of the nervous system, than does the one which is the subject of this paper.

Because of this fact I must crave indulgence, if in the description of the underlying principles of the treatment, I repeat much which is a part of your everyday knowledge.

The most important function of the spinal cord, which relates to this subject, is its power to receive impulses through the afferent nerves and to distribute them to nerve centers, where they originate new impulses, which pass out from the cord along efferent nerves to muscles, organs and other

tissues, producing activities in them. This is known as reflex action. It is not simply an occasional function called into use to meet unusual conditions, but one which is continuous, whether we be awake or asleep. It is the means by which the body adjusts itself to its constantly changing surroundings; to the varying degrees of atmospheric temperature. On it the organism depends for the regulation of assimilation; the carrying of nutritive material to worn-out parts, and the excretion of waste. No function of the body escapes its control, and the lines of communication between the different working parts are always busy.

In the spinal cord are the centers which control directly, or through the sympathetic nerves, every function having to do with the health of the body.

In order to appreciate the method by which afferent impulses are sent to these different centers, an understanding of the mechanism and distribution of the posterior nerve root terminals is essential.

Every nerve fiber, as it enters the cord through the posterior root, divides into two branches. One of these passes upward and the other one downward. The lower root is usually short, but the upper one is much longer, in some cases extending nearly the whole length of the cord. At intervals these two branches give off secondary branches, called collaterals; which pass forward, breaking up into a terminal branch of filaments like the root of a plant, which meet and mingle with similar sets of branching fibrils connected with the motor nerve cells. Passing off from these cells into the anterior roots are their axis cylinder processes which emerge from the cord in bundles, making up the anterior nerve roots. Before entering the intervertebral foramina, the anterior root joins the posterior, and they emerge from the spinal canal as one nerve trunk containing mixed fibers. The axis cylinder processes from the motor cells continue as individual fibers until they are distributed to the different structures whose

functions they are to influence. Some pass to voluntary muscle fibers ending in a muscle nucleus or end plate, while others enter the lateral chain of sympathetic ganglia and pass from thence to collateral ganglia, being finally distributed to the viscera.

Going back once more to the *posterior* nerve root, we find the following distribution of its fibers. It first divides into two sets, a lateral and a central set; the lateral does not enter the gray matter of the cord at all but passes directly into one of the marginal columns, where its fibers divide and the branches pass up and down as already described. The central set passes into the post horn of the gray commissure opposite its tip, coming into contact with its cells. A portion of them go to a group of cells near the posterior commissure, sending a few through the commissure to corresponding cells on the other side. The remainder pass forward through the median gray to cells in the anterior horn.

Bearing in mind this wide distribution of the fibers making up the posterior root, and the fact that each fiber gives off collaterals, bringing them into relation with the intrinsic cells of the gray matter at the different levels of the cord, it is not difficult to understand how an impulse can pass up through any centripetal nerve and set up a reflex action in any part of the body, involving either a single organ or muscle, or any number of structures.

So long as conditions are normal these reflex actions have a distinct purpose for the automatic control of the various functions of the body, both in the intensity of their action and in their relation to each other. In disease, however, they may become very erratic setting up abnormal activities in distant parts which in turn react and send back impulses to the cord, that are reflected to the original point of irritation. These may act and react on each other indefinitely until the abnormal circle of activity is broken by some outside influence.

The spinal nerves, as we have seen, contain both afferent

and efferent fibers. After leaving the intervertebral foramina, each divides into three branches. One of these, the dorsal, supplies the muscles, skin and other tissues of the back; the second, or ventral, in a similar manner supplies the tissues of the anterior part of the body and the extremities; the third, which most concerns us, is known as the visceral branch or ramus communicans. In this the fibers are destined to make up that portion of the nervous system known as the sympathetic.

The fibers composing the sympathetic nervous system are of two kinds, gray and white, of which the white originate in cells within the cord and carry efferent impulses; while the gray transmit impulses to the cord from the organs and tissues which they supply. Part of the fibers making up the ramus communicans go directly to the lateral ganglia from which branches are passed along to the collateral ganglia that, in turn, send them into the organs where they terminate either in distributing fibers or in terminal ganglia. The remaining filaments go to make up the splanchnics without entering the lateral chain at all and terminate in the collateral ganglia.

It will thus be seen that the sympathetic system originates in the central nervous system and is an integral part of it, and its fibers transmit impulses both to and from the cord exactly as do the spinal nerves.

All nerves, whether cerebro-spinal or sympathetic, carry impulses in both directions, and the resulting action depends not on the nerve but on the end organ: if it ends in a muscle, contraction occurs; if in a secreting cell of a gland, secretion results; if in the arborescent terminals adjacent to a motor cell, reflex activity of some sort.

Reviewing the different parts of the sympathetic system, it admits of the following classification; from the cranium there extends to the pelvis a double chain of ganglia located on each side of and in front of the vertebra; these are known as

the vertebral, or lateral ganglia. They are connected with each other by communicating fibers called the internodal branch, and with the cord by that division of the spinal nerve described as the visceral branch. They correspond very nearly in number to the vertebra, except in the cervical region, where there are but three; the superior, the middle and the inferior. In the thoracic region there are usually twelve, in the lumbar region four, and in the sacral region four or five; the two chains finally uniting in a single bundle of fibers in front of the coccyx, known as the ganglion impar.

In front of the vertebral column is another more or less complete chain, known as the prevertebral ganglia, made up of the cardiac, the solar, and the hypogastric plexuses; situated respectively in the thorax, the abdomen, and the pelvis, and composed of fibers given off from the lateral ganglia and from the visceral branch of the spinal nerves.

A third set of ganglia, consisting of minute ganglionic structures, is scattered throughout the different organs and tissues, and is known as the terminal ganglia. These ganglia receive fibers from the great plexuses, from the lateral ganglia, and from the central nervous system.

The ultimate branches of distribution derived from the lateral ganglia, the prevertebral plexuses, and the terminal ganglia supply the muscles of the vascular system, the muscles of the viscera, and the secreting glands of the different organs. Their distribution indicates their function, for they have absolute automatic control over the structures in which they terminate, and their action is either stimulative or inhibitory. Thus to the heart pass fibers known as cardioaccelerators and others known as cardioinhibitors; to the blood vessels pass fibers which produce contraction of their muscular walls, known as vasomotor nerves and others which cause the vessels to dilate, known as vasodilators; to the involuntary muscles of the hollow viscera, as the intestines, the uterus, bladder, and so forth, pass fibers which carry impulses causing them

to contract and others which cause them to relax. On these two sets of fibers depends the peristaltic movements of the intestines, stomach, and esophagus.

There appears likewise to be a double nerve supply to the glandular system, having to do with the increase and decrease of secretion.

In addition to the vasomotor, visceromotor, and secretory functions, the sympathetic system appears to have control over nutrition, certain fibers seeming to cause increased metabolism and breaking down of tissue, followed by exhaustion; while others conserve tissue destruction and increase the growth of the cells.

Glancing in retrospect over this general description of the nervous system, we find direct communication between the sympathetic ganglia and central nervous system by means of the rami communicantes; we find an intimate relation between the different ganglia through their connecting fibers; we find in the cord an elaborate arrangement whereby through collaterals, impulses can be distributed to different centers in the cord, and from thence reflected to different parts of the body, thus bringing into close relation every structure and every tissue. From these facts we may deduct the following postulates and experience has proven them to be facts; first, an irritant in any organ or tissue may affect reflexly any or all parts of the body: secondly, that such irritation may travel in either direction and may originate either in the sympathetic or in the central nervous system and be reflected into the other system. A familiar example of reflected irritation is the many nervous symptoms, headache, and so forth, resulting from displacements of the uterus, morbid impulses radiating through the whole chain of sympathetic ganglia, finally manifesting themselves in these distressing symptoms, while the person suffering may not suspect the source of the trouble.

Since the primary cause may be far removed from the point where the distressing symptoms occur, we cannot be

too searching in our examination and inquiries if we wish to treat directly and successfully.

An irritation to any of the viscera whether due to mechanical causes, bacterial invasion, or chemical agents at once starts impulses along the sympathetic nerves and these are reflected to the proper centers for sending more blood to the irritated part. Inflammation is the result and a battle royal takes place between the leucocytes and the invading substance; ending, if the vital resistance of the body be strong enough, in a victory for the defenders, but at the cost of many soldiers and much material of war.

The excretory organs, receiving messages from the field of battle in the same manner, respond with greater activity and soon clear away the debris. Nature is proverbially lavish in responding to calls of any kind, and when replying to the calls of a diseased organ there is almost always an overflow of activity; this manifests itself usually in structures supplied by nerves originating near the point of reception of the morbid impulse.

If disease affects the viscera, the overflow of activity or impulse passes to the nearest center in the spine, is reflected to motor cells in the anterior horn, from thence through the nearest posterior division of the spinal nerve to the contiguous muscles of the spine controlled by these nerves and produces in them contraction and congestion.

It is one of the laws of physiology that the contraction of a voluntary muscle induced by reflex irritability is maintained for some time, even after the irritation has been removed. This abnormal contraction produces pressure on the nerve filaments terminating in the muscles, acting as an irritant to them. They respond in the only way possible and send back an impulse to their centers which is reflected to the organ originally affected.

An activity having once occurred, its repetition becomes easy, the tendency being always toward its automatic con-

tinuance. If we may use the comparison, a groove has been worn in a certain portion of the nervous mechanism leading from an organ to a center, thence to another structure, back through another center to the first tissue affected; and over this pathway is constantly flowing a stream of nervous energy that continually acts and reacts upon the structure which it influences, a constant round of nerve activity that has been aptly termed a vicious circle.

Abundant experience has proven that if sufficient pressure be applied over the contracted muscles to cause them to relax, the abnormal impulses will be inhibited, and all the involved tissues will resume their normal functions. In fact, certain phenomena relating to this phase of the nervous system have led me to believe, that in many cases of reflex nerve irritability, where a vicious circle has been established, pressure anywhere in the circle sufficient to inhibit for a time the continuance of the nerve vibrations, will bring about permanent curative results. But since the spinal muscles are so easily accessible, they offer the most convenient point at which inhibitory pressure can be applied.

As an irritation from a diseased organ is usually reflected to the spinal muscles having the nearest adjacent centers in the cord, it would follow that disease of any organ would produce contraction in definite areas; and conversely, if the muscles of any region be contracted, they would indicate pretty accurately the internal organ affected. A study of the vasomotor distribution to the different organs and structures will give the necessary data for determining the regions of the spine corresponding to the various internal organs.

The spinal vasomotor nerve cells are scattered through the anterior horns, mostly between the second dorsal and second lumbar vertebra. The upper extremities, the lungs, the bronchi and the head are supplied by that portion of the cord above the sixth dorsal vertebra. The abdominal organs derive their vasomotor supply from between the fourth and

twelfth dorsal, those fibers going to the right side innervating the liver and a portion of the digestive organs, while from the left are supplied the stomach, spleen and remainder of the digestive organs.

The blood supply to the kidneys is controlled by cells in the region of the tenth, eleventh and twelfth dorsal segments. The pelvic organs have their spinal vasomotor control throughout the lumbar region, a point of especial importance being at the junction of the fifth lumbar vertebra with the sacrum.

Besides these, there are several special centers of control.

Notably: Between the eighth and ninth dorsal vertebra is a center influencing the cervix uteri. The pylorus has its center between the fourth and fifth. At the sixth is a center for the kidneys. Between the first and second lumbar vertebra is a center for the body of the uterus.

Although an irritation to an organ is usually reflected over the shortest route, and causes contraction of the nearest related spinal muscles, it does not invariably follow, for the irritation may be reflected anywhere. Where a disease has lasted a long time, the continued contraction results in exhaustion and finally in atrophy. The posterior spinal processes in such a case appear very prominent, the muscles having shrunk away from them. This usually corresponds to a sclerosed or atonic condition of some of the internal organs, or a general lack of systemic tone with anemia.

An irritation does not necessarily originate in a visceral organ, but may come from the spinal region and be reflected to the internal organs. The spinal muscles are not only especially susceptible to reflex irritation, but to direct stimulation as well, contractions occurring as a result of drafts, blows, etc. The reason for this is because of their peculiar duties. Every voluntary muscle is constantly on the alert to maintain equilibrium, whenever an individual assumes the upright position. This is one of the automatic reflex functions of the whole voluntary motor system. The muscles of the

extremities, however, are much more constantly obeying the will in making specific and definite efforts than are the spinal muscles, while the latter have fully as much of the automatic work to perform. By an effort of the will, reflex action occurring in the voluntary muscles can be repressed and in many cases abolished.

As an example of this is the patella reflex, which cannot be obtained if the patient strongly opposes it. Permanent contractions of the muscles of the extremities do not occur as a result either of reflex or direct stimulation, because they are constantly responding to a higher force, the will. The spinal muscles, however, since they are called on for very little voluntary effort, but are constantly thrown under the influence of the automatic sphere, respond readily to any outside or reflex stimulation.

The muscles are not the only structures which are affected reflexly, and are factors in producing or perpetuating morbid conditions. The intervertebral ligaments may become contracted through irritation, and impinge on the nerves emerging from between their corresponding vertebra. Or what is oftener the case, the ligaments may become relaxed, allowing the vertebra to become separated, setting up an irritation in the nerve roots emerging at that point.

Such points of separation are oftenest found at the second dorsal interspace, between the last dorsal and first lumbar vertebra, and between the last lumbar vertebra and the sacrum. Whenever such a condition is present, pressure on either side of the spine at that point will cause pain. So commonly are they present at the points mentioned, the osteopaths have designated them as weak points of the spine. The space between the sacrum and last lumbar segment is very important in relation to diseases affecting the bladder, the prostate or any part of the generative organs. The articulation is such, that any deviation from the normal relation of these bones will almost invariably produce enough

tension on the bundle of nerve fibers passing through the spinal canal at this point, to start abnormal impulses through them. A very common result of such an irritation, is the inability to retain the urine long at a time, and inhibitory pressure at the sides of the gap will usually entirely relieve the condition after a very few applications. The results are very gratifying to those who are obliged to relieve their bladder several times at night.

Separation below the twelfth dorsal is apt to be associated with irritation of the kidneys, as well as of the structures in the lower abdomen and pelvis. Numbness of the hands occurs with separation at the second dorsal interspace. When the condition is found at other points, vasomotor and functional disturbances will occur in the organs and tissues having spinal centers in contiguous regions of the cord.

Very often in disease of the pelvic organs, the line of junction between the sacrum and the innominate bones will be found very tender. When such is the case, a careful examination of the hip bones, and a comparison of their relations to each other, and to the sacrum, will often show one to be slipped slightly out of place, usually up, causing a tension on the sacroiliac ligaments.

By first applying vibration with enough pressure to thoroughly relax the ligaments and muscles, and then manipulating the bones back into position, the whole line of reflex symptoms disappear.

I must give the osteopaths credit for this point, for when I was first told that one of the pelvic bones could slip on the sacrum I was decidedly skeptical. But when I studied the articulated skeleton, I was obliged to admit, not only the possibility, but the great likelihood of such an accident occurring in those of relaxed fiber, from any unusual jolting, or even from being on the feet a great deal. The use of the vibrator first has a great advantage over simple manual replacement, for by first relaxing all the ligaments, reduction is more easily accomplished.

In the ribs we occasionally have another source of irritation. During violent respiratory efforts, as in sneezing or coughing, or from sudden twists or movements of the body, there may result a slight displacement of one of the ribs. This can be detected by sliding the examining hand down the back, over the angles of the ribs, and the one affected will be found more prominent than the others. If this occurs at the fourth ribs, nutritional changes take place in the muscles of the upper extremities, notably the deltoid, causing pain, or even inflammation. Conversely, whenever inflammation occurs in the shoulder muscles, a sensitive spot will be found at the angle of the fourth rib, just beneath the edge of the scapula. And in the majority of cases, vibration applied at this point will relieve it, whether it be the result of a displaced rib or not. This point, and the vasomotor area for the upper extremities, are important ones in connection with professional neuroses.

Norstrom has called attention to the fact that myositic deposits occur in the muscles of the forearm in this disease, and that often by massaging them away, the condition is cured. I have observed these deposits, not only in the muscles of the forearm, but even more characteristically in the infra spinatus, and the latisimus dorsi, near their insertion into the humerus.

Treatment over the vasomotor area of the affected arm will give much relief, but it is also essential that the absorption of these deposits be hastened. This can be accomplished by means of massage, but the process is tedious and laborious.

It is much more quickly accomplished by means of vibration applied directly to the infiltrated areas. Each area of infiltration should be carefully sought out, and thoroughly softened.

A displacement of the sixth or seventh ribs on the left side is always accompanied by some disturbance in the stomach, manifesting itself by acidity and flatulence. Indigestion originating in the stomach sends a reflex irritation to the

back, which is felt at the angles of the ribs between the third and the seventh, on the left side. If a rib be displaced, the quickest and easiest way to correct it is to place the patient face down on a table, and elevate the arm of the affected side very strongly, so as to put the pectoral muscles on the stretch. At the same time, place the vibrator on the angle of the offending rib, giving hard pressure, and the bone will be jarred into place. The same treatment is valuable in indigestion without any displacement of the ribs, applying the pressure successively at the angles of all the ribs in this region.

By directing the patient to drink a quantity of warm water, and then inhibiting the center controlling the pylorus, that structure will relax, and allow the contents of the stomach to pass through into the small intestines. Such a procedure is just as effective in the treatment of gastric catarrh as the ordinary method of lavage, and decidedly less disagreeable to the patient. Since water is so rapidly absorbed from the intestines, the volume of the blood can very quickly be increased, making this a valuable adjuvant in renal insufficiency.

The technique is simple, the patient lying on the right side with the feet drawn up, while hard pressure is applied with the vibrator at the left of the spine, between the fourth and fifth dorsal vertebra, the operator pressing firmly with his hand over the epigastrium.

In orificial work vibration accomplishes much, for by means of it the sphincter ani can be painlessly and quickly relaxed, with none of the dangers or bad after-effects following rapid divulsion under ether. For this purpose a round rubber terminal, about four inches long, and a half inch in diameter is attached to the vibrator arm, and after being well lubricated, is introduced through the sphincter while the machine is running. This treatment is one of the most gratifying in hemorrhoids, the pain ceasing immediately, while the swollen vessels seem to fairly melt away under its action.

Through the anus, also, the prostate gland can be reached,

and it has proven useful in the treatment of enlargement of that structure.

The foregoing covers the rudimentary framework on which is built the theory of vibratory treatment. The finding of contracted muscles, of variations from the normal tone in other tissues, and of deviations in the bony framework is not difficult. The attainment of skill in this direction only requires practice, and when once attained is as definite and exact as any method of physical examination and diagnosis at our command.

The reason why vibration is the most efficient method of mechanical treatment, is because of its peculiar effect on living matter. It approaches more nearly the natural bioplasmic movements of the tissues than any other form of stimulation.

When applied moderately and for a short time, it stimulates the cells, increasing growth and activity. If prolonged, it causes depression and exhaustion of the cells, and finally if continued long enough, disintegration and death. If given with hard pressure, it inhibits activity in the tissues submitted to it. Therefore the method of application depends on the result desired.

Where there is lack of tone, or deficiency of activity in any organ, gentle vibration for a short time, applied, either directly to that organ, or anywhere along the nervous mechanism controlling it, will stimulate it to greater activity. When the opposite condition is present, and there is abnormal activity, it can be inhibited by longer application combined with hard pressure.

So far as I have been able to observe, the rapidity of the vibrations is of less importance than the amplitude of the stroke and the degree of pressure. It should be rapid enough so the patient cannot distinguish the individual strokes, but not so rapid as to cause friction on the tissues.

Before commencing the treatment of any case, the condition of the excretory functions should be inquired into, and

often the first treatment should be directed entirely to the liver and kidneys.

This can be made a general rule in conditions at all acute, for in those cases the blood is already overcharged with the products of retrograde tissue changes, and if any more be set free before the liver and kidneys are able to take care of them, more harm than good will result. It is very important to bear this in mind in treating cases recovering from acute inflammatory rheumatism. Myositic deposits are found scattered throughout the whole muscular system, as well as contraction of the spinal muscles, and if these deposits be treated and broken down at once, needless suffering will result, and possibly a relapse.

In diseases associated with glandular engorgement, the proximal nodes should be treated, in order that they may free themselves, and assist in bringing about resolution in the diseased tissues.

This applies particularly to catarrhal conditions of the nose, throat and ears, and to infections of the urethra. In the former cases, the glands in the neck should be stimulated, and in the last, those situated in the groins.

One caution should be observed in using vibratory treatment, and that is not to treat too long, as there is danger of overstimulation. A careful diagnosis should first be made of the condition present, and the treatment directed as specifically as possible.

All stimulation to the parts not requiring it, draws just so mush from the parts where the effects are desired. Ten to fifteen seconds are sufficient at any point for stimulation, and one to three minutes for inhibition. Longer is harmful or inefficient.

While patients are being treated, they should be placed in a position admitting of absolute muscular relaxation. Otherwise the effects of the treatment cannot be properly isolated. The prone position best admits of this, the patient lying on

the treatment table flat on the abdomen, with the hands hanging loosely over the sides. The table should be long enough so the feet do not project beyond the end, otherwise the lumbar muscles will be put on the stretch, thus obscuring conditions in that region, or misleading the operator as to their true condition. The head should be supported by a small pillow, and turned so as to rest on one or the other cheek, instead of on the forehead, this position allowing of the most complete relaxation of the muscles of the dorsal and cervical region.

This same position is the best for making examinations for determining the tone and condition of the tissues, for finding sensative spots, and for discovering deviations of the bones.

In making a survey of the body for the purpose of determining if there are any deviations from the normal curves of the spine, and for examining the contour and development of the thorax, and for observing other general points, the patient first having removed the clothing to the waist, should be seated on the table, with the feet hanging unsupported over the side, and the hands hanging loosely in front.

This position brings out, better than any other, general abnormalities of the spine and thorax.

There are certain essential points in a machine for giving vibration. It should have flexibility of the moving parts, so it can be readily brought to any part of the patient's body, with rigidity enough so the vibrations are not transmitted into the hands of the operator. The part giving the vibration should have a lateral movement, rather than a rotary or up and down. I have found the most efficient one to be one with the vibrator attached directly to the motor which runs it, the whole thing swinging on a many jointed arm. The flexible shafts are prone to break at critical moments, and the handle of the vibrator receives too much of the movement. The stroke is apt to be uneven, thus breaking up the continuity of the impulse.

The cases I report are taken from the records of the department of physical therapeutics at Flower Hospital.

Case I. German, sixty-six years of age. Came to the clinic Jan. 19, 1904. About six weeks before, during a very cold night, slept with his head near an open window. Next morning suffered excruciating pain over left side of head and face. This ceased after a day or two, but from that time until coming to the clinic could not open the left eye. Examination showed the following condition. The lids of the left eye were swollen, and he could not open them without the aid of his fingers. On opening the lids, the parts beneath were swollen and injected, the blood vessels standing out very prominently.

The cornea was very hazy. The pupil was dilated, and did not respond to light. There was complete paralysis of the muscles supplied by the third nerve, the external rectus alone acting, rolling the eyeball out in extreme abduction.

Vibration was applied at the second dorsal interspace, on the left side, and over the cervical sympathetics of the same side.

Very gentle vibration was applied over the eye.

Improvement commenced with the first treatment, there being a marked decrease in the swelling and injection. After twelve treatments he was entirely cured, and said he could see better than for two or three years. The improvement in the paralysis commenced at about the third treatment. As the haziness of the cornea cleared up, I discovered he had a commencing cataract.

Case II. Young man aged twenty-two. Has had catarrh for many years.

During last four years, has been very deaf, so much so, can hear only when shouted to. Has constant noises in the ears. Constant post-nasal dropping. During last four years has treated at the different ear clinics, but has constantly grown worse. Very despondent on account of his deficiency, and often talks of suicide.

There was marked retraction of the drums, and he could hear the watch at a distance of four inches for the right ear, and five for the left.

Treatment was given at the seventh cervical vertebra, both sides, and over the upper and middle cervical ganglia. The glands and deep structures of the neck were also stimulated.

He has been under treatment six weeks, and reports as follows:

Almost entire cessation of the subjective sounds in the ears; entire relief from the post-nasal dropping, and great improvement in hearing. By the watch test, he can hear nearly double the distance he could before commencing the treatments.

I have just commenced treating two other cases for the same condition; one a young lad about six years old, who is even now showing improvement, after only three treatments; and the other a man over forty, who has been deaf for twenty years.

This is not the first time vibration has been applied to the sympathetics in eye and ear conditions, for a few years ago an English physician reported some cases treated in this way.

The object of the treatment in both the cases I have mentioned was to increase the blood supply to the parts affected, and what was fully as important, facilitate drainage, by improving the condition of the proximal glands.

Case III. Carpenter, aged sixty-five. Diagnosis, multiple neuritis of rheumatic origin. Duration of disease, nine months. Cause, exposure.

Left arm helpless, right one practically so, there being only slight use of the shoulder and upper-arm muscles of that side. Had been treated by means of electricity for several months, with very little improvement. On examining the back, I found a drooping of all the ribs, with marked inelasticity of the thorax, and a slight backward displacement of the fifth rib on the left side. There was marked tenderness at the

angles of the ribs on both sides, from the third to the seventh.

Treatment has been applied almost entirely at the angles of the ribs in the region mentioned, working the displaced one back into position, and elevating all the others. There has been a steady though slow improvement from the start, the shoulder muscles being the first to respond. Has been given thirty treatments to date.

Case IV. This case is one of progressive muscular atrophy. The patient, a man of about forty, was for many years a motorman on the street cars. About six years ago was severely chilled, being nearly frozen. Since then there has been a gradual wasting of the muscles of the upper extremities, first appearing in the adductors of the thumbs. Now has no use of the arms or shoulders, the arms hanging as though they were useless appendages, attached by wires. The hands were swollen and blue.

Examination showed, in addition to the wasting of all of the muscles of the arms and shoulders, a marked separation between the fifth and sixth cervical vertebra. The knee jerks could not be obtained, tests with the galvanic current showed degeneration in the gray nucleus of the cord. His face was dull, and countenance heavy and apathetic. He complained of fullness and noises in the head.

Gentle stimulation was applied from the second to the tenth dorsal vertebræ, close to the spine, so as to affect the vasomotor supply to the extremities, thus increasing the nutrition to the wasted muscles, and to the cord. Special light stimulation was applied to the point between the fifth and sixth cervical vertebræ, where the separation occurred, together with stretching and manipulation of the relaxed ligaments. The treatment to the neck relieved at once the fullness of the head and the subjective noises, and changed his whole expression to one of hopefulness. He is steadily gaining control of his muscles, those about the shoulder having increased appreciably in size. Previous to coming under this treatment

he had been treated with electricity, but had steadily failed.

I have treated three cases of paralysis-agitans by this method, with some improvement in each case. In all cases of this disease that I have examined, there has been extensive contraction of the spinal muscles, including the quadratus lumborum, and the latissimus dorsi, and the improvement seemed to be in exact proportion to the relaxation I could produce in these muscles.

I have also used this treatment very successfully in breaking up adhesions in stiffened and anchylosed joints. The adhesions should be stretched while the vibrator is applied, as by this method they yield more readily.

Cases and specific suggestions could be multiplied indefinitely but enough have been presented to illustrate the underlying principles, and those having been grasped, their application becomes a process of reasoning for each individual case.

PUERPERAL INFECTION: REPORT OF A CASE.

BY THEODORE C. MERRILL, M.D., COLORADO, TEX.

The proper treatment of puerperal infection depends fundamentally upon the active exhibition of appropriate surgical methods when the evidences of infection call for interference. These evidences are well understood, and the indications for surgical treatment are clearly defined; and after the careful performance of necessary surgery, the treatment of subsequent trouble consists in counteracting the effects of remaining infection through the employment, singly or in combination, of (1) means of bodily stimulation and nutrition; (2) general therapeutic measures, including the use of the normal saline solution; and (3) special therapeutic measures of two kinds: the serum treatment, and antisepsis applied by introducing through the skin by inunction,

or directly into the blood stream or subcutaneous tissue, soluble preparations of silver.

The following case was one in which the serum treatment was tried in connection with general therapeutics and means of bodily nutrition. Antisepsis by argentic preparations formed no part of the treatment, and the query is still present in the mind of the author as to the possible effect such treatment might have had.

The patient was a young woman, aged twenty-five, and the features of the case under discussion arose in connection with her third labor. Her previous history, as far as could be learned, was one of a very difficult first labor, which was operative and was followed by the delivery of an asphyxiated child, resuscitated with difficulty. After a tedious recovery the patient was treated during a long time for symptoms which, according to her description, pointed to an endometritis.

The second labor was even more difficult than the first, was operative, and the child survived only a short time. In both of these labors the trouble had consisted in the fact of an abnormally large passenger.

The patient came under my observation and care during the eighth month of her third pregnancy, which progressed uneventfully to the time of labor. Labor began Oct. 20 with the discharge of the waters at 11 P.M. Irregular pains followed, and continued for the remainder of the night. No special progress was made until 3 P.M. on Oct. 21. The presentation was occiput anterior. Dilatation seemed slow, doubtless owing to the premature discharge of fluid. Pains at this time came about seven minutes apart and were accompanied with gushes of blood, which ceased after a time. At 5 P.M. pains were more regular, but were ineffectual, although the patient was vigorous and her condition good. The child's head was impacted in the symphysis. After waiting forty-five minutes, assistance was procured. After repeated

manipulation under anesthesia had failed to relieve the situation, forceps were applied, and after repeated efforts a child (girl) of eleven and a half pounds was extracted at 2 A.M., Oct. 22. Placenta delivered normally in a few minutes.

The labor was closed by the administration of a hot-water douche, the application of a gauze packing to the vagina, and of three sutures to the perineum. Patient made good immediate recovery, but naturally suffered from soreness.

Oct. 22, 9 A.M., patient catheterized. After this catheterization was unnecessary.

Oct. 23, 11 A.M., gauze packing removed.

Pulse, temperature, lochia and other conditions continued normal to the eighth day, when there occurred chills and rise in pulse and temperature, which, with other bodily conditions, after two days gave unmistakable evidence of sepsis. The lochia at this time had a slight odor. Douching failed to control the symptoms, and the uterus was curetted on Nov. 2. Intrauterine douche and packing applied Nov. 3.

Under general treatment the temperature declined gradually to normal until Nov. 17. Morning temperature, 101°; evening temperature, 104°. With these conditions of temperature, and the patient feeling very well, without pain, abdominal or otherwise, vomiting absent, and no chill, the serum treatment was decided upon. Stearn's streptolytic serum was employed. Following is a record of the temperature and dosage of the serum. During the entire illness the bodily nutrition was maintained as thoroughly as possible by appropriate feeding and stimulation.

Nov. 18, temperature, 7 A.M., 102.6 (10 c.c. serum at 10 A.M.); 2 P.M., 103.8; 6 P.M., 103.9 (10 c.c. serum at 8 P.M.).

Nov. 19, temperature, 8.30 A.M., 102.8; 12.30 P.M., 103.8 (10 c.c. serum at 1.30 P.M.); 6 P.M., 103.7.

Nov. 20, temperature, 7 A.M., 100.8; 12.30 P.M., 103.6 (10 c.c. serum at 3.45 P.M.); 3.30 P.M., 102.6; 6 P.M., 103 (slight urticaria).

Nov. 21, temperature, 7 A.M., 102.8; 12 M., 102.8 (10 c.c. serum at 10.30 A.M.); 6 P.M., 102.6.

Nov. 22, temperature, 7 A.M., 100; 12 M., 102.1 (10 c.c. serum at 1 P.M.); 6 P.M., 102 (serum discontinued after this time).

Nov. 23, temperature, 7 A.M., 100.7; 12 M., 100.7; 6 P.M., 102.1.

Nov. 24, temperature, 7 A.M., 98.6; 12 M., 99.5; 6 P.M., 102.

Nov. 25, temperature, 7 A.M., 98.6; 1.30 P.M., 101.8; 6 P.M., 102.1.

Nov. 26, temperature, 7 A.M., 100.7.

Nov. 27, temperature, 9 A.M., 97.

Upon Nov. 29, patient was attacked by pain in the left groin and hip, which naturally suggested the possibility of a phlebitis or arthritis, but careful questioning elicited the fact of past irregular occurrence of rheumatic pain, and under treatment directed along this line the pains were relieved.

The patient remained resting quietly until Dec. 19, when she was discharged. She has made satisfactory progress ever since, with no evidence of uterine or other trouble present up to date (March 9, 1904).

A consideration of the temperature record fails to show a regular decrease, but it does show a fall with oscillations. There is no effect upon the temperature evident as the direct result of an individual dose of serum. While conclusions drawn from an isolated case are not to be depended upon, the efficacy of the serum treatment as carried out in this case remains in question, for the fall of temperature under the treatment was not markedly different from the fall between Nov. 3 (date of curettage) and Nov. 17 (date of subsequent rise), although no careful record was kept of the temperature between these dates. Personally, the effect of the experience in this case is to emphasize the value of constitutional vigor and resistance in such conditions. The previous history, the lateness of the first appearance of sepsis, the subsequent

rise after curettage, and the final return to normal, furnish many suggestions as to the possible pathological condition present, which the patient's future may assist in determining.

As a closing word, too, it is but just to remark that the dosage of serum employed in this case does not correspond to that advised by the manufacturers.

I believe that they designate from 20 to 30 c.c. as the initial dose, whereas the initial dose here employed consisted of 10 c.c. However, this modest report may help to confirm the analogy between streptococcic serum and the well-known antitoxin so much used in diphtheria. A fundamental principle of administration in the case of antitoxin lies in the established fact that in a given case of diphtheria enough of the serum should be given to neutralize the toxic substances present; and if there be anything in serum therapy at large, the same principles should hold in nondiphtheritic cases of infection.

SOME FAVORITE REMEDIES FOR THE SUMMER DIARRHEA OF CHILDHOOD.

BY EVERETT JONES, M.D., BROOKLINE, MASS.

[Read before the Boston Homeopathic Medical Society.]

When asked to present a paper on five or six remedies for "Summer Diarrhea of Childhood," I accepted reluctantly, because there are so many valuable remedies it is hard to make a selection of but five or six.

The remedies I will briefly call your attention to, however, are arsenicum, chamomilla, cinchona, mercurius, nux vomica and sulphur.

Arsenicum.

Among the symptoms calling for arsenicum are diarrhea, with stools dark green or yellow, undigested, slimy or bloody; they are scanty and attended with great burning in the rectum, the burning being all out of proportion to the stool; stool may

be involuntary and highly corrosive. Diarrhea after iced drinks, eating tainted meats, or acid fruit.

Before stool chilliness, cutting pains in abdomen, vomiting and thirst.

During stool chilliness, nausea and tenesmus.

After stool tremulous weakness obliging patient to lie down. Face is pale, mouth dry and hot, extremities cold, great exhaustion and prostration coming on very rapidly.

There is great thirst but drinking little, throwing up water and food as soon as it has reached the stomach.

Aggravation at night, especially after midnight.

The leading characteristics are: Great prostration and restlessness; dark green stool with offensive odor; aggravation after midnight.

Chamomilla.

Stools yellowish green, slimy mucus looking like chopped eggs and spinach, with the odor of sulphureted hydrogen. Especially useful in teething children, or after taking cold accompanied by colic. The child is cross, irritable, and wants to be carried about and petted.

Leading characteristics: The peculiar mental condition; green foul stools; aggravation by warmth in the evening and at night.

Cinchona.

Cinchona is especially indicated in painless diarrhea.

Stools are yellowish or whitish with cadaverous odor. There are great weakness, emaciation and inclination to sweat.

This is a valuable remedy in children debilitatd byperiodic diseases, and one suited to the prostration following upon the loss of vital fluids, from copious stools, or excessive vomiting.

China may not be useful during the active stage of diarrhea, but it is very helpful for the prostration and debility resultant upon the rice-water discharges which deplete the system.

Aggravation after eating and drinking, from cold, and worse every other day.

Characteristics: Painless diarrhea; cadaverous odor; rapid exhaustion.

Mercurius.

Diarrhea with severe tenesmus, scant stools and bloody mucus, violent and frequent urging to stool and that "never-get-done" feeling, also tenesmus of the bladder.

Useful in children who take cold easily. Such children may have enlarged glands or swollen gums which bleed easily.

Aggravation at night and in wet weather.

Leading characteristics: "Never-get-done" feeling after stool; discharges are mucus, greenish or bloody; tenesmus of bladder.

Nux Vomica.

Diarrhea with frequent small, watery, slimy, brownish, mucous stools.

Colic and tenesmus before and during stool, with relief after stool.

Dysenteric diarrhea. Symptoms worse early in the morning.

Nausea and sour, bitter vomiting.

Useful after quack nostrums.

Aggravation from mental exertion and from motion.

Sulphur.

Stools changeable in color, and may contain undigested food; burning and pressure in rectum during stool. The symptoms most frequently calling for sulphur are a painless diarrhea worse in the early morning. Sulphur is useful after other remedies have been given, and where patient is better and then worse, or after much medicine has been given with no definite result, also as an intercurrent remedy two or three times a day.

Among other remedies less often used, but still of much value are: Belladonna, gelsemium, ferrum phos., veratrum album, phosphorus, croton tiglium.

MEDICAL STATISTICS OF MASSACHUSETTS STATE HOSPITALS IN 1903.

BY ARTHUR BLAKESLEE, WESTBORO, MASS.

Within recent years in the hospital reports there have been marked changes in the nomenclature of the mental diseases treated. German methods and names have come into use. Dr. Charles W. Page of Danvers says "we have endeavored to follow the Kraepelin classification of mental diseases." At Worcester, especial attention has been given to the advanced methods of classifying.

Last year in all the reports for the first time, the name of dementia, præcox (that of adolescence), was used. Of this 468 entered ranging from 22 at one hospital to 137 at another and of all such young people only 5, divided between three hospitals, recovered. Paranoia (chronic delusional insanity) is a term first used not long ago in one and now in all the reports. Of these there were 141. General paralysis, or paresis (of the insane), is a name which with its definition came longer ago from France, where it seems this relentless disease, with its usual if not invariable cause largely prevails. Of this 189. Of dementia in all the varieties 468. Of imbecility, psychopathic and mental inferiority and idiocy 115. Of epilepsy 62 with 1 recovery given. Of these five general forms 1,274 entered with only the 6 recoveries.

Other forms of fewer numbers show no recoveries, involution psychosis (18) melancholia, involution (21) and Korsakoff's psychosis, Basedow's disease (psychosis with) pernicious anemia and 9 others of small numbers. Of all these 14 forms 71 were admitted. From their very few recoveries it appears that 1,345 as shown may be named virtually incurable.

Alcoholic Commitments.

These were of alcoholic insanity or alcoholism and habitual drunkards. They were unequally distributed. One hospital received 152 with 86 recoveries and another only 22. Two

hospitals divide alcoholism into acute and chronic. Of the acute 58 came in and 55 recovered. Much variety of view is seen of these patients. At one institution 14 habitual drunkards were received and 17 recovered, the extra three no doubt having come from a previous year. Another had 14 and no recoveries. Apparently in making a proper statement of results the alcoholic must be excluded.

Voluntary patients (15 at Westboro and 10 elsewhere) and others not insane (4) and 48 undiagnosed patients divided between three hospitals, in all 77 it seems should also be deducted there being almost no medical record of them.

In the five hospitals for new commitments (not including the department for the criminal insane at Bridgewater) 2,135 were admitted last year being 33 more than in 1902. For the following table the alcoholic and others mentioned are omitted.

Incurable and Curable Percentages to Amended Admissions.

	Incurable.	Curable.
Worcester	73.95	26.05
Taunton	77.95	22.05
Westboro:	79.30	20.70
Northampton	81.66	18.34
Danvers	82.17	17.83
Average	79.01	20.99

Nearly four-fifths is shown of the incurable. The ratios for Westboro are very close to the average ones.

The Curable Forms.

Within ten years the American Medico-Psychological Association after a rather full discussion voted that recovery rates should be estimated only upon the forms as curable ones of acute mania, acute melancholia, and confusional insanity. Since then changes have developed. Of the form last given

no case was reported as entering last year in this state, and only one hospital fully retains the two others.

Periodic insanity is a heading of one report, with the subdivisions of manic, depressed, circular and manic-delirious. Three others have manic-depressive with subheads. Delirium, katatonia and climacteric melancholia are other given curable forms. Only one report uses the formerly common term recurrent insanity, although patients entered for repeated times up to the twentieth in one instance.

It appears to be a suitable method to estimate the recoveries, less the alcoholic and the few from those called incurable, to the curable admissions as found above. In the table below this plan is followed.

Recoveries to Curable Admissions.

	Curable.	Recoveries.	Percentages.
Westboro	59	53	89.83
Northampton	42	22	52.38
Taunton	82	37	45.12
Worcester	122	49	40.16
Danvers	64	12	18.85

The next statement is of the relapsed cases previously discharged recovered, to all the admissions.

Worcester	29.93	Taunton	37.97
Westboro	33.80	Northampton	41.03
Danvers	37.74	Average	36.09

That of Westboro is below the average indicating care in estimating recoveries.

Those discharged as much improved and as improved numbered 596, being 217 more than all the recoveries.

Much Improved and Improved to All Admissions.

Taunton	38.24	Northampton	29.12
Westboro	30.28	Worcester	21.29
Danvers	29.42	Average	29.67

Deaths to All Persons Treated.

Worcester	6.86	Westboro	7.96
Northampton	7.12	Danvers	8.09
Taunton	7.50	Average	7.51

Of those sixty years old or over at death there was at Danvers 51.56 per cent of all who died. At Northampton 50.77, Westboro 48.31, Taunton 41.12 and Worcester 35.90. Average 45.53. At the asylums, where are only chronic patients, the death-rates are lower than at the hospitals. At Medfield in 1902 the rate was 4.82. At the Worcester Asylum (on Summer Street) in 1903 it was 5.56 and 4.35 in 1902.

Duration of Hospital Life in the Recovered.

After one year of such life the hope of recovery is but little. Of 379 recoveries in 1903 only 20 were of from one to two years and 13 of a longer time. By average the time was about seven months (6.91) and this is nearly as usual in former years.

Nearly four-fifths (78.49) of those who recovered came in during the year. It is not quite correct to estimate recoveries on the admissions of the year. Some who recovered entered in the preceding year and others who came in towards the end will recover in this year.

An Accurate Prognosis.

Some years ago a young man of about twenty in a high condition of maniacal excitement was brought to Westboro Hospital by his father. As told by the patient who well remembered it Dr. Adams, the superintendent, on receiving the newcomer said to the father "in three weeks you may come for him."

For about one week the young man was under a great strain. He slept but a little and had constant fear of receiving terrible treatment. Then the crisis came and left him quiet and

better. He was changed to the convalescent ward and after being there two weeks went away recovered.

From this it appears that for some a short time may be sufficient for recovery. If the subject had been plied with hypnotics would he have recovered as soon?

To Raise Babies.—An incubator hospital is the newest public institution projected for Boston, final negotiations for a site at Revere having been concluded June 7. Upon this site the projectors, Drs. Samuel Schenkein and Martin A. Couney of New York, propose erecting a $10,000 building.

According to Dr. Schenkein, who is managing the affair, fifteen per cent of all children are born either prematurely or are not fully developed, with the result that nine-tenths of them die. By the incubator process it is claimed eighty per cent are saved.

Adulterants in "Sweets."—In New York recently adulterants highly injurious to the health have been found in innocent-looking cakes, cheap caramels and other sweet stuffs sold freely to children, and a report has been made to the attorney-general of the state by chemists working under direction of the state department of agriculture.

In one instance eleven grains of paraffin were found in four small chocolate-covered cakes. The chemists declare that paraffin resists the action of strong acids and is highly injurious to the digestive organs. Evidently it had been used by the bakers and candy manufacturers to keep their products from becoming stale.

EDITORIALLY SPEAKING.

Contributions of original articles, typewritten if possible, society reports, news items, etc., should be sent to the editor, A. Temple Lovering, M.D., 10A Park Square, Boston. Articles accepted with the understanding that they appear only in the GAZETTE. News items and reports must be sent in by the tenth of the month. Books for review, journals, subscriptions and advertising matter should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

SIXTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMEOPATHY.

The sixtieth annual session of the American Institute of Homeopathy, held June 20–25, proved one of the most fortunate and fruitful meetings in the annals of our venerable national medical society. Niagara Falls, the place of meeting, so chosen for the fourth time in the Institute's history, offered every natural charm and advantage, while the local committee of arrangements were unwearied in their efforts for the comfort and entertainment of their visiting colleagues. The attendance was large; the enthusiasm marked and sustained; the temper of the entire session to a memorable degree fraternal and kindly. The debates were largely participated in, and dealt with themes of vital and varied interest; yet the note of acrimony was wholly absent from them—every speaker vying with every other in eager quest for truth, and courtesy in expression of conviction. The arrangement of meetings was found to work to admiration; the reserving of two days for the discussion of materia medica and homeopathy securing a large and exceedingly enthusiastic attendance at these very vital sessions. Much important business was transacted, with the minumum of friction, and the session closed with universal expressions of satisfaction at the results achieved and the pleasures enjoyed.

The attendance at the opening exercises was unusually numerous, and the exercises themselves were followed with the kindliest and most interested attention. New England was well represented among the auditors: among those of her physicians present were noted Drs. Conrad Wesselhoeft, J. P.

Sutherland, Walter Wesselhoeft, Hiram L. Chase, H. P. Bellows, J. H. Payne, D. W. Wells, F. R. Richardson, N. W. Emerson, I. H. Moore, J. M. Hinson, Horace Packard, Clara Gary, N. R. Perkins, Mary E. Mosher, Marion Coon, J. E. Briggs, F. P. Batchelder, H. E. Spalding, H. O. Spalding, E. B. Hooker, J. H. Bennett, J. D. Tupper.

The sectional meetings whose attractive programs and ample accommodations secured numerous and deeply interested audiences, added much to the scientific worth of the annual session. It was earnestly, and it is to be hoped fruitfully suggested, that all sectional societies come into as close affiliation with the Institute itself as may be consistent with the preservation of their justly valued autonomy. The same line of suggestion was followed out, in urging that, through the mediumship of the interstate committee, all the homeopathic life of the nation be made to find, more and more, its common center in the life of the Institute. There would be much impetus to unified growth in the practice by every state society of bringing its interests and perplexities to the councils of the great central organization. Much wisdom and much practical help could thereby be secured by the individual societies; and much loyalty be won by the Institute to the increase of its prestige and usefulness. In this work of unification, the interstate committee have a large field for the exercise of their best tact and wisdom.

A matter of very vital importance, which took definite form at the just-concluded session, was that of the formation of an institute of drug proving; established and to be maintained in connection with the American Institute of Homeopathy. Its object is to extend and solidify our knowledge of the pathogenetic powers of drugs. Drugs are to be tested, as to their pathogenetic properties, by the strictest "laboratory methods" of modern science, and with the aid of every modern apparatus adapted to the end in view. The report of the committee appointed to formulate a plan for this Institute

was followed with the keenest interest, and accepted with enthusiasm. The members of the reporting committee were appointed to serve as trustees of the new Institute. So heartily were the hearers of the proposed plan enlisted for its success, that, on it being brought to their notice that the just-appointed trustees should be given a generous sum of money from which to draw, in carrying on their initial researches, the very substantial amount of upward of eleven hundred dollars was raised in a few moments, and by but a small group of the members. Surely this promises well for the future when the need of further funds is brought to the notice of the Institute at large! No more reassuring sign of the quick vitality of the homeopathy of to-day could be observed, than this instant willingness of its physicians to pledge their interest and their pecuniary support to this work of investigating the pathogenetic power of drugs, a work so peculiarly belonging to homeopathists, by virtue of their very name and separate professional existence.

There was a full consideration of the question of the formation, in connection with the Institute, of a clinical club, or consolidation of a number of state clinical clubs, whose object is to be the supplementing of the work of the Institute of Drug Proving, by the collection of tabulated and authentic statistics on the effect of our drugs in practical everyday use in the sick-room. Such results are to be tabulated on the broadest and most exact scale, showing not only the effect of a given drug in a given diseased condition, but also the effect of a given potency, as differentiated from that of another potency of the same drug. Such facts would be priceless as a basis alike for argument, and for practical instruction: putting demonstrated truth in the place of theory and dogmatic assertion. In charge of this immensely significant new movement in scientific research, are Drs. Walter Wesselhoeft, Cambridge; H. C. Allen, Chicago; O. S. Haines, Philadelphia; W. B. Hinsdale, Ann Arbor; C. E. Tennant, Denver.

The absence of anything like a political atmosphere from the Institute session, was universally and approvingly remarked. The election of officers for the ensuing year, was in almost every instance unanimous. Those chosen were: Geo. Royal, of Des Moines, president; W. R. King, of Washington, first vice-president; Wm. Boericke, of San Francisco, second vice-president; Ch. Gatchell, of Chicago, secretary; T. Franklin Smith, of New York, Treasurer; J. Richey Horner, of Cleveland, registrar; Eldridge C. Price, of Baltimore, Censor.

The next session of the Institute which will be held at Chicago, should be memorable, as falling in the year that marks the one hundred and fiftieth anniversary of the birth of Samuel Hahnemann. Surely commemorative exercises of a most striking character should be inseparable from a year thus made memorable in our history. There is a possibility of the occasion being further distinguished by uniting with the deliberations of the Institute, those of the International Homeopathic Congress, whose session falls due in 1905, if its five years be counted from the year of its last coming together. Since, however, its last session anticipated its normal date by a year, that the members might enjoy in common the Paris Exposition, it is possible that the session will be postponed until 1906, its regular date. In any case, it is not an hour too soon for American homeopathy to prepare for the fitting welcome of her guests from over the sea, that the International Congress will bring to her doors. If the three occasions—the meeting of the Institute, the formal celebration of the one hundred and fiftieth anniversary of Hahnemann's birth, and the assembling of the International Congress—could be fused into a single celebration, surely its days would make history, and add luster to our cause.

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SKETCHES OF THE INSTITUTE MEETING, 1904.

For those who have denied themselves, or have been denied the advantage and pleasure of attending the Institute meeting at Niagara Falls in June, neither the most enthusiastic nor the most detailed report can convey an adequate idea of their loss. The detailed report will presently appear in the transactions, and enthusiastic writing does not comport with sober medical journalism; but a brief notice of some of the more general features of the occasion may fitly be offered at this season of flagging interest in professional matters, and of indifference to the obligations all owe to the most important of all our societies.

Of the excellent preparations for the meeting and the judicious choice of Niagara Falls as its place, it is needless to speak, nor is it possible to dwell on the manner and matter of the sessions of the different bureaus, in all of which the work compared favorably with that of former years. It is the admirable spirit which prevailed throughout, that will make this meeting a memorable one for all who took either an active or passive part in its proceedings. This spirit was exhibited not only in the cordial meetings of old friends and the making of new, but especially in the determination everywhere evident to discuss the purely homeopathic questions on strictly scientific lines and with the support of all available knowledge derived from every legitimate source, rather than from traditional notions, and those uncertain observations in practice which find their expression in the well-known statements of countless cures. It is true that the customary papers full of text-book learning, especially in some of the special bureaus, were still in evidence, and that on the other hand the tendency to discuss therapeutic questions from a religious or semitheological point of view still cropped out here and there; but on the whole, the clear scientific thought and original labor prevailed to a more satisfactory degree

than at any time since the days when Dunham, Dake and Wells gave tone and direction to the meetings. As it is here that the center and weight of all the work of the Institute lie, since this alone can constitute the reason for its existence, it is most encouraging to be able to report the full attendance and the keen interest manifested in the bureaus of homeopathy and clinical medicine as well as in the most laborious committees where only the strongest sense of duty could have acted as a motive for effort.

Among the most noteworthy sessions were those of the bureau of clinical medicine. The very full attendance and general participation in the discussions were in themselves the best proof of the prevailing spirit, and of an educational importance not to be overestimated. While it would be invidious to take from the numerous addresses particular ones for special notice, the papers on the devisability of matter and their thorough discussion cannot be passed over in silence, if for no other purpose than to urge the careful study of them when they shall have appeared in the transactions. The forthcoming volume will be enriched by them as few have been before. Here were matters of vital interest not alone to homeopathy, but to science at large, and they were treated in a manner worthy of their importance. As yet the subject is in its infancy, but already it has taken such shape and form under the hands of the most distinguished scientists, that its effect upon the direction of thought and investigation of the whole profession—at least upon its thoughtful and inquiring members—is proving daily more apparent. At the University of Vienna the science of radiology in its widest and most inclusive sense has been officially recognized in the faculty of medicine, with the appointment of a number of teachers, among whom Dr. Leopold Freund is the most noted, a step of much more far-reaching importance than the instruction of what is already known. It means investigation, as well, along therapeutic lines with its influence on medical philosophy,

and with facilities for the extension of the work in all directions, practical and scientific, in the hands of specialists free from traditional prejudices and from dependence on daily practice.

While we recognize most fully the fact that its bearing on homeopathic thought and practice is only indirect, we justly claim that it throws the effects of imponderable substances into so strong a relief that they can no longer be ignored or made the subject of that ridicule which for nearly a century has been the sole but unfailing argument against homeopathy. When once medical men and with them the laity, whom they so largely influence even to-day with the restricted views and cheap wit of the autocrat of blessed memory, shall have become familiarized with the power residing in the infinitely and inconceivably minute, the bars will be let down which have hitherto excluded the most effective labor from those therapeutic fields which we alone have tilled with the necessarily imperfect means at our command.

In this connection it may not be without general interest to note an incident occurring at the end of the sessions of the clinical medicine bureau. The chairman, inspired by the very pardonable and practical desire growing out of the present status of homeopathy the world over, and apparently in accord with the consensus of the majority of those present, offered a paper discussing at great length this vexed question of the divisibility of matter in relation to the homeopathic dose and the attitude towards it of the profession at large and of the uninstructed laity. The ground taken was by no means illiberal, representing in the main the position taken by Dr. Hayward of Liverpool at the meeting of the British Homeopathic Association in 1903, and endorsed by the majority of the members of that body, to the effect that drug matter is demonstrable in attenuations as high as the twelfth centesimal and the twentieth decimal, and that hence curative effects could be reasonably attributed to preparations properly

prepared, reaching these degrees of attenuation. In concluding the essayist offered a distinct motion demanding that the Institute officially recognize, by virtue of its authoritative position, all attenuations up to the twentieth decimal and twelfth centesimal and only those as officinal, as within this range all curative action could be held to lie. But patiently as the essayist's exposition had been listened to up to this point, at the moment of putting this motion a storm of opposition broke forth in marked contrast to the critical and orderly manner in which the deliberations had been conducted thus far, and in still more marked contrast to the quiet and too often labored and inanimate discussions of our local and state society meetings. It is needless to say that the motion did not prevail.

In itself the episode was perhaps not of an unprecedented character. Similar conflicts of opinion with equally tumultuous expressions of dissent have been evoked by this same question elsewhere and on former occasions; but at no time has the Institute taken so decided a stand against any formal restriction of that freedom of private judgment and of individual action as on the present occasion. It was felt—and this sense overruled all other considerations—that no assemblage, however authoritative, could decree any limitation of inquiry or personal experience in regard to clinical observations, and in the present state of our knowledge it must be conceded that the decision reached was the only justifiable one, whatever may be said in favor of a rational or scientific conception of the dose question. No problem of science or of practice can be settled by the counting of noses, and here in Massachusetts, where we still remember the expulsion of its homeopathic members from the Massachusetts Medical Society by an overwhelming majority vote, the sentiment among us remains very strong against any such mode of proceeding. The latter-day attitude, too, in the American Medical Association towards homeopathy sufficiently proves

the unwisdom of acting on the temporary convictions of the majority. Like other purely scientific questions that of the dose is to be determined only by the methods of science and the slow evolution of purified experience.

The incident is noteworthy from the fact that it brought out the sound position of the Institute on the principle underlying all scientific opinion and inquiry in medicine, that of unprejudiced investigation. Where this ceases dogmatism and intolerance begin. From the admirable address of the president to the last session of the bureau of homeopathy the proceedings of the entire meeting of the Institute breathed this spirit of scientific liberality in all matters where judgment must necessarily remain in suspense, and at no time, even at moments of intense excitement and grave clashing of views, was there a suggestion of disloyalty to the Institute itself on the part of individual members. It was felt on all hands that here was the ground on which all doubtful questions must be discussed and that the thought of schism or secession was unworthy of men with scientific and genuinely practical aims. And it is here that the great educational advantage of such meetings as this and of the Institute itself is seen to lie, an advantage of which New England practitioners must be urged again and again to avail themselves. If they do not avail themselves of it their isolation and apparent indifference become a source of weakness not alone to the cause, but to themselves, and that to a most serious degree, which no attendance at their local or state societies can neutralize.

In conclusion we must once more add our expressions of appreciation to the Homeopathic Society of Western New York for their hospitality and the admirable manner in which all the local arrangements were carried out. * *

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

A SYSTEM OF PRACTICAL SURGERY. By Prof. E. Von Bergmann, M.D., Prof. P. Von Bruns, M.D., and Prof. J. Von Mikulicz, M.D. Vol. III, SURGERY OF THE EXTREMITIES. Edited by William T. Bull, M.D. Illus. New York and Philadelphia: Lea Brothers & Co. 1904. Price, cloth, $6.00; leather, $7.00; half morocco, $8.50 *net.*

The third volume of this fine work, which is to be completed in five volumes, should be peculiarly acceptable to the general practitioner, who is so often called upon to assume the treatment and responsibility of injuries of the extremities. To him, also, are frequently first referred diseases of the hip, knee, leg and foot often requiring a very considerable and accurate knowledge for proper diagnosis as well as for satisfactory treatment. Again the medical man who does any insurance work, will rejoice to find a treatise which will give him exact information upon the hundred and one minor points only too likely to loom large above the horizon when a case is brought into court. The same may be said of any practitioner who must give expert testimony or serve as consultant.

Vol. III, then, is a distinct contribution to surgical literature. Its principal divisions are: Malformations, Injuries, and Diseases of the Shoulder and Upper Arm; of the Elbow and Forearm; of the Wrist and Hand; of the Hip and Thigh; Injuries and Diseases of the Knee and Leg; Malformations, Injuries, and Diseases of the Ankle and Foot.

One of the most important sections, and one which will attract immediate attention is that dealing with the wrist and hand Practically all the illustrations, and the greater part of the text, are new. In most other works the subject has been inadequately discussed. Over one hundred and twenty pages are given to it here. That the hip and thigh should receive exhaustive consideration was to be expected, but the section on

the knee and leg, and especially the pages on the knee-joint, will equally win the commendation of the profession.

This volume is liberally illustrated, and many of the colored plates are exceedingly good.

The Craftsman. Syracuse, N.Y.: The United Crafts. Price $3.00 a year; 25 cents a copy.

The comparative leisure of the summer months affords many opportunities for enjoying nonmedical literature. We trust our readers include "The Craftsman" among their intellectual relaxations. It is a pleasant change to wander from the roads of science along the bypaths of applied art past and present; to learn of modern architecture adapted to modest needs; of methods of beautifying towns and cities; of the translation of nature into enduring forms in textiles, metal work, pottery, interior decorations, etc., etc. "The Craftsman" is perhaps the best interpreter of the new spirit of the age, that spirit which aims to identify the artisan with art, and to eliminate the merely mechanical reproduction of art forms.

Pelvic Pain.—I am convinced that the eliminative organs are responsible for a large per cent. of pelvic pain and reflex symptoms often attributed to some organic lesion. The skin is often found to be dry, harsh and inactive; the bowels, habitually constipated, and the elimination of solids in the urine deficient. Any amount of local treatment of the pelvic organs will not alter these conditions in the least. But remove the cause, and the pelvic organs will take care of themselves. Disorders of the liver may stimulate pelvic trouble, and *vice versa*, symptoms having their seat in the pelvis may be referred to the liver. Thus we see the necessity of a general knowledge of disease and its protean manifestations if we would be successful in our gynecological practice.—*Dr. A. E. Dickinson, in Pacific Coast Journal of Homeopathy.*

THE SPECIALIST.

PEDIATRICS.

Under this heading will appear each month items bearing upon some special department of medicine; next month, "Hygiene and Sanitary Science."

Local Irritation of Chicken Pox.—To relieve the local irritation and itching, the application of carbolic acid and glycerin, one to three, will be found efficient, as well as a mild soda sponge to aid in developing the eruption.

The Eclectic Medical Journal.

Tænia in a Child.—The treatment was as follows: A light supper, a dose of castor oil on retiring, one dram of oleoresin of male fern in capsules the next morning, followed by six drams of castor oil. Two hours after the administration of the male fern the worm was expelled head and all.

St. Louis Courier of Medicine.

Hernia in Young Children.—The indications for operating on hernia in early life may be tabulated as follows: Strangulated hernia—immediate operation. All cases not controlled by truss. Occasional protrusion with threatened strangulation. When truss-wearing causes pain. On children that cannot be brought regularly for attention. In all cases of femoral hernias. On all children over seven years of age.

Medical Record.

Scurvy in Infants.—As to treatment, three measures are indicated: (1) Discontinue the proprietary food. Substitute a mixture of fresh milk diluted with water or with oatmeal water. (2) Give fresh orange juice, in dose of one or two teaspoonfuls three times a day. It is surprising how babies with scurvy take to this and seem to enjoy it. (3) Give freshly expressed beef juice, squeezed from rare steak in dose of one or two teaspoonfuls three times a day. (4) Give no drugs at all.—*Medical News.*

The Infant's Stomach.—The average capacity of an infant's stomach at birth, is but little more than one ounce, at three months four ounces, at six months six ounces. Regurgitation should be the signal to reduce the quantity of the food. Should it continue, then look to the quality.

The intervals of feeding may range from two to two and a half hours during the day and twice at night, up to three months of age, when the time may be gradually increased to three hours during the day and once or not at all, during the night.—*Cleveland Medical and Surgical Reporter.*

Broncho-pneumonia in Children.—When the temperature runs high in these cases I much prefer the tepid bath. I never use the cold bath in delicate, young children. I tried it once or twice with very nearly disastrous results. I seldom put a weak child in a bath under 90°. Then you can reduce the temperature 5 or 6°, but not more. In cases of collapse, the alternate cold bath at 80° and the warm bath at body temperature is valuable.

Next counter-irritation is most excellent. The particular drug makes little difference. My preference is for mustard. I have never found anything to equal the application of mustard—hot mustard cloths or mustard plaster more or less strong.—*Brooklyn Medical Journal.*

Scarlet Fever.—By far the best method of keeping the fever within reasonable bounds is sponging with cool water. This method reduces the temperature, keeps the skin active and thus assists other measures in preventing the development of an acute nephritis, which is the most frequent and most frightful complication of scarlet fever. In case of hyperpyrexia the cold pack, or even the cold bath, may be necessary. These should be attempted, of course, only when a competent nurse is in charge of the case, because if improperly administered they will do more harm than good. Their proper

administration will, in addition to the reduction of temperature, allay the nervousness and often enable the patient to have a restful sleep. An ice cap to the head is beneficial where cerebral symptoms are prominent.

The Medical Sentinel.

Serous Meningitis and Lumbar Puncture.—A rachitic boy of eight years suffered from intense headache, which came on about three weeks after a fall. There was vomiting, and though the head was held stiffly, opisthotonos was not present. Neither were there any spasms. Lumbar puncture, withdrawing 40 cc. of clear serous fluid, gave marked relief. At a second puncture 100 cc. of fluid were withdrawn and the boy was cured. He afterward underwent an operation for the straightening of his rachitic tibiæ.

Three explanations of the condition are possible:—first, a simple serous meningitis; second, an acute serous meningitis of traumatic origin, due to the fall on the head three weeks before; third, the presence of a chronic hydrocephalus (often found in rachitis), which was stimulated to an acute exacerbation by the fall. The author finds it impossible to definitely determine which was the true explanation.

Archives of Pediatrics.

Infant Feeding in Second Year.—The majority of infants are given solid food too early and in too large quantities. Most of the attacks of indigestion during the second year are directly traceable to such gross dietetic errors. The diet of a healthy child at this period of development should consist of milk, some farinaceous food, stale bread, after the child has most of its teeth, a small amount of animal food, as beef juice or scraped beef, poached or soft-boiled eggs, orange juice, baked apples, without sugar, and, occasionally, two or three stewed prunes. All other food may be advantageously omitted, and water allowed only between meals. During

the second year the child requires to be fed about five times daily, and from the third to the sixth, four meals will suffice. The diet, of course, should be given at regular intervals.—*Holt.*

Pneumonia in Children.—The room of the little patient should be well ventilated, the temperature ranging between 65 and 70° F. The diet should, of course, be exclusively liquid and concentrated. The feedings must be small in amount and frequently repeated. A distended stomach should be guarded against by all means. The reasons are obvious. As articles of diet we may mention diluted milk, white of egg, custard, strong broths, meat juice and ice-cream. The latter, provided it is perfectly fresh and prepared of the purest materials, is a very grateful and very useful article of diet both in children and in adults.

Hydrotherapeutic measures are undoubtedly useful, but they must be used judiciously and with discrimination. A towel wrung out of cool water and applied to the chest, then covered with oil silk and flannel, is the best form of local application. Cold cloths or small ice bags to the head act not only as a sedative, but also reduce the temperature. A word about temperature. If the fever is mild, it should be left alone. Hyperpyrexia is best treated by cold sponging with diluted alcohol.—*Dr. L. Jacobi in Critic and Guide.*

Infant Feeding.—A careful study of the experience of all pediatricians will show that success has not followed rigid adherence to any rule of feeding, but along adaptation of the food to the state of the infant's digestion, the most radical changes in the character of the food sometimes giving good results. In these instances the food was inelastic in its character, and only a portion of the proper functional development was being produced. The radical change of food produced a development that was needed.

Normal maternal milk supplies the necessary quantities of fat, proteids, carbohydrates, etc., for proper structural development and maintenance of the vital processes, in forms that automatically adapt themselves so as to develop the digestive functions of the growing animal.

It is easy to make up a food that will contain the same quantities of fat, proteids, carbohydrates, etc., as maternal milk, but experience and study only will enable the infant feeder to do what nature does automatically—adapt the food to the conditions actually present and ensure proper functional development. Biology must be considered fully as much as chemistry in the study of artificial infant feeding.

Medical Record.

PERSONAL AND GENERAL ITEMS.

Professor Koch, the bacteriologist, has been elected to succeed the late Professor Virchow as member of the Berlin Academy of Science.

Dr. A. T. Lovering, 10A Park Square, Boston, will assist members of the profession or others in collecting, arranging or editing material for publication or presentation before societies. Papers written, proof sheets corrected, manuscripts typewritten and revised.

A homeopathic practice of $2,000 is open in Dighton, Mass., to any one who will buy present occupant's stable outfit. Collections, 97%. Living expenses guaranteed at once. Two factory surgeonships will be transferred to buyer. Information furnished by Dr. Frank C. Richardson, 685 Boylston Street, Boston, or address Lock Box 20, Dighton, Mass.

The following members of the profession constitute the board of physicians and surgeons for 1904 at the Burrage Hospital, Bumkin Island: Dr. George H. Earl, chairman; Dr. Helen S. Childs, Dr. Horace Packard, Dr. J. G. Brainard,

Dr. H. C. Clapp, Dr. John L. Coffin, Dr. N. H. Houghton, Dr. F. W. Colburn, Dr. J. N. Hinson, Dr. F. C. Richardson, Dr. William F. Wesselhoeft, Dr. F. B. Percy, Dr. William L. Jackson, Dr. Emma J. Peasley, Dr. G. H. Harding, Dr. Albert Soutter, Dr. C. S. Francis. Dr. Albert Briggs is resident physician.

Burrage Hospital is a free institution, open during the summer, and while it will receive children afflicted with almost any noncontagious disease, it was founded for the purpose of caring for cripples and deformed children. Application for admission cards should be made to the president, Albert C. Burrage, 85 Ames Building, Boston.

Dr. Nathaniel W. Emerson received friends at his new private hospital, 29 Morton Street, Forest Hills, from three to five on the afternoon of July 11, after which the house was open for the reception of patients. The building itself is remarkably well adapted for its present use. A large central hall is open to the roof, the rooms of the main house opening into it ; each has a fireplace. On the lower floor is a private office, large general office and receiving-room, dining-room for the house staff, and a large ward for ten beds. Opening from this is a fine sunroom. On the second floor are single rooms, two and three bedded rooms, bathrooms, and convenient and commodious hallways. Every room has the sun some portion of the day. The third story practically duplicates the second. On this floor are the operating and sterilizing rooms, with all necessary appliances for asepsis and the adequate management of surgical and obstetrical cases.

The hospital is open to all reputable physicians, who are invited to send their cases, and, if they desire, conduct them personally. Every facility will be offered to competently care for the most serious and critical cases. All possible effort will be made to keep the expenses as reasonable as is compatible with thorough efficiency in all departments. A separate building designed for the care of contagious diseases, which, it is understood, is to be opened in the near future, will supply an existing demand for the private care of such cases.

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ORIGINAL COMMUNICATIONS.

CORNEAL ULCERS.

BY J. MILLER HINSON, M. D., BOSTON, MASS.

In considering the subject of ulcer of the cornea we will notice briefly the structure of the cornea, and its relationship to contiguous portions of the eye. For all practical purposes the cornea may be considered as consisting of three layers: (1). A middle fibrous structure, the cornea proper. (2). The anterior elastic lamina with its epithelial covering. (3). The posterior elastic lamina with its endothelial lining. The anterior elastic lamina is clear, homogeneous, and without apparent structure. It offers especial resistance to any foreign body striking the corneal portion of the eye. If destroyed by inflammation it is never renewed.

The posterior elastic layer, with its endothelium, is known as Descemet's membrane. This layer is the last to yield to ulcerative processes. I have a number of times seen it protruding through the area of ulceration as a bright, shining hernia of this membrane. It has a considerably greater resistance to alkalies and acids, as well as to boiling water. It may be isolated by submitting the cornea to strong alkaline or acid solutions, which dissolve the other constituents while leaving the membrane of Descemet unaffected.

Peripherally the cornea is a continuation of the sclerotic.

The anterior surface is in direct contact with the air. Posterior to the cornea we have the anterior chamber, filled with the aqueous humor. This space is separated from the main chamber of the eye by the iris, and the lens in its capsule.

Corneal ulcers may be divided as to location into central and peripheral, and according as to tissues involved into superficial, deep, and perforating.

They may be the result of constitutional defects; extension of catarrhal processes from the nares and nasopharynx; refractive errors; direct interference with the nutrition of the cornea by cutting off blood supply; from general and local malnutrition as in the ulcers of aged people; from trauma; from infectious and wasting diseases, measles, scarlet fever, smallpox, typhoid, malaria and tuberculosis.

The most common form of ulceration is that occurring in children of so-called scrofulous or strumous diathesis. This variety begins as a vesicle known as a phlyctenule, which breaks down and forms an ulcer. It is sometimes possible to arrest the process in the vesicular stage, and avoid the threatened ulceration. In this class of cases we frequently find a nasal catarrh, with obstruction, and excoriation of external nares. Some of these patients have very little pain or annoyance while others, with no appreciable difference in the character of the ulceration, will suffer from most distressing photophobia and profuse lachrymation, with swelling and spasm of the lids. In these aggravated cases the child buries its face in a pillow, in its hands, in the mother's lap or any other convenient place. In some of these cases you will find a distinct leash of blood-vessels extending from the corneal edge to the ulcer; to this condition the term "fasiccular" has been applied. In endeavoring to arrive at a conclusion as to the cause of these ulcers you should never neglect to examine the nares, postnasal space and pharynx for enlarged tonsils, adenoids, enlarged turbinates, or any other obstructive abnormality.

An examination of the teeth is also in order. The condition of the lachrymal sac and ducts should be ascertained.

Another class of cases we will consider under the head of infected ulcers. They are generally of traumatic origin, resulting from an abrasion of the cornea which may be produced by a twig, finger nail, foreign substances as pieces of steel, emery, stone, wood or coal. Those occurring in butchers from splinters of bone are especially liable to septic infection, and are rapid in their course.

In a third group we may include those ulcers due to interference with the nutrition of the cornea, resulting from direct interference with the circulation, and those due to interference with the nutrition from remote causes as in the general malnutrition of old people, and in various systemic diseases.

Results of Corneal Ulcers.

1st and most frequent are corneal opacities or scars. These vary in density and extent in proportion to the size and depth of the ulcer.

2nd. Perforation of the cornea, with a washing of the iris into the wound where it becomes permanently fixed.

3rd. Sloughing of the entire cornea, with a loss of the contents of the eyeball.

4th. Staphyloma or bulging of the corneal tissues due to a thinning and weakening of the cornea at the seat of ulceration.

5th. Septic infection of entire eye, requiring enucleation or, if enucleation is not performed, followed by gradual shrinking of entire globe.

Treatment.—Medicinal, hygienic and dietetic, mechanical and surgical.

Remedies.—Pulsatilla 1 to 3x. Especially indicated in those cases in which there are one or more superficial ulcers. It is a negative remedy so to speak. There is an absence of symptoms. The general make-up of the patient and want of distinctive indications forming the basis of selection. It is

very frequently the remedy in ulcers resulting from measles and scarlet fever. A thick bland discharge agglutinating lids in morning, with amelioration in the open air are confirmatory symptoms.

Mercurius vivus 3x. In central or peripheral ulcerations. The ulcer is superficial, surrounded by a grayish area, and indolent in character. There is no very great redness of the conjunctiva, or vascularity of the cornea. Pain of a dull aching character may be present. Aggravation at night. If a case has been having pulsatilla without positive benefit. my next thought would be of mercurius vivus. It is a useful remedy in cleaning up the haziness and scarring after the ulcerative process. For this condition I have seen good results follow its use both alone and in combination with ung. hydrarg. flavus, locally.

Mercurius dulcis 3x is very similar to mercurius vivus. The patient possibly presents a more strenuous, wax-faced, flabby appearance. Enlargement of the lymphatics is an additional indication for mercury in some form.

Mercurius biniodatus 1 to 3x. When the congestion of the eye is more intense, with vascularity of the cornea. The palpebral conjunctiva is reddened, and lid thickened. The ulcer presents a grayish, unhealthy appearance.

Mercurius corrosivus 2x and 3x. Dirty, sluggish, deep ulcers. Excoriation of external canthus and surrounding skin surfaces. There is usually an associated excoriating, nasal discharge.

Mercury is frequently indicated in that form of ulcer known as hypopyon ulcer in which there is pus in the anterior chamber. In this condition compare rhus tox. 3x, and hepar sulph. 2 and 3x.

Rhus toxicodendron 3x. In ulceration when there is marked hyperemia of the ocular and palpebral conjunctiva; swelling and edema of the lids; a vascular condition of the cornea; pain; profuse lachrymation; photophobia, from a mild

to a most intense degree. Will frequently have pimples and pustules of the surrounding surfaces. In traumatic and septic ulcers with hypopyon.

Graphites 3x, is a frequently indicated and reliable remedy in strumous individuals; indications are conjunctival congestion; excoriation and crusting of lid edges; outer corners of eyelids raw, cracked, and bleed readily. Unhealthy condition of scalp and cracks behind ears or at angles of nares are additional indications. General unhealthy, scrawny appearance. Rhus tox. and graphites are complimentary in these strumous conditions.

Calcarea iodata 1 to 3x. Indicated in recurrent ulceration in scrofulous subjects. I mention this remedy to emphasize the fact that iodide of lime may succeed when iodide of potassium fails completely. In the particular case which I have in mind I was unable to decide between congenital syphilis or a scrofulous condition. I began treatment with kali iodidum with absolutely no improvement. Calc. iod. was then prescribed with most satisfactory results. Calc. phos. 3x is of value in ulcers occurring during dentition, and in cases complicated by adenoids.

Arsenicum iodatum 3x. Proved curative in its action in a case of suspected tubercular ulcer. The patient, a young married women, had pulmonary tuberculosis; the disease, however, was not sufficiently advanced to cause her any very great annoyance. Several remedies had been prescribed with no improvement. Led by the patient's general condition ars. iod. was prescribed, with prompt and permanent healing of the ulcer.

Arsenicum album 3x, proved equally efficacious in an indolent crescentic, peripheral ulcer in an old lady. The ulcer in this case had resisted for several weeks the usual local treatment combined with numerous internal remedies.

Hygienic and Dietetic Treatment.—In the ulcers occurring in children, which are by far the most common, attention should be directed to hygiene and diet. The child must *not* be kept

in a darkened room. The eye requires no protection unless there is photophobia. If this is present a suitable protection against direct light should be afforded, and the child forced, if necessary, to go out of doors. A daily sponge bath of lukewarm, or better, cold water followed by a brisk rubbing should be given. Some form of cod-liver oil is frequently beneficial. Tea, coffee, candy, pastry, pork, bananas, fried foods, etc., must be forbidden.

Mechanical and Surgical Treatment.—In the majority of cases of ulceration a frequent flushing of the eye with boiled or distilled water, with or without boracic acid, will be sufficient locally. If a more powerful antiseptic is required a solution of hydrarg. chlor. corrosivus may be used. For further cleansing and destruction of germs and pus we may make use of solutions of arg. nit., protargol, hydrogen dioxide, dilute or plain, or liquid oxygen.

To stimulate the tissues use pulv. acidi boracici, calomel, aristol or iodoform. If the ulcer is intractable and persists in extending it may be necessary to curette or cauterize. Cauterization may be done with carbolic acid or the actual cautery. If perforation is inevitable it is well to cut through the remaining tissue, or better to cauterize ulcer and perforate with the cautery point. In all severe cases of ulceration the affected eye, at least, should be bandaged. This is especially necessary after surgical interference. As a rule atropine should be used in all cases except in very mild superficial ulcers. Atropine should not be used in aged persons except with greatest caution. It should not be used except by an expert oculist where there is a tendency to increased tension.

Eserine should be substituted for atropine in peripheral ulcers when perforation seems imminent. Hot or cold application, more especially the hot, are frequently of value.

In conclusion I wish to refer briefly to the ulceration of ophthalmia neonatorum. While Crede's method has been and is of great value as a prophylactic there is attached to it

an element of danger. I have found that physicians are apt to place too much reliance on this treatment. They feel that if they are using frequent irrigations of arg. nitr. one or two per cent they are doing about all that can be done. It is my conviction that every case of ophthalmia neonatorum should be under the care of a skilled specialist, and that the latter should see the case *in person,* not depending upon reports of the case. Any one who is familiar with this trouble knows how difficult it is to detect the very first indication of beginning ulceration, and will understand and appreciate why I wish to emphasize this point.

ON CREMATION.

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

The notice contained in the *Advertiser* of Aug. 20, 1903, regarding the radical suggestion of Pres. Frank Eurich of the Association of American Cemetery Superintendents "that monuments in cemeteries are many times out of place" coincides with what was urged by me when speaking on the subject of cremation on Jan. 28, 1896, before a society formed for this purpose.

At that time cremation was discussed in general terms with regard to its advantages and disadvantages. Many the former hygienic considerations were most prominently urged. Forty years ago our cemeteries such as Forest Hills, Mount Auburn, Mount Hope and others were far enough away from inhabited portions of land; now it is no longer so because very dense population crowds very closely upon these cemeteries which, occupying elevated ground, necessarily shed their ground water toward the lower lying settlements.

The increasing population also increases the number of burials in those cemeteries, and although no deleterious

consequences can be demonstrated, the proximity of graves to wells and cesspools is not a matter to be lightly thought of.

Besides these reflections certain objections to the more general adoption of cremation forced themselves to the front, the removal of which would certainly contribute to the more general employment of that process of disposing of the dead.

Among these objections—perhaps the most obtrusive one—is the problem as to the disposal of the ashes and as to their preservation as a monument to the departed. In the absence of expensive receptacles or columbaria, the ashes were in many instances returned to the relatives, and thus continued to be a sad reminder of the departed in the household.

The clinging to the body or its ashes, though a custom of ages long, long past, when hopes were entertained of its resurrection, can hardly be thought of as a source of comfort in our day when a deeper and more religiously poetic sentiment has supplanted the grosser idea of materialization of bygone ages.

Why, then, preserve them?

It would seem to many a far more restful thought to see the ashes of the departed actually returned and mingled with the earth, that the resurrection of that which is immortal may give birth to new life as embodied in the fragrance and color of flowers to beautify the last resting-place.

To think of such places as cheerful gardens adorned by the color and fragrance born of that which was dearest to those who mourn! Would it not better harmonize with our sentiments than the contemplation of incongruous monuments of stone?

The wealthy build them high, the indigent low; but each without the least regard to harmony with their environment, ever reducing a cemetery to a conglomeration of heterogeneous tastes and fancies. Are these monuments after all? A few years will see them crumble or removed far from the spot they were intended forever to commemorate.

A bed of flowers kept and tended by an ever-watchful community after generations of friends have departed, will be a more enduring monument than stone. Let the cemetery, then, be a garden of beauty and of repose, replete with comfort and hope, such as only the bounty of nature can afford.

If, nevertheless, it is to contain monuments, let these be harmonious works of the highest art.

With gardens for resting-places, though blooming from the dust of the departed, there still remains a desire for something more permanent to tell us of those who have gone before.

The babe of an hour as well as the centenarian has a claim to be recorded as having lived and to be remembered by future generations. It was this that the ancients endeavored to accomplish thousands of years ago, by the employment of wonderful art and skill by which, however, only the mouldering remains have been preserved, at length to be scattered as dust by the winds.

Present monuments are not permanent records. The urn preserved in a columbarium is a better substitute, but this will soon require greater space and more durable material for its construction. The time will come when the esthetic sensibilities of the community will turn from the urn as a record and as a receptacle of charred human remains, and seek refuge in a garden whose blooming and fragrant tenants comfort the mourner by nature's metamorphosis, and will be to him emblematic of spiritual progress.

But what of the permanent record? Urns and columbaria as at present constructed and preserved, are perishable. A more enduring monument or record is to be found in the bronze tablet to commemorate the dead. It requires no more space than the reference card of a library, and can be stored and preserved in the same way.

It is not the body or its ashes that is to serve as a monument or record; but the name, age, sex and date of birth and death, together with such other information as friends may desire

to preserve for future generations. Such a record stamped, engraved or cast upon a bronze tablet would outlast all present monuments, and if preserved in modern archives would constitute a source of reference which will not disappoint searchers for historical information hundreds, perhaps thousands of years hence, when present tombstones and monuments will have crumbled and fallen to the ground.

PLEURISY.

BY GEORGE L. VAN DEURSEN, M. D., LOWELL, MASS.

[Read before the Massachusetts Homeopathic Medical Society.]

The subject may seem somewhat trite, but when we consider the frequency with which we encounter the various forms of the affection and the serious complications accompanying them, there is abundant reason for our selection.

Inflammation of the pleura has been studied since the earliest days of medicine, but there are still differences of opinion as to cause and method of treatment.

Cold has always been considered one of the principal causes of pleurisy, and it no doubt has a large place in producing the primary congestion which renders other causes active; but the present trend of investigation allows the ever-present germ a more and more prominent position in its etiology.

The relation of pleurisy to tuberculosis, as shown by many sets of carefully compiled statistics, is an interesting one. Some observers go so far as to consider all primary acute pleurisies as of tubercular origin.

Whether this is so remains to be proven, but it has been demonstrated beyond question that a very large percentage of cases which have had pleurisy subsequently die of phthisis or other tubercular disease.

Dr. Barrs, the well-known English authority, carefully

traced the history of more than one hundred cases of pleurisy with effusion, which were not secondary to pneumonia or other known condition. About forty of these were cases of empyema and seventy-four, serofibrinous.

At the end of five years thirty-two of the seventy-four were dead, fourteen having died of phthisis and seven of other tubercular affections.

C. H. Bunting, M.D. in *Johns Hopkins Hospital Bulletin* for December, 1903, reports having studied a series of twenty-three cases of serofibrinous pleurisy cytologically, and reaches the following conclusions: "That all idiopathic pleurisies are tubercular can only be shown by a large series of animal inoculations. This study has shown, however, that they have an exudate remarkably uniform in cellular content and general characters, which may be assumed to indicate a uniformity in the nature and etiology of the process. This uniform cellular formula, the work of others seems to indicate, is the formula of tubercular pleurisy." He divides the series into two general groups, and styles them "insidious pleurisy" or "acute." The cellular formula shows no distinction between these two groups, cases from both groups following the general formula as given. "But a single case of the series has come to autopsy, a colored man who had a left-sided pleurisy with effusion in 1900 and a right-sided effusion the fall of 1901, without tubercle bacilli being demonstrated in the sputum at either admission and without intrapulmonary signs. At the post-mortem in November, 1902, almost complete obliteration of both pleural cavities was found, and marked tuberculous involvement of the lungs."

In studying the pathological conditions present during or after a case of acute pleurisy, we may find some reasons for the rapid development of the tubercular processes even though these lesions may not have been the causative factors in the case.

The pleuræ are simple serous membranes with functions similar to the same tissues found in any part of the body.

The intimate attachment of their visceral layers to the lungs renders them specially liable to involvement in the numerous congestions and infections attending those organs.

In cases due simply to cold, accompanying a peripheral pneumonia, or during the course of the majority of cases of tuberculosis of the lungs, we have localized areas of dry, or simple, fibrinous pleurisy.

In these cases we have the primary congestion and injection of the membrane, following which the smooth shining surface becomes dull and roughened, and covered with a grayish coating of fibrin and epithelial cells.

There is usually little secretion of serum in this form, but the sticky exudate leads to the formation of adhesions, more or less intimate, between the opposing layers of the pleura, which lessen the free movement of the lungs.

In acute general pleurisy, which is usually due to infection by the pneumococcus, streptococcus, or the tubercle bacillus, we find a somewhat different picture, the process being more general and inflammation of a higher grade.

The exudate is serofibrinous, the fibrinous portion being deposited layer upon layer, causing extreme thickening of the membranes, and as the excess of serum accumulates it results in compression and collapse of adjacent lung tissue, and the displacement of all neighboring organs.

If the liquid portion of the exudate undergoes absorption, the remainder becomes more or less organized, forming intimate adhesions between pleural surfaces and resulting in distortion of the lung or even complete obliteration of the pleural space. Where there is extreme thickening of these organized masses we have decreased vascularity, less power of absorption, and as this newly formed connective tissue contracts, the lung is held prisoner and prevented from ever regaining its normal expansion. What better field for operation could the t. b. ask for?

The exudate may however be more serous than fibrinous,

in which case we may have a less degree of thickening of the pleura, but greater compression and displacement. The dyspnea and other resultant symptoms will depend not only upon the extent of the effusion, but also on its rapidity of accumulation. In some insidious cases there may be slight acute symptoms in the very beginning, but not enough to cause serious inconvenience, and the patient keep about until the exudate has reached such proportions as to seriously embarrass respiration. In others the condition may be so acute from the onset as to put the patient in bed at once.

The fever may run a course closely resembling typhoid fever, and may require the Widal test to differentiate.

Professor Dieulafoy has called attention to a form of pleurisy which he calls appendicular pleurisy. The infection, carried by the lymphatics, invades the peritoneum, passes through the right hypochondrium and reaches the right pleural cavity. It usually appears from the eighth to fourteenth day after the beginning of the attack of appendicitis.

The effusion is usually extensive and putrid in character, not truly purulent but dirty, serous, turbid, grayish and fetid, and requires operation as in all cases of empyema.

The ordinary serofibrinous case may become purulent or be so from the beginning, depending on the character of the infection, in which case the treatment is strictly surgical, as in any collection of pus, but the subject of empyema is a large one and takes us beyond the scope of the present paper.

Regarding the treatment of pleurisy, you are all familiar with the usual line of remedies. In a simple dry pleurisy, acon. or fer. phos. followed by bry., squilla or asclepias. In the serofibrinous cases the same remedies may be indicated in the early stages and may check the process at this point, but with the advent of free effusion we shall need to turn to such remedies as apis, cantharis, iodine, rhus, ars., or sulph.

Our French confrères seem to have an especial regard for cantharis, reporting many successful recoveries under its administration.

In one case noted, merc. sulph. was given, after the failure of iod. and bry., with the result of reducing the effusion one half in eight days.

But what of the large number of cases which fail to yield to the carefully selected and seemingly indicated remedy? Those cases that go on for weeks with a more or less active inflammatory process, or the milder subacute case with chest half filled with fluid which will not absorb.

We have seen that in these cases nature's power of absorbtion seems to lessen as the days go by, and in the inflammatory type the increase of fluid and of fibrinous deposit increase the immediate danger to life, and lessen the probability of ultimate recovery even if life is spared.

The only satisfactory treatment for these cases is aspiration, and let the indicated remedy do its work later in restoring injured tissues so far as possible.

There has been much discussion as to the proper time for such interference, and the dangers of the operation have been greatly magnified.

Of course it should not be attempted unless it can be carried out under the same strict aseptic conditions that should surround any surgical proceeding. Hands, instruments and the field of operation should all be thoroughly sterile, for an infected pleura with resulting empyema is not a desirable sequel. But such result is rare with reasonable care.

The most favorable site for puncture is the sixth or seventh interspace in the midaxillary line. A little cocaine solution may be injected, or the surface chilled with ice or ethyl chloride, and a slight incision made through the skin, or the needle may be passed directly.

The fluid should not be drawn too rapidly, nor too large an amount at one time. Where there is a large accumulation it is better not to draw more than one quart, and many times the relief thus obtained will give nature just the aid she needs, and the remainder may be absorbed without further inter-

ference. If not it is a comparatively simple matter to repeat the process in a few days.

Granting the safety of the operation and the great benefit derived, how long shall we wait before resorting to it?

Not many years ago it was left as one of the last resorts, and was not ordinarily attempted until after weeks of waiting, seeking the similimum, or, in case of our allopathic brethren, attempting to remove the fluid by the aid of jalap, elaterium or the salines.

Of late the idea of early aspiration has rapidly grown in favor—not alone for the removal of the fluid and the relief of the dyspnea, but also for its direct curative effect on the pleurisy.

Dr. Francis Delafield, in an article in the *American Journal of the Medical Sciences*, a few months ago, cited a number of cases treated by various methods, and after full investigation of results favors the treatment by aspiration alone. And as this is the treatment for the pleurisy itself it is to be performed as soon as the presence of fluid is determined.

In more than half the cases which Dr. Delafield reported the effusion had been present from ten to thirty days. In all the cases the pleurisy was an active inflammation up to the time of aspiration, and had been apparently uninfluenced by medicine or nature.

The length of time from aspiration to the entire cure of the patient in each case was as follows:

Within one week	64 cases
Within two weeks	138 cases
Within three weeks	158 cases
Within four weeks	169 cases
Within six weeks	179 cases

In some cases the aspiration was repeated a second time, and in a very few even a third or fourth, but in favorable cases within twenty-four hours after aspiration there was no more fluid and no pleurisy.

He concludes that "under early aspiration many cases will be well within one week and the majority will not last longer than two weeks."

This prompt relief means much to the patient besides the saving in time and suffering. The danger of sudden death in cases of large effusion is too well known to need comment, and serious orthopnea may be induced by a comparatively small amount of fluid. These dangers are lessened, if not entirely removed, by early thoracentesis.

We have seen that when the two pleural surfaces are kept apart there is greater tendency toward the deposit of fibrin. By early aspiration the surfaces are brought in contact, and the normal friction tends to lessen this deposit and interferes with its becoming organized, so saving much of the crippling of the lung which would otherwise be inevitable.

And lastly—the sooner the lungs and heart are relieved from abnormal pressure the sooner they can regain their normal positions and condition.

Unused lung is the favorite habitat of the omnipresent tubercle bacillus; the lazy apex, where he can be soothed by the gentlest of respiratory zephyrs, is much more to his liking than the active lung, where cyclonic waves of fresh air are sweeping in and out, interfering materially with his domestic arrangements. A lung bound down by adhesions or covered with a dense, leathery, contracting membrane is in more danger from this deadly germ than is the voluntarily inactive apex. The latter gets the benefit of an occasional good deep breath, but the former has to quietly submit to invasion and destruction, deprived of one of its greatest means of self-defense.

So let us give our pleuritic patients the benefit of what seems to have been well proven to be the safest, speediest, and most efficient treatment for this condition.

Give your remedies at the earliest possible moment and prevent the effusion if it can be done; give them later to

assist nature in restoring normal conditions, but when the effusion is present do not waste valuable time but aspirate, and I am convinced the results will justify the proceeding.

TRAUMA OF THE EYE.

BY DAVID W. WELLS, M. D., BOSTON, MASS.

[Cases presented before the Boston Homeopathic Medical Society.]

Case I. This gentleman's right eye was ruptured by a stick of wood twelve years ago; the cornea transformed into a white, unsightly scar, the iris being entangled in the wound. The inflammation subsided, and the eye remained quiescent until last September when it suddenly became inflamed and very painful. Notwithstanding most energetic treatment pus appeared in the anterior chamber, and it became necessary to sacrifice the eye, which was practically sightless, to guard against sympathetic involvement of the other eye. The operation was done last October. Instead of the ordinary enucleation, the eye was eviscerated, that is, after amputating the cornea, the contents of the sclera: vitreous, retina, and choroid were thoroughly removed. The cavity was flushed with bichloride, and after all bleeding had ceased a glass sphere was inserted in the cavity, and the sclera closed over this with six very fine, permanent, white silk sutures in a vertical line. Great care was taken to perfectly coaptate the edges, and to avoid bruising the tissue. Then the conjunctiva was brought together in a horizontal line with temporary sutures, both eyes bandaged and the patient put to bed. Ice-bag used continuously for three days. There was no reaction, the healing being perfect. The conjunctival sutures were removed on the fifth day. The advantages of this operation are a globular stump with all the muscles which turn the eye intact, so that the stump moves nearly as well as the other eye, and the excursions of the glass eye which is fitted over

this stump show but little limitation. This operation is not in general favor because the glass ball has sometimes sloughed out, which is liable to occur if absorbable sutures are used in the sclera. Last June I exhibited a case to our O. O. & L. Society which had remained sound for three years, and Dr. Bissell of Rochester, to whom I am indebted for the technic, claims universal success in a large number of cases.

Case II. In January this man was using a pick on frozen ground when something flew in the eye, cutting the sclera near the corneal margin. I saw the case three days afterward. The wound had healed, a good mydriases had been obtained with atropine. There was no pain and the fundus was normal but vision considerably reduced. This seemed to be due to some opaque striæ in the lens. Dr. Loring made a skiagraph which showed a foreign substance about one-quarter inch behind the cornea. Two days afterward a severe irido-cyclitis set in, sticking the iris to the capsule notwithstanding the atropine. Under local anesthesia, the Johnson electro-magnet was brought up to the eye in line with the wound, and before it came in contact, the eye seemed to jump to the cornea. The current was turned off and examination showed a metallic body protruding from the sclera. Traction with forceps failing, the magnet was again applied and this piece of steel was drawn out. It is 2 x 3 x 5 mm. The iris was torn at its periphery for about 4 mm., and there was considerable bleeding. The patient was put to bed at the Newton Hospital, atropine and ice used. There was no after-pain; uneventful recovery. The lens is now clear except some spots of iritic pigment adhering to capsule, and vision is .I. Evidently the appearance of striæ in the lens was due to the aberration of the steel lying close to the posterior capsule. Its size would necessitate its having been in the vitreous chamber. The statistics of such cases do not show a majority of successes.

EDITORIALLY SPEAKING.

Contributions of original articles, typewritten if possible, society reports, news items, etc., should be sent to the editor, A. Temple Lovering, M.D., 10A Park Square, Boston. Articles accepted with the understanding that they appear only in the GAZETTE. News items and reports must be sent in by the tenth of the month. Books for review, journals, subscriptions and advertising matter should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

PROBABLE AND UNEMPHASIZED MEDIA OF CONTAGION.

There are few of us who, however much absorbed in our work in the winter or by it kept at home, do not obtain some change of scene and interests during a portion, at least, of the summer. We ignore to a large extent our professional status, and rejoice to become unremarked units of the traveling public. And yet habit is strong with us as with men of all classes, and consciously or unconsciously our brains cannot fail to register many things which have bearing upon our professional relations with the world about us.

Our own almost unwilling note-taking was begun on the threshold of our departure from town through the flattering agency of the expressman who, after pocketing sufficient coin of the republic for the transfer of our luggage, confidentially rehearsed the story of "a spreadin' sore on one of my wives' (or was it wife's?) legs, which there ain't nuthin' seems to help."

Our principles were all in favor of sternly referring this not exceptional individual to his family physician, but what is one to do when one has to make a certain train, and the arbiter of one's destiny stands before one? Suffice it to say we departed on time, but are reasonably certain that the "sore" is still "spreadin'," despite our honest if inadequate recommendations.

Six or seven hours or much less time spent traveling by rail in hot weather fully justifies the selection of our topic. Clean people, dirty people perpetually parade up and down the aisle to the water tank, with its single tumbler. In less than five minutes we observed a Chinaman, a Jew and a

darky satisfying their thirst, while grimy-handed children waited their turn. But all this was secondary to the fact that users of the toilets, men and women alike, almost invariably afterwards stopped at the water cooler. It is not merely a question, therefore, of the transmission of disease by the mouth alone, but also by the hands. Again it is quite reasonable to suppose that among the thousands daily using the closets on the trains many are diseased, and capable of transmitting the disease. The "walking typhoid" is familiar to us all. His dejecta passing to the roadbed exposes not only subsequent users of the unflushed hopper to contagion, but also dwellers along the road or future travelers who may receive the germs through contaminated water, while typhoid and other germs are also returned to them in the dust of the dried excreta, which the rapidly moving train drives forcibly in through open windows, doors and ventilators.

Is the day ever coming, we may well ask with a sense of despair, when the abomination of noncleansable upholstery of car seats will be done away with? This subject has been agitated, but so ineffectually that the newest cars on most lines still perpetuate this menace to health.

The filthy emigrant or native born rubs his dirt into every seat he occupies, and the boots of all travelers alike deposit detritus which often finds lodgment on clinging plush or similar coverings. A strong protest should be entered against the employment of material that cannot be easily and quickly washed with a disinfecting fluid. This protest should apply equally to the upholstering of street-car seats. In Boston, for instance, our North and West ends furnish a traveling public often unspeakably dirty, while certain lesser Bostons furnish an equally menacing quota.

Shut these people up, and pack them in tightly without regard for decency even, and without any ventilation as is frequently done in box cars during the winter and spring, and what better culture ground for contagion could be provided?

Yet nothing is done, and the street cars on many lines in Boston, with their dirty, greasy cushions, unswept floors, and inadequate ventilation go unchallenged year after year.

In the majority of restaurants in midsummer there is a marked superfluity of flies even in the judgment of those sufficiently resigned to the annoyance to disregard the presence of a half dozen more or less. These flies may and frequently do infect food; they may be carriers of cholera, tuberculosis, and typhoid fever, and it is the common fly, the musca domestica, which has been shown to be the transmitter of such contagion.

There should be an ordinance in every town and city requiring the protection of food from flies in all lunchrooms and restaurants, as well as in other places where edibles are exposed for sale.

Another probable source of contagion is the handling of bread, pastry, etc., over counters or by drivers of bakers' carts, the latter especially. One has only to observe the condition of the hands of most of these men, and to reflect upon the variety of objects they handle in the course of the day to obtain some extremely unpleasant impressions.

We are told that in certain continental cities loaves of bread are "jacketed" in paper coverings before being sent out from the bakeries. All cooked food should be thus protected from contamination, and delivery wagons and baskets should be frequently and thoroughly cleansed.

The *London Lancet* has recently reported that fruit picking in England is done by a class of workers unclean in their persons and habits. We do not know how this may be here, but we do know that much of the fruit sold on our streets, as well as vegetables, receives a most intimate handling by sellers of doubtful cleanliness, and that such goods often lie exposed to the dust of the streets for many hours before being purchased.

There is one other at least possible source of contagion to which we wish to call attention, the outgrowth of a philanthropic endeavor to benefit primarily the children of the poor.

We refer to sand gardens, and especially to those along the Boylston Street side of the Public Garden, Boston. Here all day long very dirty and quite clean children play happily together and possibly without any injury. Yet admitting the purifying influence of sun and air we do not believe it desirable that the same sand should be used week in and week out by children whether sick or well, clean or dirty in person and clothes, especially as they fairly wallow in the shallow troughs provided. Very little sun reaches the sand used, as naturally a shady spot has been selected.

The principle of establishing sand gardens is wholly laudable, but their should be some supervision exercised over those who use them, and fresh sand should be frequently supplied.

There is nothing unimportant or trivial in the domain of sanitary science. It does not come within our province, perhaps, to conduct experiments which shall evoke the admiration of the scientific world or win for us fame or honors; but if, actively performing our duties as specially enlightened citizens, we obtain for our neighbors even railway cars that are cleaned and can be kept clean; food that reaches the consumer in a pure and wholesome form, not merely because free from adulterations, but also from contamination acquired in transit; medical supervision of groups of children at play as well as at school; inspection of playgrounds as well as of schoolrooms, or any other single good that shall prevent illness or save a life, no titles or other public recognition can make us more truly benefactors than in our heart of hearts we may rightly know ourselves to be.

Work such as this knows no school; no therapeutic doctrines, jealousies or rivalries; excites no acrimonious discussion as to verbal union or amalgamation, but proceeds along a common highway ever growing broader, and ever leading onward to the betterment of all peoples. A. T. L.

SOCIETY REPORTS.

WORCESTER COUNTY HOMEOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homeopathic Medical Society was held on Wednesday, Aug. 10, 1904, at Hotel Overlook, Charlton, Mass. Dinner was served at 1.30 P.M., after which the following papers were read:

I. Examination of Children's Eyes, Because of Eye Strain with Normal Vision. By Dr. A. E. Cross, Worcester.

II. What We Learn from the Inspection of a Patient. By Dr. G. F. Spencer of Ware.

III. Report of a Case. By Dr. Ida J. Brooks of Westboro.

IV. Mechanical Pressure in Cases of Proud Flesh. By Dr. John P. Rand of Monson.

V. Report of the 1904 Meeting of the American Institute of Homeopathy. By Dr. E. A. Murdock of Spencer.

EDWIN ROY LEIB,
Secretary.

THE CASE FOR HOMEOPATHY.—One clear instance of cure, planned, like Hahnemann's prescription for cholera, on an inductive basis, and obtained by a deductive method is worth more for logical proof than a whole series of indirect or speculative exercitations. The most cogent and irrefragable proof that can be offered for homeopathy lies in its body of facts, unified by a natural law, in the precision with which in uncomplicated cases means can be chosen and issues assured, in the practical reslts of restored health and lessened mortality bills; in a word, in the actual demonstrable facts which the sick room, the hospital ward, the lunatic asylum furnish in profusion.

Presidential Address, British Homeopathic Congress, 1904.

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

A SYSTEM OF PRACTICAL SURGERY. By Prof. E. Von Bergmann, M.D., Prof. P. Von Bruns, M.D., and Prof. J. Von Mikulicz, M.D. Vol. IV, SURGERY OF THE ALIMENTARY TRACT. Edited by William T. Bull, M.D. Illus. New York and Philadelphia: Lea Brothers & Co. 1904. Price, cloth, $6.00; leather, $7.00; half morocco, $8.50 *net.*

The contents of this volume include: Malformation, Injuries and Diseases of the Esophagus; Injuries and Diseases of the Abdominal Wall; Injuries and Diseases of the Peritoneum—Laparotomy; Malformations, Injuries, and Diseases of the Stomach and Intestines; Hernia; Injuries and Diseases of the Liver and Biliary Passages; of the Spleen; of the Pancreas.

These are all subjects of absorbing interest to every surgeon, and are here presented in an intensely practical and comprehensive form.

Passing by the opening section, two fine plates of the topographical anatomy of the abdominal viscera will attract attention. The pages on inflammation of the peritoneum will be read with interest. The conservative and cautious expression of opinion on the subject of immediate operation in appendicitis may occasion some surprise. The administration of opium in suspected cases of appendicitis should, we think, be reprobated rather than recommended. We are pleased to see the emphasis laid upon regarding even the simplest laparotomy as an operation of great importance, to be prepared for accordingly. Throughout the volume the subject of diagnosis is treated at length, and differential diagnosis with particular helpfulness, *e.g.*, in abdominal tumors.

A very ably written section is that on operations upon the stomach and intestines; here the technic is entered into minutely, and illustrations freely used in connection with the text. The above section and the following one on hernia constitute an

admirable study of the subjects discussed. Under surgery of the biliary passages there is a complete table of symptoms present in typical cases of cholelithiasis, which should aid considerably in diagnosing the different forms of this sometimes baffling disease.

With the publication of a fifth volume this contribution to modern surgery will be completed. It has been ably edited so far by our eminent compatriot, Professor Bull of Columbia, and represents the work and pronouncements of the best surgeons in Germany. There are a large number of engravings and full-page plates in colors and monochrome.

Radiotherapy and Phototherapy, including Radium and High-frequency Currents, Their Medical and Surgical Applications in Diagnosis and Treatment. By Charles Warrenne Allen, M.D., professor of dermatology in the New York Post-Graduate Medical School, etc. Illus. New York and Philadelphia: Lea Brothers & Co. 1904. pp. 618. Price, cloth, $4.50.

A timely, sensible, and extremely readable volume is this contribution of Dr. Allen's to the knowledge of light in therapeutics. The seven principal divisions indicate its scope: I. General Considerations upon Radiology. The History and Nature of the X-Ray and the Methods of Its Production [and Application]. II. Diagnosis. III. Radiotherapy. IV. Light. V. Actinotherapy. VI. Radioactivity. VII. High-frequency Currents.

The wise omissions the reader will notice include elementary electrophysics and lengthy explanation of the technical side of radiography. This work is distinctively a book of practice, with brief summaries of the history of the various forms of light now used and the method of their production; detailed, but readily comprehended descriptions of various apparatus and their application. It is unnecessary to enumerate the diseases of which Dr. Allen treats. They are well known, and errors in connection with radiotherapy have made the great value of such a modern treatise as this to lie chiefly in the elimination of wrong deductions; the substitution of verifications; the instruc-

tion concerning technic which a man of wide experience can offer, together with the latest decisions on dosage and the intelligent selection of cases.

Utility and exactitude have been the aim of the author, so that the reader may be enabled to give prompt and permanent benefit to his patients. Although much space is given to the X-ray there is an especially good chapter on the use of the comparatively little understood high-frequency currents. It contains the gist of all that has been demonstrated on this subject. All radioactive substances are discussed.

The numerous cautionary directions given by the author will be helpful, and save many undesired results. The illustrations of the author's cases prepared from photographs are very good, and the large, clear, new type in which the book is set does credit to the publishers.

Normal Histology. By Edward K. Dunham, Ph.B., M.D., professor of general pathology, bacteriology, and hygiene in the University and Bellevue Hospital Medical College, New York. Third edition, revised and enlarged. Illus. New York and Philadelphia: Lea Brothers & Co. 1904. pp. 334. Price, cloth, $2.75 *net.*

Preëminently a text-book, and widely endorsed as such, "Dunham's Histology" has deservedly passed to a third edition. It is not a bulky book, but it contains all the essentials. It provides the teacher with subject-matter upon which he can enlarge as he sees fit, and it directs the minds of students to the logical sequence of developmental processes from the cell to tissues and organic structures, from lesser to greater activities, and the mutual dependence of function and structure upon each other.

By the simple telling of facts made still plainer by the free use of engravings, students are taught the very knowledge which is so necessary as a link between anatomy and physiology, and later on so essential to the recognition of pathological changes in the body.

A valuable new section on histological technic, embracing the care and use of the microscope and microscopical technic, will

be appreciated; also the complete index, and the modest price asked for this helpful manual.

The Gazette Pocket Speller and Definer, English and Medical. Second edition. New York: The Gazette Publishing Company. 1904. pp. 216.

It is surprising how many commonly used words have been included in such small compass. It is a convenience to have the combination of ordinary English words with a section devoted to medical terms. By the clever device of printing the final *e* in light-faced type in verbs where it should be dropped when the suffix *ed* or *ing* is added, correct orthography is made easier. The pronunciation of all medical terms is indicated, and the old-fashioned, cumbrous diphthong is properly omitted in such words as esophagus, gynecology, hemorrhage, and the like.

The Outlook. A weekly newspaper and illustrated magazine. New York: The Outlook Company. Price, $3.00 a year in advance; 10 cents per number.

Receiving recently the August magazine number of *The Outlook*, we were rejoiced to find that it actually contained no article on the negro. That subject is undoubtedly of great importance, but it has been written on *ad nauseam* lately, and we may well crave a change in our literary diet. *The Outlook* as a magazine and news provider is fully as satisfactory as ever. Stewart White's papers on out-of-door life in the mountains are fascinating. A recent appreciation of President Eliot of Harvard showed great insight, and sympathetic comprehension of that great man's personality. The September magazine number will contain an article from George Kennan on the Japanese Red Cross. Another series of articles by Dr. Edward Everett Hale will shortly be begun.

Lippincott's Monthly Magazine. Philadelphia: J. B. Lippincott Company. Price, $2.50 a year; 25 cents a copy.

Lippincott's for September contains one of Francis Wharton's characteristic novels-in-brief entitled "The Deep Waters of the

Proud," a tale of gayer New York. Of course it is a love story. The short stories, of which there are a half dozen or more, offer an agreeable variety, and are clean, bright and entertaining. Another one of Maud Howe's delightful sketches of Italian life will be found in this number. There are several pages of jokes, anecdotes and verses well calculated to dethrone dull care.

THE PRINCIPLES AND PRACTICE OF GYNECOLOGY. By E. C. Dudley, A.M., M.D., president of the American Gynecological Society, etc. Fourth edition, revised. Illus. Philadelphia and New York: Lea Bros. & Co. 1904. pp. 771. Price, cloth, $5.00; leather, $6.00; half morocco, $6.50 *net.*

Sweeping changes in text and illustrations have brought the fourth edition of this acceptable work to a high degree of excellence. The most obvious changes at first sight are the elimination of cuts of instruments and illustrations borrowed from other books, and the introduction of three hundred new and fine reproductions of drawings specially made for this work. Again, all minor and major manipulations and operations have been illustrated so as to demonstrate each step of each procedure; for instance, twelve drawings picture the successive stages of a hysteromyomectomy, and thirty-two explain perineal lacerations and the steps of perineorrhaphy.

The handsome full-page plates, eighteen in all, will attract immediate attention and approval.

It is evident that this book is written by an expert and a scholar. The English is good, and the phraseology clear and direct. The grouping of subjects in their pathological and etiological sequence is advantageous to the student, and convenient for the practitioner. The work is intended for both classes and is well adapted to the needs of each. It is particularly strong in diagnosis and surgical treatment. The consideration of differential diagnosis is specially satisfactory. A large number of the most important sections have been entirely rewritten, noticeably those on general diagnosis, local treatment, major operations, drainage, ureteritis, cystitis, ovarian tumors, and the treatment of salpingitis, ovaritis, and pelvic peritonitis.

THE SPECIALIST.

HYGIENE AND SANITARY SCIENCE.

NAUHEIM TREATMENT OF CARDIAC DISEASE.—The Schott method of treating cardiac disease is certainly a magnificent addition to modern therapeutic measures. It is essentially a method of restoring compensation. It acts, probably, through reflex influence from the skin to the heart, and at the same time relaxes the peripheral circulation and creates a tonic effect upon the heart.—*The Medical Times.*

SEA CLIMATE: WHEN INDICATED.—Sea climate is indicated when the vital processes are sluggish, but is distinctly contra-indicated when there is excessively active metabolism. This excludes subjects with pulmonary tuberculosis, as they are usually in the latter category. The stimulation of the sea air is particularly beneficial for anemic subjects with sluggish vital processes; for lymphatic, scrofulous, and certain neurasthenic subjects with enfeebled nutrition.

The Monthly Cyclopedia.

HAY FEVER.—In giving directions to our hay-fever patients concerning their diet, mode of life, etc., it will be well to instruct them to avoid walking too fast and getting overheated, especially if the weather be warm and damp or foggy, as under these circumstances asthmatic symptoms are apt to be aggravated. They should also be cautioned against cooling off too quickly, or exposing themselves to draughts.—*Medical Record.*

HOW TO KILL A BABY WITH PNEUMONIA.—Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing). Room at 80° F. Many gas jets burning. Friends in the room, also the pug dog. Chest tightly enveloped in waistcoat poultice. If child's temperature is 105° F. make a poultice thick, hot and tight. Blanket the windows, shut the doors. If these do not do it, give coal-tar antipyretics and wait.—*Exchange.*

Never Eat unless Hungry.—Wait for an appetite if it takes a week. Fasting is one of the saving graces. It has a spiritual significance only through its great physical and physiologic importance. If breakfast is a bore or lunch a matter of indifference cut one or both of them out. Wait for distinct and unmistakable hunger—and then eat slowly. If you do this you need ask few questions as to the propriety and digestibility of what you eat, and it need not be predigested.—*Dietetic and Hygienic Gazette.*

Dyed Foods.—The colorings used in giving food products what the manufacturers call natural colors are all coal-tar dyes. Yellow butter contains such coloring matter, and sauces—especially catsups—invariably contain them. The cherries used in making cocktails are often an artificial product. The natural cherry is first bleached, soaked in brine until all the substance, except the skin and the cells of the tissue, is destroyed. They are then filled with glucose, made with sulphuric acid, containing some arsenic, and coloring matter made from coal-tar.—*Dr. H. W. Wiley, Chief of the Bureau of Chemistry, Washington, D. C.*

Oats Cure for Diabetes.—Two and one-half parts of oatmeal are boiled for a considerable length of time in water with the addition of a little salt. While boiling three parts of butter are added and one part of vegetable albumin, roborat or rice albumin being commonly used. Instead of vegetable albumin, beaten white of egg may be used but must, of course, be added after the mixture has cooled. The soup thus prepared is to be given every two hours. Brandy, wine, or a little black coffee is also allowed.

This treatment is only for severe cases. Mild cases without diacetic acid in the urine do not tolerate it.

Dr. Mitchell, in The Medical Visitor.

Alcohol as an Analgesic.—Flannel or towels wrung out of very hot water then sprinkled with alcohol and placed on the abdomen or other part of the body, the seat of pain, and changed every fifteen minutes for an hour or two, is a most efficient counterirritant and analgesic. A brick heated in the oven, wrapped with three or four layers of flannel dipped in boiling water and allowed to drain, and then a liberal amount of alcohol poured on it and placed beside a warmly covered patient in bed will constitute an efficient alcohol steam bath. Locally applied to the back in this form it is unexcelled as a palliative in lumbago.

Journal of the American Medical Association.

During Gestation.—The physician should regulate the diet, exercise, bathing; should see that the various functions are properly performed. In short, have a continual supervision of the case. In a general way, I give my patient a small amount of meat once a day; plenty of fresh vegetables, excepting the starchy ones; cut down sugars to a minimum; little or no tea or coffee, and allow them to eat freely of fruit, especially of oranges, lemons and apples. Too much animal food has a tendency to make hard, unyielding bones in the baby; too much starch or sugar, a fat child; while too little bone-making food possibly predisposes to rachitis. A healthy medium is to be desired.—*Pacific Coast Journal of Homeopathy.*

Broncho-pneumonia of Children.—We have lots of authorities who recognize that the sponge bath or the wet compress are ideal methods of treating a broncho-pneumonia. In cases that I see where it is possible, I follow out the directions given by Baruch in his work on hydrotherapy: I place the child in a bath of a temperature of 95°, leave it there about ten minutes, with friction over the body all the time; then remove the child to the bed or cot and thoroughly dry and

wrap it up. I repeat that process every three to four hours while the temperature is above 103°, and if it goes to 102°, I lengthen the intervals between the baths.

Dr. H. G. Webster, in Brooklyn Medical Journal.

Egg Lemonade in Typhoid Fever.—Albumin water, or egg lemonade, is a favorite food with Osler in Johns Hopkins Hospital. Many cases are treated through an entire course of the fever on this diet. As a rule they alternate diluted milk with albumin water, made from the white of an egg. This is a food of great value, and is often tolerated when other foods cannot be given.

It is made by taking the white of an egg, putting it with half a cup of water and adding cracked ice, a small quantity of white sugar and the juice of a quarter of lemon or orange. Shake well and allow the patient to drink. Where a stimulant is needed a little wine or brandy may be added.—*Exchange.*

Elimination by the Skin.—The skin is by far the best channel for the elimination of uric acid and other noxious products; they can be more rapidly and safely eliminated this way than any other. The skin is rather a lazy, sluggish organ; the pores are easily clogged up, and it frequently requires a lot of stimulation by friction, heat, etc. By means of the hot-air cabinets we can regulate the perspiration and get all of the elimination needed, and this can be followed by a system of graduated douches, which tone up the nervous and vascular systems, acting as a powerful reconstructive and tonic, and prevent the taking of colds—that bugbear of that abomination, the Turkish and Russian bath.

Virginia Medical Semimonthly.

How to Give a Nutrient Enema.—The colon should previously be cleared of feces by a high infusion of warm physiological salt solution, to be followed by an opiated suppository.

Half to one hour afterwards the nutrient enema should be given at or slightly above blood heat.

The patient lies on his left side, the knees flexed upon the abdomen; a soft long rubber catheter, such as is used for stomach lavage, well warmed and oiled, is carefully inserted into the bowel and gently pushed up as far as possible; the liquid enema is discharged into the catheter from a funnel held about three feet above the patient's hip. If the nutrient enema is too consistent to run in, it must be applied by means of a syringe.

The patient should be told to retain the enema as long as possible.—*Treatment.*

Cold Water in Hysteria.—In a general way it may be said that for all hysterical phenomena cold water, in some way, is good treatment. This treatment serves for two purposes, acting as a tonic and as a sedative. It has been my experience that when you have one of these nervous women, who are not benefited by medicine, if you will put them on a cold-water bath they will either get better under one bath or will call for the bath each day, it having such a sedative effect. I have several patients now who are nervous and cannot sleep at night, the least excitement unnerves them. I have them night and morning to have some of the family dash a bucket of ice water down their spines. They will not do without it.

American Practitioner and News.

Diet in Gout.—The following is a list of food that may be allowed:

Soups.—Meat broths with rice, barley or sago. Vegetable soups.

Meats.—Beef, veal, mutton, chicken, turkey, pigeon, partridge, guinea fowl.

Fish.—Any ordinary fresh fish, if not too fat as salmon, or white fish. It must be boiled or broiled.

Shellfish.—Oysters, caviar.

Eggs.—Fresh cooked, but not hard; omelets.

Cheese.—Fresh cheese in limited quantity.

Butter.

Bread.—Graham bread, whole wheat bread. Zwieback.

Vegetables.—Beans, Brussels sprouts, kohli rabi, spinach, lettuce, cresses.

Fruit.—Cooked apples; pears and plums. Oranges.

Puddings.—Plain rice, tapioca, sago, hominy, and custard.

Nonaérated mineral waters. Weak tea. Postum.

Dr. T. E. Satterthwaite, in The Post-Graduate.

Children and Sleep.—A great deal of rest in a horizontal position is essential for the well-being of a child. They should sleep soundly from 6 P.M. for twelve hours but this is not sufficient to carry them through the day. During the second year they should enjoy two periods of rest during the day, one in the morning and another early in the afternoon, and throughout the first decade a nap after lunch with twelve hours at night will improve their general health and resistance to infections. Moreover, during their hours of wakefulness they should be kept from excitement, particularly during the late afternoon hours when great mental activity will interfere with sleep. All children are provided with very delicate nervous systems. The fact that the slamming of a door, as quoted by J. Lewis Smith, has sent the temperature of an apparently healthy child to 105° F. is an instance of this fact.

Dr. R. G. Freeman, in Archives of Pediatrics.

High Enemata in Summer Diarrhea.—Irrigation of the colon is an excellent measure which has been overdone. In the very active cases, those having from ten to fifteen passages daily, the bowels are effectively washed out and do not require interference. Irrigation is indicated in cases with high temperature and an inactive bowel; in other words, the cases to be

irrigated are those in which there is something to be washed out. A small adult rectal tube should be used, and this should be felt in the descending colon, otherwise, we do not know but that the tube has *doubled* on *itself*, with the water escaping a few inches beyond the sphincter.

Normal salt solution possesses all the advantages of other solutions. It is simpler and much safer. It is rarely necessary to use more than two washings daily, usually one answers. I have used the normal salt solution as cold as 70° F. in the high-fever cases, and as hot as 110° F. in those with low temperature and extreme prostration.—*Exchange.*

Morbid Self-dieting.—The conviction is steadily growing in the profession that disturbances of digestion, let alone other disease, are due in eight cases out of ten, not so much to the food used, either in quantity, quality, or method of cooking, as to the circumstances under which it is eaten; the disgraceful hurry and rush with which business or pleasure is resumed before the digestion has had time to get fairly under way, and the utter lack of an adequate amount of exercise in the open air to enable proper combustion of the food. Further than that, we are reacting decidedly from the exclusive and rigid diet for almost any condition whatever, with the partial exception of diabetes. Even where these exclusive diets may relieve the symptoms which they are designed especially to meet, they are very apt to upset the general balance of nutrition and impair the vitality, frequently, in the long run, aggravating even the symptoms, or the disease, which they were prescribed to cure.

The Medical Sentinel.

Disinfection of the Clinical Thermometer.—Francis P. Denny calls attention to a method of disinfecting the clinical thermometer by putting a few drops of formalin into the thermometer case. Two or three drops of formalin (forty per

cent. solution of formaldehyde) are put into the case and are absorbed by the cotton, which will remain moist a number of days. Formaldehyde gas is freely given off from the formalin, but is confined in the air-tight chamber of the case. The small size of the chamber, the high humidity, and the high temperature, if the case is carried in the vest pocket, furnish conditions very favorable for the disinfectant action of formaldehyde. Where the thermometer has been used for a patient known to have a contagious disease it is best to disinfect it outside the case, or at least fresh formalin should be added and the thermometer exposed to the gas several hours before being used again. By this method the thermometer is always disinfected after it is used with no loss of time to the physician, except the time it takes once in two weeks to add three drops of formalin to the case.

Boston Medical and Surgical Journal.

Hygienic Treatment of Chorea.—Under hygienic management, rest is the most important. It is often desirable to keep the patient in bed for the first two days. After that, confinement in bed is not cheerful treatment to an active child.

On the question of bathing there is a diversity of opinions. Hot baths, hot packs, hot-air baths, cold baths and cold sponging, alcohol rubs, etc., have all been advocated. The frequency of bathing is also variously estimated. A tepid bath once a day is sufficient to keep the skin in a healthy condition, and will be all that is needed in most cases. The harsher baths should be avoided unless especially indicated. All school work, music lessons, etc., should be stopped at once. Regularity is an important point in the hygiene. Regular hours for sleeping, bathing, eating, playing, etc. This should be strictly enforced with clockwork precision.

The diet should be plain and nutritious, at the same time easy of digestion and assimilation. Meats and meat soups of

any kind should be avoided. The meals should be given at regular intervals and so arranged that the child's stomach secures a certain period of absolute rest between each feeding.

Brooklyn Medical Journal.

Why the Indicated Remedy Sometimes Fails.—Persistent colds and bronchitis in young children often trouble one a good deal in practice, very often from one of two causes.

(*a*) The mother will persist in washing the child's head too frequently. It is almost impossible to dry it thoroughly, and hence a certain amount of evaporation takes place from the scalp, and consequent loss of heat and a cold results.

(*b*) Another common cause is that mothers, even the best of them, will persist in keeping the child's legs and arms bare, even in the most inclement weather, and at the same time allow them to play about and crawl on the floor, where there is always a draught. I explain to mothers how badly young children can stand the loss of heat, and ask them to try the same dress themselves and tell me how they like it. Mothers heap clothes on the child's *body,* where light coverings are not of so much importance, and leave arms and legs naked, where some sort of covering is vital. This they do, they say, with the intention of hardening them; so it does—hardens them stiff, as Mr. Dooley would say. Without correcting these details, the indicated remedy must be expected to fail.

Monthly Homeopathic Review, London.

A New Hospital Car: Erie Road.—It will be divided into two compartments, a large one and a smaller one, 36 feet and 14 feet, respectively, separated by sliding glass doors of heavy frosted plate, through which a small stretcher of the wheel variety may pass. In the larger compartment which corresponds to a ward of a hospital, will be inserted eight stationary beds the frames of which will be of white enameled iron, arranged lengthwise. There will also be two beds sus-

pended in such a manner that all jars of transportation shall be eliminated. Each of these beds will be supplied with a comfortable mattress, linen, rubber sheets, and blankets. From a rod, completely encircling each bed, will hang white curtains capable of enclosing such beds when desirable. Immediately at the outer end will be a toilet the flooring of which will be of white porcelain tiling. A swinging door will serve for admittance. Entrance to this ward will be by use of sliding doors, thus utilizing space formerly consumed by swinging doors.

In the smaller compartment, which corresponds to the accident, receiving, and operating room of a hospital, will be an adjustable operating table, a sterilizer for instruments, and, especially constructed for the limited space, cases for surgical instruments, for medical agents, and for previously sterilized and encased dressings. At one side will be two porcelain washbasins, with hot and cold water, managed by foot arrangement.—*The Medical Record.*

Infantile Colic.—Many cases can be promptly relieved by a little manipulation of the infant, with or without gentle massage of the abdomen.

Next to the foregoing, the remedy of greatest value in the treatment of infantile colic is warmth. This may be applied to the abdomen dry or moist, or employed internally in the form of sips of hot water or of hot enemas. Friction with warm oil along the line of the colon is of special value because combining warmth with manipulation.

The most unique means for applying warmth in the treatment of infantile colic is a small hot-water bag. The writer has found these bags generally serviceable, and never fails to order one when such treatment is required. They may be utilized in very young infants with entire satisfaction. Infants will fall into quiet sleep with a bag resting upon the abdomen. The treatment cannot harm, no matter how frequently or persistently employed. On the other hand, such treatment is decidedly beneficial also in improving digestion and nutrition.

Pediatrics.

ABSTRACTS FROM BOOKS AND JOURNALS.

Character's Part in True Fellowship.—Without steadiness of character in social life, there can be no true fellowship. Accomplishments may please, beauty may charm, fluency and grace may attract; but to win confidence and respect, to be trusted and relied upon, the man or woman must be stable in character, self-poised, true to promises, punctual, uniting firmness to geniality, and steadfastness to good nature.—*Pacific Coast Journal of Homeopathy.*

Fracture of the Skull.—One occasionally sees a fracture of the skull, in which, after the lapse of a week or ten days, the patient has so far recovered that he is inclined to get out of bed and pursue his ordinary occupation. This should be resisted, for it is never safe to allow these patients to stay in bed less than three or four weeks.

Cleveland Medical and Surgical Reporter.

Surgical Hints.—When an extremity has to be rather firmly bandaged, it is a good plan to leave out the very tips of the fingers and toes, so that they may be frequently examined in order to see that the constriction is not too great.

Never forget the fact that gauze will drain serum or every fluid discharge, but not pus. Hence the filling up of an abscess cavity with gauze is the surest possible way of blocking in the secretion and favoring sepsis.

International Journal of Surgery.

Securing Students for Our Colleges.—A duty rests upon the profession, the country doctor, the city doctor, and everybody interested in this matter to every year look over the list of students in the high school and inquire how many young people are going to study medicine. If so, see how

many he can influence to enter a homeopathic college. The duty of every doctor who pretends to be loyal to homeopathy is to see to it that young men who are adapted for the profession of medicine are sent to homeopathic colleges.

Dr. W. B. Hinsdale.

Acute Articular Rheumatism.—The diet should consist of milk, barley, oatmeal or other gruels, at short intervals and in moderate quantities. Highly nitrogenous food should be avoided until convalescence is established or assured. The local application of thirty per cent. solution of ichthyol covered over thickly with wool batting, and sand bags closely moulded around either side of afflicted joint helps to relieve pain and reduce swelling; counterirritation in the form of blisters sometimes ameliorates the pain. In Germany the ice bag or cold pack is much employed; this the writer believes to be a most excellent procedure.

American Practitioner and News.

Headache Remedies.—Belladonna, bryonia, nux vomica and glonoin are similar in headaches. Belladonna has violent throbbing as if it would burst, worse from lying down and evening. Bryonia, beginning in morning, worse from stopping or any motion, and gets faint on sitting up. Glonoin has no characteristic gastric or bilious symptoms, violent throbbing similar to belladonna, but is caused by exposure to sun, located in top of head and temples. A sense of fullness and wave-like motions with simultaneous palpitation of heart. Nux has stupefying headache in morning aggravated by mental exertion, with acid and bitter vomiting, and pressing and boring pain.—*Medical Century.*

Bubonic Plague.—Bubonic cases are more predominant this year than any other form of the disease. We have seen a few cases where bubonic glands are swollen and inflamed.

In favorable cases these abscesses (buboes) gradually enlarged and suppurated, and cure is effected by the discharge of their contents.

The fever is generally very high, ranging from 104 to 106°, and sometimes even more. There are restlessness and agony, much prostration, thirst, as a rule not very great, and insomnia is not marked in the beginning. Consciousness retained till in the very advanced cases of the disease. There is trembling of the limbs, also listlessness.

Patients generally succumbed from extreme exhaustion, failure of heart's action, and sometimes from cerebral depression. Respiration is not very much affected in the early stage of the disease, and delirium and unconsciousness also not pronounced till very late.—*The Indian Homeopathic Review.*

Post Partum Hemorrhage: Treatment.—First, Compression, external and internal; second, Hot-water douche; third, Packing. Many other things are advised, but these three should stand out clear and in order to every obstetrician. Ice may be used instead of hot water—not so good, but might be more quickly available. Vinegar on a sponge, squeezed out in the uterine cavity, to my mind not equal to hot water, and more dangerous. Monsel's solution may be effective, but is certainly dangerous. A faradic battery is very effective, a bipolar electrode easily made sterile is inserted into the uterus; such an instrument should always be on hand in lying-in hospitals; some advise a physician to carry one with him to obstetric cases, but it seems rather impracticable.

Dr. B. H. Ogden, in the Homeopathic Journal of Obstetrics.

Acute Osteomyelitis of the Spine.—The vertebral column is rarely the seat of the acute infectious osteomyelitis. Sixty-two cases have been collected and analyzed in the present

communication. Great diagnostic difficulties are sometimes encountered, owing to the immediate relation of the spine to the vital organs of the thoracic and abdominal cavities and the spinal cord and its membranes. Hence retropharyngeal, mediastinal, retroperitoneal and paranephritic abscesses, pelvic abscesses, peridural suppurations and general pyemia may be mentioned among the more important complications. Peridural abscess or suppuration occurred in twenty-four of sixty-two cases. Of these, fifteen cases presented grave symptoms of compression of the spinal cord. The essentials of the clinical picture consist of the symptoms of a severe general infection, associated with the local signs of an inflammatory process of the spine; *e.g.*, excruciating pain and tenderness, edema and fluctuation. The mortality of the affection is fifty per cent. Immediate and thorough surgical interference is the only treatment.—*Medical Record.*

Medical Superstitions in Normandy.—In order that a newborn child may become hale and robust, it is necessary, immediately after the delivery of the mother, to bury the umbilical cord at the foot of a rosebush. To preserve a fresh complexion in young children, the face must not be washed in water, but the mother should take care to wrap the child in swaddling clothes soaked in urine. To check the flow of milk, a nursing woman takes nine wood lice grilled in a fire-shovel, while the neighbors recite prayers on her behalf. Toothache is treated as follows: An ordinary nail is applied to the gum until blood is drawn, and after being stuck through a piece of paper on which is written the word *makaba*, is buried in the chimney. To banish warts, they are rubbed with any kind of a leaf pilfered from a garden. This leaf is buried in the ground immediately after the rubbing; as soon as it decays, the wart falls off.—*Exchange.*

Conium in Tumors of the Breast.—If I am positive of any one thing in medicine, it is the power of conium 30th to cure certain "lumps" in the female breast. It has been my experience repeatedly to see tumors of a suspicious nature in the mammæ disappear by the use of conium in this potency. Of course the indications must present themselves here, as with any other remedy. There are piercing pains, a tender gland, with a fugitive stitching here and there in it. More especially is it indicated if the lump dates from some injury such as a blow. I do not know but other potencies would do the same, but I am sure of the 30th, and could relate a number of cases wherein it has prevented the advised use of the surgeon's knife. If we wait too long, or if the case is one too far advanced, time may be lost, to the detriment of the patient. Of this I am aware; but in most cases, in the early stages of mammary tumors the waiting of a few weeks will not result in harm to the patient if the case be watched. It is in the formative stage of these neoplasms that the remedy will act, by checking the development of the growth.

Dr. W. A. Dewey, in the Medical Era.

Anemic Headaches.—Miss A., aged nineteen years. I was called to attend her about five months ago. She complained of having had frequent attacks of syncope during the evening, which alarmed the family considerably. History of the case showed that she had been suffering with pains in the head daily for several months, but gradually had been getting worse; pains of a gnawing, boring character, deep in head, worse in forehead after mental exertion. The pains usually began after she had been working about an hour or two in the morning, and then gradually got worse till about noon, when she would resort to headache powder for relief. Examination showed marked sallowness of complexion, eyes sunken, listless look, pulse slow and feeble, cardiac murmur, breathing labored, partial stupor, sleepless (and what sleep

she could get did not seem to refresh her any), cold extremities, appetite capricious, constipation, headache better when reclining. I prescribed absolute rest in bed for one week, and forced milk diet. Kali phos. 3x gave her prompt relief of her headache, and appetite improved; after one week I added ferrum ars. 2x, 2 grs., four times a day, and daily walks lengthened according to her ability, restored her to perfect health in eight weeks' time, having gained twenty pounds in weight. The anemic headaches following the loss of vital fluids are on top of the head, of a pulsating nature, with a feeling of heat on head; are usually continuous and wearing, although paroxysms may be caused by emotions, fatigue or mental labor.

Guaiacum in Tonsilitis.—A boy had a temperature of 103° with headache, anorexia and sore throat. Tonsils were swollen, the right more than the left, and studded with yellow points. The mucous membrane was of rather a pale red color, without much secretion. The pain on swallowing was very severe, and extended toward the ear. All the symptoms yielded very rapidly to guaiac 1x. This is only one of several similar cases where what seemed to be the commencement of phlegmonous tonsilitis was very promptly cured by this remedy. The indications are similar to those of belladonna and of mercurius, and rather a close discrimination is called for. Guaiacum lacks the increased secretion and the soggy tongue of mercurius. The redness is paler than with belladonna, and the pain extending toward the ear is more marked in guaiacum. A rheumatic or gouty diathesis would be an additional indication.—*Dr. E. H. Linnell, in the Journal of Otology, Ophthalmology and Laryngology.*

Thuja in Skin Diseases.—Thuja cases have fine prickings, as if from needles in the skin. Acne appearing at puberty on forehead often calls for it, because of this sensation—violent

itching, stitching in the warts—seedy, pointed warts. A red tubercle is also characteristic of thuja. Soreness of condylomata about the anus distinguishes this from some other remedies. Moist fissure about the anus, without the aching of bones found under nitric acid. Cauliflower excresences of the os uteri have been benefited by local application added to the action of internal remedies. A recent case, where warts appeared about the vulva soon after marriage, fully recovered by the use of thuja. Several years since, a patient came in for treatment, having a large brown, painful wart on the third toe. Skillful surgeons had pronounced amputation of the toe her only chance of cure. Thuja, thirty-two hundredth, with thuja cerate locally in a few weeks, left a smooth surface.

Cleveland Medical and Surgical Reporter.

Pink-Eye.—Belladonna, euphrasia and mercurius solubulis are remedies worthy of your special study in the treatment of pink-eye. Rhus tox, too, if there be that gush of tears on opening the lids, will relieve an occasional case.

Should you be unfortunate in your selection of the remedy or should the case not be seen until the discharge has been freely established, indications for pulsatilla may appear. This remedy, properly used, is one of the most reliable in the materia medica. I do not presume, of course, to speak for the profession at large, but my own use of pulsatilla was never satisfactory until I prescribed it in the higher potencies. In a cold, for instance, it will surely aggravate if given early. before the cold is "ripe," or if given in the tincture, or in a low potency. So in pink-eye it is indicated late in the disease where there is a profuse, bland, yellow discharge, with the concomitant symptoms of the remedy.

Dr. R. S. Copeland, in The University Homeopathic Observer.

Educational Limitation of Venereal Diseases.—F. C. Valentine, New York, recapitulates his ideas on this question as follows: (1) Sufficient of the physiology and pathology of the genitourinary apparatus should be taught in institutions for higher education to convey to students the dangers of genitourinary diseases to themselves and to others. (2) Similar instruction should be given in schools attended by boys at the age of puberty. (3) No man who has ever had gonorrhea should be allowed to marry until it is proved by a physician that he cannot infect his wife. (4) Regular physicians should be elected by their societies to deliver evening lectures to the public on genitourinary diseases. (5) Every father should be taught to warn his sons of the dangers of genitourinary diseases. When, from incompetency or delicacy, the father cannot or does not wish to do this, the family physician should discharge that duty. (6) Every medical society should elect its most competent member to write at least one article on the subject, worded for laymen's comprehension, and to be published under the auspices of the society.—*Medical Record.*

Cereal Extractives for Modifying Cows' Milk.—In some cases a cream mixture agrees better than diluted milk, or whey thickened with a small quantity of malted food or predigested gruel is retained when other forms of food are rejected. Gradually and with caution the amount of milk is increased, until at last the child is able to take the full allowance suitable to its age. Even when the stage of convalescence is well advanced, it is advisable to restrict the infant to a milk diet, with or without Mellin's food, and to avoid the use of unmalted foods for some time.

Fenwick's "Disorders of Digestion in Infancy and Childhood."

PERSONAL AND GENERAL ITEMS.

Dr. George H. Earl of Boston has removed to "The Earlscourt," 803 Boylston Street, corner of Fairfield Street.

Boston University School of Medicine will enter upon the college year of 1904-5 Oct. 6, and continue in session until June 7th, 1905.

Dr. Louise Martha Sturtevant, of the Boston University School of Medicine, attained the highest average in a class of forty-three candidates for the New Jersey state medical licensure on July 5. Twenty medical colleges were represented.

Dr. George F. Shrady, for forty years editor of the *Medical Record*, recently resigned, and has been succeeded by Dr. Thomas L. Stedman.

It has been estimated that something like 10 per cent of physicians fall out of the ranks within ten years in order to engage in other pursuits.

Dr. A. P. Williamson, formerly superintendent of the Minnesota Hospital for the Insane, Fergus Falls, has accepted the position of medical superintendent of the Southern California Hospital for the Insane at Patton, near Redlands.

The Homeopathic Medical Society of the state of Pennsylvania will hold its fortieth annual meeting at Easton, Pa., Sept. 20 to 22 inclusive.

Dr. Conrad Wesselhoeft and Dr. J. P. Sutherland of Boston were elected corresponding members of the British Homeopathic Society at the annual meeting held in London, June 30.

The pathologist of the State Sanitarium of Georgia has examined and measured the brains of one hundred whites and one hundred negroes. The average weight of the brain of the latter was three and a half ounces less than in the average of the former. In the negro the convolutions are less complex, and the sulci shallower than in the white brain, showing a nearer approach to the simian type on the part of the negro. He also has considerably less gray matter present.

Some curious experiments have been made at one of the royal philanthropic institutions in Copenhagen. For some years back the seventy boys and girls in the place have been carefully weighed every day in groups of fifteen and under, the results showing that the children gain weight mostly in autumn and in the early part of December. From that time to the end of April there is scarcly eany increase in weight, and after this date there is a diminution till the end of summer.

At the meeting of the American Medical Association, Dr. John L. Davis of Cincinnati said that in twelve years there had been over 77,000 suicides recorded in the United States, and he believed the American strenuous life was having a disastrous effect upon the physical condition of our people, unbalancing them physically, causing feverish intensity, and eagerness to excel to be responsible for such an alarmingly large number.

The new French military law, which requires two years of military service irrespective of the profession, will be specially hard for medical students, who have so far only been obliged to pass one year in the army. It would, however, be better if in France they did as in Germany, where the students are called at the end of their studies. In this manner the army is furnished with a sufficient number of medical men. At present the medical students serve in the hospitals as aids, or orderlies, and in case of war they would be unable to fill their new rôle in a satisfactory manner.

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ORIGINAL COMMUNICATIONS.

IS THERE ANY ADVANTAGE IN DILUTING DRUGS BEYOND THE DEMONSTRABLE LIMIT OF DIVISIBILITY OF MATTER?

A REPLY TO DR. J. W. HAYWARD'S PAPER ON THIS SUBJECT. BY CONRAD WESSELHOEFT, M.D., BOSTON, MASS.

[Delivered before the American Institute of Homœopathy, 1904.]

It gives me great pleasure to revert to a subject which I have discussed at the Institute meetings for over twenty years, and to which Dr. Moore, the chairman of this Bureau, calls attention again.

Having received a paper from Dr. John W. Hayward of Birkenhead, England, on this subject, I have been called upon to discuss it here. At this point I have to say that I am in full accord with Dr. Hayward, and think that he leaves no room for difference of opinion on the main question which I hope will be received by this meeting in the same spirit in which it was uttered.

But as Dr. Hayward is of the opinion that the subject no longer rests on the idea of atoms it seems appropriate that something should be said in vindication of the yet valid atomic idea of matter on which our pharmacopeia still rests. Dr. Hayward states that the idea of atoms has for some time been altogether given up by advanced students and replaced by the theory of "fragments of atoms or ions," and that this

renders necessary the relinquishment of our old idea that the fifteenth centesimal is beyond the limit of divisibility of matter. "This part of the subject," continues Dr. Hayward, "was so thoroughly and exhaustively discussed in the British Homœopathic Society in 1902 (Vol. X, pp. 56–179) in the light of the latest discoveries in physics and chemistry, with some original experiments and papers by Dr. Percy Wilde and Dr. Maclachlan that little is left for further discussion."

Dr. Hayward says furthermore, "that the question of transference of power, etc., is not susceptible of being determined by the aid of any of the sciences, etc."

"What little there is left for further discussion" shall receive attention in the following explanation.

Dr. Hayward's arguments are fully justified by the reflection that transcendental speculation and mysticism are not within the sphere of the sciences mentioned; but it must be emphasized at this point that the revelations of these sciences will go far to demonstrate the limit of the divisibility of matter, with and without the theory of ions and the inseparability of force from matter; for such a condition would aid in causing the collapse of chemistry and physical science—which are more firmly rooted in the atomic theory to-day than ever before.

One writing on this subject, without being an expert chemist or physicist, is justified in referring to the works of eminent investigators from whom the following abstract is taken to show that the idea of atoms has not been abandoned, and that, the idea of ions is only an addition to it. As late as 1895 it was written that "through Dalton's discoveries (1802–03) the assumption of the atomistic constitution of matter, and the indistructibility of atoms have received an essential support. Since that time this hypothesis has been powerfully enlarged and strengthened, and to-day we are justified in asserting that without the assumption of discrete parts of matter, many natural phenomena would remain inexplicable,

and that chemical and physical science would collapse into nothingness if the atomic theory were thrown aside. *

"Whether all these elements represent separate worlds, or whether they are only different states of a single primordial substance or element (Urmaterie) is a question which is not only philosophically justifiable, but which also bears closely upon chemistry.

"If our ideas concerning the form of atoms rest upon our mental way of looking at the subject, there is not the slightest doubt to-day that all particles of matter are bodily *individuals possessing dimensions occupying space*, and that we are bound to regard them as carriers of chemical energy, and that this exists between their bodies as an attraction in various directions, approaching them to each other very closely, and causing them to oscillate, etc."

This is the verdict and adopted opinion of science to-day as it has been for the past half of last century, almost every year adding to this conviction. It would be a tempting task to furnish evidence of all this, with which works on the subject are replete; this would require a compendious volume. It is only possible in this space to allude briefly to certain demonstrations by eminent investigators, the mention of whose names are enough to place a learner on the track leading to knowledge of the subject.

According to Davy (*Elements of Chemical Philosophy*, p. 95) the molecules of solid bodies are in a state of constant vibration, their velocity being dependent upon the degree of heat possessed by such bodies. We have the works of Clausius and James Clerk Maxwell each dealing with the velocities of gaseous molecules, from which the rate of their speed and the distances they travel as well as their dimensions (their mean path) have been calculated.

It is further understood and held more firmly now than ever that as parts of matter, molecules and their atoms must

* For reference to these quotations see *Physicalisch-Chemische Propædeutic*, etc., by Prof. H. Griesbach, Leipsic, Engelmann, 1895.

possess a definite weight and volume, its atomic weight being the least relative quantity of an element which constitutes a molecule.

Since the development of the theory of mechanical heat much more has become known regarding the constitution of matter in its gaseous than in its solid and fluid state. We have even definite statements concerning the absolute dimensions of gaseous molecules. The first accounts concerning calculations of the size of molecules were given by J. Loschmidt (*Wiener Sitzungsberichte,* Vol. LII, Part 2, p. 395). This he calculated from the mean path of adjacent gaseous molecules to be three to four millionths of a millimeter, and the number of molecules contained in 1 cc. of air to be twenty-one trillions.

According to Dalton, the founder of modern chemistry, the weight of atoms as considered by chemistry is not their actual but their relative weight.

The development and firmer foundation of views concerning the atomic constitution of matter in Dalton's sense, led to the separation of the conception of atom, molecule and equivalent. . . .

"The majority of all modern representatives of all branches of natural science acknowledge that the assumption of the atomistic constitution of matter stands without contradiction in perfect accordance with all known facts. Here modern chemistry no longer deals with the question as to the existence of atoms and molecules; taking their existence for granted it has been the object of that science by means of inductive experiment to discover the nature of material parts, the position of atoms in material bodies and the dependence of the properties of matter upon the atomic constitution of matter."

This is probably what Dr. Hayward means when he speaks of the relinquishment of the atomic idea in favor of that of their fragments, the ions.

This is to demonstrate the still existing attitude of chemical and physical sciences to the atomic theory which is still adhered

to entirely undisturbed by the idea of ions, to which we will briefly turn now, after alluding to another strong testimony and evidence regarding that theory.

The evidence here referred to is *Mendelejeff's Periodic Law.* As early as 1819 (Ad. Wurz, "The Atomic Theory") Dulong and Petit paid attention to the specific heats of solid elements and the relation which exists between atomic weights and specific heats, these authors giving the specific heats of a great number of solid bodies, particularly of metals, and remarked that these specific *heats were generally inversely proportional to the atomic weights.* Errors which these tables contained were subsequently corrected by V. Regnault. These discoveries "brought to light a great law of nature which they expressed in the following striking form: 'The atoms of all simple bodies have precisely the same capacity for heat.' This simple proportion was of the greatest value to the idea of atoms, which, until then, rested upon purely chemical considerations, for we here meet with a physical relation between atoms." . . .

Dulong and Petit examined thirty-nine elements, and stated in carefully compiled tables their specific beats, atomic weights and the product of atomic weights by specific heats, finding that the extreme limits within which these atomic heats vary are comprised within the numbers 5.5 and 6.9, showing that there is not a single exception to the law discovered by them.

If there existed any doubt regarding the support of chemistry given by the atomic theory, that doubt has been removed more than twenty years ago by the far-reaching investigations of the Russian chemist, Mendelejeff, "whose work has thrown a new light upon the relations existing between the atomic weights of elements and their properties. The latter are a function of the atomic weights, which function is *periodic.* . . . This periodicity embraces all the elementary bodies of chemistry. It is not limited to such and such a group of elements, but embraces all the elementary bodies of chem-

istry. . . . All the elements are arranged according to the increasing value of their atomic weights. We thus find that from one element to another the figures expressing these atomic weights only differ by a few units. We also note that the properties are gradually modified as the atomic weights increase; that these modifications, moreover, do not advance continuously *from the first term to the last, but pass through several cycles or periods.* The differences between atomic weights of contiguous elements are appreciably equal, but not absolutely so; and even in some cases we find very considerable discrepancies as if *there were a gap* between contiguous elements." . . .

The filling of this gap by subsequently discovered members of the group is among the most remarkable discoveries in modern physics and chemistry.

These elements with their atomic weights, densities and atomic volumes have been carefully tabulated, so that the regularity of periodicity can be easily seen, as well as the "gaps" where up to that time the periodicity had not been demonstrated. But that the law of periodicity holds good was later proved by Lecoq de Boisbaundran by showing that gallium easily fills one of the "gaps." Others have since then been filled up by Professor Seabert with regard to osmium. . . . The final mean value derived from all the experiments is 190.3, a number which fully justifies the expectations of Professor Seabert that it would fall slightly below 191 (in its atomic weight determination." . . .

"The importance of the settlement of this question cannot be overrated, for it removes the last outstanding exception to the periodic generalization." . . .

"The four metals as calculated by Professor Seabert, when arranged in order of atomic weight, now take the order, osmium, 190.3; iridium, 192.5; platinum, 194.3; gold, 196.7,—an order of precedence in full accord with the order of their chemical and physical properties" (*Science*, March 20, 1891). These demonstrations extend from 1888 to 1891, and therefore

cannot be said to be ancient history. All are accepted, none are refuted, and more and more evidence of their validity is added from year to year.

This does not look as if "the idea of atoms had for some time been altogether given up by advanced scientists and replaced by the theory of fragments of atoms."

This leads right up to the conception of "ions" which is supposed to be of very recent origin, but which actually dates back more than a decade, when it was first thought that the dissociation of atoms would eventually lead to the existence of a primordial element from which all other elements have been derived. Philosophically this idea is a very ancient one, and dates back beyond the medieval search for the philosophers' stone. The discovery of radium through its luminous properties, constantly discharging its substance into infinite space without any perceptible loss of the original quantity, which is calculated not to lessen in countless ages, though constantly discharging, has given rise to much speculation on "ions." Up to this time these have played a part in the investigation of "molecular mixtures," in regard to which Prof. H. Griesbach gives us this account: When certain bodies are dissolved in water, their molecules undergo separation; that is, *dissociation*. To these bodies belong the so-called salts, acids and gases, whose watery solutions are electrolytical conductors of the galvanic current. In these bodies the motion of the adduced electricity is united with the motion of *ponderable* parts which are called *ions*. All bodies which do not suffer dissociation in solution in the above case, are summed up as *indifferent bodies*. In these the proportions of solubility are comparatively simple.

Metals are always soluble in the form of ions charged with positive electricity, where they either remain free or they combine with negatively charged ions to form electrically neutral, chemically single, molecules." . . .

This conception of ions to which homœopaths have only lately given attention, was at once accepted as an additional

proof of the infinite divisibility of matter. We know little of ions, and must take the word of science for the theory to which, as in other matters which science has disclosed we humbly bow, till further disclosures are vouchsafed us.

At the last session of the Institute of 1903, in Boston, the subject was broached, and whatever could be replied to statements then made, will be found in the *Transactions of* 1903, p. 92. There it was argued that atoms and molecules thus dissociated are admittedly changes into something different from the original substance, with which as a medicine we can no longer have anything to do. This follows clearly from everything that is taught us concerning ions or the dissociated particles of molecules and atoms. The question is as to where in solutions dissociation begins? Whether at the third or twenty-fourth. At all events we have none of our original drug substance after that, and our efforts should be to cease dilution or potentization before dissociation is reached —if we know when that is. Again we have to encounter the serious problem as to what becomes of our organic substances contained in tinctures made into dilutions? The conception of dissociated ions has seriously complicated that question.

But it has been freely contended that the discovery of the ion theory, only lately noticed by homœopaths, has essentially demonstrated the limitless divisibility of matter. This is again done by Professor Nash in the July number of the *North American Journal of Homœopathy.* Here it is urged "that it is not known where the material disappears if that were possible." At the same time one author furnishes us with figures demonstrating the precise limit of divisibility by telling us that "the luminous particles of radium (ions) are less than one-thousandth part as large as the molecules (atom?) of hydrogen." In further proof of the measurable limit of divisibility, we are told by Professor Gatchell (*Medical Era* of November, 1903) that the hydrogen atom consists of 700 ions, that of oxygen 11,200, that of gold 137,200, and that of radium of 120,000 ions (*North American Journal*, March, 1904).

Although these calculations, now accepted by the highest authorities, prove the limit of divisibility to have been removed somewhat farther off, it is far from having been thrown out into the infinite as the guesswork of hasty zealotism would have us believe. In the article from which this is quoted it was demonstrated that the accepted limit of divisibility being at or about the twenty-fourth decimal (Professor Nash apparently accepts the twenty-fifth), or the twenty-fourth power of ten (10.24), this would yield a figure of one with twenty-four ciphers behind it (one quadrillion).

Now, let us accept the present statement of physicists, that atoms and their molecules are divisible into 1,000 to 120,000 ions, and, furthermore, let us assume that atoms may be divided into millions of ions, this would in no wise demonstrate the limitless divisibility of matter. All it would do would be to extend the twenty-four ciphers (of the quadrillion) to about six more places, making ten raised to the power of twenty-four raised to the power of thirty. This is at or very near the thirtieth decimal or fifteenth centesimal. Here we are still on earth dealing with earthly subjects, and if any one desires to dilute to the full limit of divisibility, he will find all the conditions close at hand without fleeing into the realms of the infinite, and still he would be only halfway up to Hahnemann's thirtieth centesimal long before which material substance ends, ions or no ions.

The question as to the presence of individual power beyond the demonstrable limit of divisibility of matter is easily answered by our present knowledge as accepted and taught by eminent masters. We are not in a position to reject them on the ground of isolated cases of clinical experience, or to set our "faith" above their knowledge. If we would accept the limits pointed out by the demonstrations of science we would find in them ample support of the doctrine of dilutions. But many homœopaths, instead of trying to disentangle these questions, set up their "faith" above the actual knowledge, and this is either a closed book, or it is simply ignored.

If our method of using drugs is to continue, it will have to be founded upon what is known and not upon what is believed or upon mere dogmatism.

Even when touching upon the lower potencies used by us we at once enter upon the domain of atomic science. This is either rejected by ardent zealots or ignored by the majority. It should be remembered that pharmacy in general, and our pharmaceutical methods in particular, rest upon the constitution of matter, and that this physical problem should receive more attention lest our whole force drop to pieces.

EPIDEMIC DIARRHEA IN CHILDREN, AND ITS HOMŒOPATHIC TREATMENT.*

BY EDMUND CAPPER, M.D., C.M. (EDIN.), LEICESTER, ENGLAND.

Prophylaxis and Treatment.

(*a*) *Prophylaxis.* Since epidemic infantile diarrhea is to a considerable extent a preventable disease, a grave responsibility rests with the sanitary authorities of our large towns; and happily to such responsibility they are keenly alive, especially in those towns where the mortality from this cause is alarmingly great. From experience acquired from continuous observation, there is a fairly constant agreement upon the general lines to be followed. Of first importance (and this of course applies to all zymotic diseases) is a thorough and efficient drainage system with properly regulated fall, ventilated by shafts passing above the houses, and not through the manholes. Attention should be given to the removal of all liquid and solid filth; pail closets should be absolutely abolished. The dryness and cleanliness of the soil should be insured as far as possible, and the ground about dwellings sealed wherever practicable with impenetrable material, such as cement; the ground water should be lowered permanently

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to such a point as will prevent dampness of the soil. Free ventilation should be secured by such means as the widening of streets, the provision of free spaces, etc., and the erection of back-to-back dwellings totally condemned. The constant watering of the streets, especially in summer time, is an important precaution, since it is maintained with much reason that dust bears no small part in the spread of the disease. The sanitation of road traffic is, deservedly, receiving much more attention than heretofore. Offensive offal should be as far as possible carefully removed, since in dry weather with even moderate breezes, foul matter is blown about in the air we breathe, and thus comes in contact with food exposed for sale, and with milk served in open vessels. Bacterial examination reveals in this street pollution the presence of many organisms, among which may be mentioned those of tetanus, glanders, anthrax; also *streptococci, torula* and *sarcina, staphylococci, B. proteus, B. subtilis,* and *B. coli communis.* Where paving is defective the street refuse soaks down through the interstices, and the polluted understratum thus formed, affords a fruitful culture-bed for bacteria.

Of equal importance to the efficient drainage of a town is the purity of its milk supply. Milk is without doubt the most common channel through which diarrheal infection is propagated. Given a perfect milk supply, it is generally agreed that the scourge would in great measure disappear. Hence the absolute necessity of a systematic inspection of dairies. Moreover the people should be warned by whatever means may suggest themselves locally, to observe certain precautions in regard to milk. Its storage on the ground floor of dwelling houses or in underground cellars should be discouraged; pantries should not be underground cellars or cellar stairheads. Receptacles for food should be light, cool, dry and well ventilated, and protected against rise of ground air. Where there is any doubt about the purity of the supply, the milk should be boiled immediately on receipt; there are certain well-known disadvantages attending this measure,

but when diarrhea is prevalent it is a most essential precaution. Besides the milk, other food should be constantly inspected by the sanitary authority; stale fruit and overripe fruit especially should be condemned, the exuding juices forming a most favorable nidus for the development of bacteria. With the advent of diarrhea, prominent notices should be posted about the town with a warning in regard to the danger of neglecting early symptoms, emphasizing the importance of general and personal cleanliness, and especially giving simple directions as to the feeding of infants.

Finally, the sooner instruction in elementary hygiene is made compulsory in government schools, the better for the community at large. It has been often suggested that the feeding and management of a baby should be an essential part of the education of senior girls, and such a regulation would, without doubt, be the means of saving many infant lives.

General Treatment.—Before proceeding to the final section, namely the homœopathic treatment, it is necessary to refer to some general principles. First, in regard to diet. The almost universal teaching nowadays is to immediately stop all milk, for a few hours in the case of breast-fed babies, for a longer period where hand-feeding is employed. Escherich has shown that the bacterial flora of the infant's intestines change radically and speedily when milk is excluded from the diet. Such a proposition sounds simplicity itself; practically the problem of providing an efficient substitute for milk is often well-nigh insurmountable; it is, in fact, the "counsel of perfection." Those who have been engaged extensively in dispensary work cannot fail to recognize it as somewhat Utopian.

To enter into details of dietary treatment would be to write a small treatise on the subject, and to little purpose, since the common-sense adaptation of general principles to the special circumstances is often the only practicable possibility. The greatest difference of opinion exists as to the means that

should be adopted. To cite examples of this divergence, some recommend the employment of artificial foods, such as beef jelly, panopepton, bovinine; while others (particularly Vaughan) condemn all trade meat extracts as worse than worthless; solutions of egg albumin have been highly lauded, but Synott considers this entirely a thing of the past, as difficult of digestion. This also is the opinion of Kerley, who regards it as an atrocious substitute for milk, forming a putrefactive culture medium. But at all events some measures must be taken for providing the proteids and carbohydrates which milk contains in ideal proportions; the former are best supplied by animal broths, *e.g.*, beef, mutton, chicken or veal bouillon, and the latter by some form of soluble starch or dextrin, obtained by boiling rice, arrowroot, barley, etc. Dr. Roberson Day recommends as the best diet whey made with rennet, or wine whey. Dextrinized barley gruel with the addition of malt diastase, is generally available and of the greatest value. As soon, however, as the crisis is passed, barley, water and milk, or sterilized milk (preferably peptonized), should be gradually resumed with caution. In any case all food should be given during an attack in small quantities (about one-quarter the usual amount), and thirst should be relieved by giving freely water, whey, or thin barley water.

With general old-school drug treatment we are not concerned, since with such limitation we might well feel appalled at the feebleness of our resources. It is only necessary to say that, with the recognition of epidemic diarrhea as a zymotic disease, the treatment has naturally developed in the direction of antiseptics, and many of these have been tried and are recommended, such as mercuric chloride, carbolic acid, creosote, salicylate and benzoate of sodium, salol, naphthalin, resorcin, B-naphthol, bismuth. Treatment on such lines could not be lightly put aside were it not impossible in this way to thoroughly disinfect the alimentary canal; and at the very best it is but a crude and clumsy device com-

pared with the truly scientific method of homœopathy, which does not aim solely at clearing away poisonous products already present, but at restoring the mucous membrane to its normal healthy condition, when the cells become self-protective, and no suitable nidus remains for the development of putrefactive processes.

A far more practical and certain method of modern orthodox treatment than the exhibition of antiseptics by the mouth, is enteroclysis, or, in plain English, the washing out of the stomach and large intestine either with plain water or with some antiseptic or saline solution. By the mechanical removal of putrefactive products as far as possible in this manner, a clear field is left for the untrammeled action of the indicated remedy. The stomach of an infant is simply washed out by means of a No. 7 French elastic catheter, passed through the nose as the child lies on the nurse's lap; four ounces are passed into the stomach and allowed to flow out by bending the child forward. This is repeated several times, till the fluid returns quite clear from the stomach. It is especially useful where persistent vomiting prevents the retention of any food or medicine. As a substitute, where there is no vomiting, copious draughts of boiled water may be given, especially in the case of older children. Irrigation of the large intestine is easily accomplished by means of a flexible catheter. The child is placed on the back, the thighs flexed, the buttocks brought to the edge of the bed or table. The catheter should be passed while the water is flowing, or it is apt to double upon itself and fail to penetrate sufficiently far. The vessel containing the fluid should be held about two feet above the patient, and after a small amount of fluid has been allowed to trickle into the gut the reservoir should be gradually raised to the height of three feet. Where there is hyperpyrexia, the injection of cold water acts beneficially in reducing the temperature, but care must be exercised, as the shock is in exact proportion to the coldness of the water, and rapid reduction of the bodily heat may be followed by alarming

symptoms of heart failure. It is well, therefore, to begin with water at a temperature of about 80°. Many advocates of this plan of treatment use normal saline solution, which would appear specially indicated considering the impoverished condition of the blood. Of these methods I have myself had no practical experience; nevertheless, there is abundant testimony of their value in the hands of those who have used them.

I am not sure how far your sympathies will go with me when I confess, though I have never tried it, to having some predilection in favor of commencing the treatment with a physiological dose of some cathartic. Surely the first indication is to remove as far as possible the poison in the alimentary canal, just as any other foreign body should be mechanically got rid of, before medicinal treatment can be intelligently commenced. Lavage can accomplish this as far as the stomach and large intestine are concerned; by cathartics alone can we expect to get at the contents of the small intestine. The drugs usually employed for this purpose are castor oil (where there is no vomiting) and calomel. I have tried similar treatment successfully in ordinary cases of diarrhea, where there is no doubt that the trouble is due to some pernicious accumulation in the intestine, and it may be defended on the broad principle of *tolle causam*. The argument that will be brought against me is, I know, that such a procedure would interfere with the action of the homœopathic remedy afterwards administered, but I venture to question whether we are not inclined greatly to exaggerate the long-continued effects of drugs. I have often felt that one of our greatest faults as homœopaths in the past has been, that we have gone to the extreme of pinning our faith far too much upon the homœopathic remedy to the exclusion of equally valuable accessory means, and that the true scientific attitude is that of the eclectic, ready to adopt with broad-minded intelligence the very best from all teaching. If this attitude were more

general, I am convinced that it would not be long before homœopathic treatment became practically universal.

Alcoholic stimulants are regarded by most authorities as of the greatest importance. Synott, however, would avoid them as a rule, on the ground that they irritate the already inflamed gastric mucous membrane, and prefers cardiac stimulants by hypodermic injection.

It only remains to say, in this section, that experiments are being carried out in the direction of serum therapy, the serum used being obtained from adults suffering from acute dysentery, or that of other infants suffering from summer diarrhea. The specific anti-dysenteric serum used by Shiga has also been experimentally tried.

Homœopathic Treatment.

I will conclude with a few practical clinical points in regard to the selection of the remedy.

Æthusa cynapium is a medicine that has a better clinical reputation than is justified, according to several authorities, by its provings, much skepticism being expressed as to the reliability of these. The editors of the *Cyclopedia of Drug Pathogenesy* add a note that it is exceedingly doubtful if æthusa has any virulent properties. Nevertheless, Guernsey speaks most highly of it, and its value is endorsed by Bell. I have often used it for sudden, curdy vomiting immediately after feeding, followed by great collapse.

Arsen. alb. is one of the most valuable of all remedies. The characteristic stool in infantile diarrhea is small in quantity, of dark color and offensive odor, and is accompanied by great prostration. I need hardly refer to the vomiting immediately after ingestion, and the constant thirst for small quantities.

Calcarea carb. is of vast importance. It would be superfluous to epitomize the well-known indications. Illustrations among the cases are too numerous to be specially noted. Its value in the present series is probably because the number of

strumous children attending at the dispensary is always large. *Calc. phos.* is sometimes to be preferred; its characteristic stool is noisy and spluttering, with the emission of much flatus.

Chamomilla is a very frequently indicated remedy. In his remarks on this drug, Hughes notes that the crude and infinitesimal action seem about identical; in the intermediate stages dilution seems merely to weaken. I have usually employed the tincture; where this fails and I nevertheless feel certain cham. is indicated, I have often been successful with the twelfth centesimal; or, when the tincture has seemed only partially successful, the twelfth centesimal has completed the cure. The great characteristic of cham. is oversensitiveness.

China is the most important remedy where there are lienteric, painless stools, especially when passing immediately after a meal. Ferr. met and arsenicum have also an undigested stool coming on after eating, but are easily differentiated by concomitant symptoms.

Croton tig. is often required, as is seen by its constant recurrence in the notes. The stool is gushing, but thuja, gratiola, elaterium, podoph. and jatropha curcas share this characteristic, and are worth differentiating.

Croton Tig.: Yellow, watery stool; sudden expulsion; aggravated by food and drink.

Thuja has a similar stool, but it is ejected with more gurgling and there is a similar gurgling on drinking. Rapid emaciation is very characteristic, and it is more suitable in chronic cases.

Gratiola has more nausea, and no particular aggravation after food.

Elaterium likewise has no aggravation after food. In one case it seemed to remove the diarrhea without curing the patient. This experience is not uncommon in homœopathy; a symptom is removed, but other medicines are required to complete the cure.

Podoph. has much the same stool, but often with absence

of pain. The accompaniments, *i.e.*, rolling of the head and whining and moaning during sleep, help much in its selection. There is a great tendency to prolapsus ani.

Jatropha curcas is a medicine I have lately found of the greatest help, though I think it does not appear in any of the illustrations. The gushing stool is associated with great prostration, cramps and coldness, also flatulence. Watery, albuminous vomiting is a strong indication.

Leptandra has a very characteristic stool—black, tar-like, fetid.

Merc. sol. and *merc. corr.* are amongst the most frequently indicated medicines. Merc. sol. is especially characterized by great straining, sometimes with blood. Merc. corr. has its greatest repute in dysenteric stools; if there is in addition tenesmus of the bladder, a brilliant result may be looked for. Mercurius is perhaps not always sufficiently carefully differentiated, but surely Bell exaggerates a little in his statement as to the great difficulty in rectifying the mistake when it has been carelessly prescribed.

Magnes. carb. I have found very useful where there are green stools ("green like the scum of a frog-pond"), with a sour smell. Ipecac. has a stool "as green as grass," but the great characteristic of ipecac. is a persistent nausea, which is even expressed in the facies; this associated with a clean tongue is conclusive for this remedy. Many other medicines have a green stool, but one of the first I think of in such cases is magnes. carb.

Podoph. is the great medicine in painless stools, but without careful differentiation it often disappoints. I had no good results with it myself until I used the third centesimal, since which time it has been of magnificent service. Lower dilutions have generally proved inefficient in my hands, except in cases of prolapsus, when I always use the tincture.

Verat. alb. is an indispensable medicine, but is seldom indicated unless pain is a marked feature. The stool is profuse, with forcible evacuation, and is followed by great prostration. Jatropha is a close analogue.

THE NEED OF REVISING OUR IDEAS OF STIMULATION.*

BY ELI H. LONG, M.D., PROFESSOR OF THERAPEUTICS, UNIVERSITY OF BUFFALO.

It may be taken as an indication of progress in our art, when a time-honored term has become inadequate to convey the enlarged conception that has grown out of its use. In teaching therapeutics, the writer has found difficulty in forming a definition of the term stimulant that does not require much qualification and explanation. The usual definition, "An agent that increases the activity of an organic function or process," conveys the central idea, but falls short of a full grasp of the present usage of the term.

In harmony with this experience, this paper offers as a basis for discussion, this proposition: That, in view of the more exact knowledge of the influence of drugs upon the system which obtains to-day, we cannot employ the term stimulation as meaning always a definite and invariable kind of influence or phenomenon.

In the study of practical values and uses of stimulant remedies the two related terms, physiologic action and therapeutic effect, are often confused. They are terms distinct in meaning and they should be properly used. The action and the effect of a drug cannot be the same. The action may be obscure; the effect must be apparent. The *action* of a drug consists of a modification of conditions, chemic, thermic, electric or structural, which determines an alteration of function. The result of this alteration, when apparent, is known as the *effect* of the drug.

The pharmacologist and the clinician have entirely different ways of estimating stimulation, the former studying the action of the drug, the latter the results of its action. What is stimulation in the view of one may be the opposite in the view of the other. To illustrate this point it is only necessary to refer to two well-known drugs, glonoin and aconite. Glonoin has a reputation as a circulatory stimulant from clinical

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observation of the effects of its action, but the action itself, from the physiologic point of view, is essentially depressant. Aconite, on the other hand, is regarded clinically as a circulatory depressant, but the slower pulse-rate and weaker heart action are largely the results of what the physiologist must call a central stimulation.

The restraining factor, which we have come to believe is associated with all important functions, must often modify our estimate of the influence of a remedy. Inhibitory activity will prevent the full realization of the potential of a stimulant drug, while the removal of inhibition may be the equivalent of stimulation.

It may be thought that our final definition of stimulation must come from the physiologist; but we reflect that he is not working within the proper field of stimulation. He is using tissues in as nearly normal condition as possible, while practical stimulation presupposes an abnormal condition. In order to develop this thought we must appreciate the limitations of stimulation. We recognize that an organ has a certain range of action that may be called physiologic, within which it reacts to the work demanded of it. Functional activity, therefore, is a variable quantity, influenced on the one hand by the strength and nutritive resources of an organ, which are opposed, on the other hand, by the amount of work imposed upon it. The physiologic minimum of activity must also vary as modified by these influences. Now, as long as an organ is working efficiently within its physiologic range it needs no stimulation; but when, from disability or from excessive demands made upon it, its activity falls below the physiologic minimum, stimulation is indicated.

It is observed, moreover, that normally acting organs do not show as much response to stimulants as those whose action is deficient. When an organ is doing all the work that is required of it, it is difficult to force its action; but when more work is required of it, we may increase its irritability so as to enable it to respond to the need of increased

work, which after all is its normal stimulus, or we may more directly enforce a greater activity.

The physiologist is studying biologic reactions. In analyzing the action of stimulants he is dealing chiefly with two factors: increase of irritability of cells, and more ready discharge of their energy. These factors are distinct. They should assume a greater importance in aiding our classification, as we shall see later, but they do not explain the whole of stimulation as the clinician sees it. His view of the subject is more inclusive, although his object is a very simple one. He wants greater efficiency in a function, however it may be obtained. In one case it will be secured by temporary rest; in another by restraint; in another by removal of restraint; in another by increasing the reserve power; in another by positive stimulation of an organ. Thus many agents of quite diverse physiologic action will be included in the clinician's list of stimulants.

In view of this divergence it seems unlikely that we can agree upon a definition that will be strictly scientific and sufficiently inclusive; but it will answer our present purpose if we discuss a basis of classification, and upon this offer a suggestion of what our definition ought to include.

In the regular exercise of most functions in the living body, four factors are present: (1) reserve energy; (2) irritability; (3) activity or discharge of energy; (4) restraint or inhibition. Supplying reserve energy pertains rather to the use of tonics, but the relation is so close as to merit brief remark. There may be a diminution of reserve energy by reason of hemorrhage, damage to blood and tissues by poisons, or from various other causes. Here whatever contributes to a restoration of the nutritive qualities of the blood and the volume of fluid in circulation, will serve our purpose. It is observed after hemorrhage, that the restoration of volume by the use of normal saline solution will produce a much better action of the heart. Several factors are concerned in this result. Better filled vessels mean a better nourished heart; better

distention of the ventricles with fluid calls forth a better contraction; while the saline itself may increase the irritability of the heart muscle. But the effect is not purely a stimulation, for we are contributing to reserve power as well. But assuming that reserve energy is sufficient, I submit that an increase of the efficiency of a function may be secured by modifying any one of the three other factors; *i.e.*, by increasing irritability of cells, by causing more rapid or more powerful discharge of their energy, or by removing restraint.

Here is our basis of classification of stimulants. It will be developed and illustrated by reference to the action of several well-known drugs.

First, as pertaining to the factor of irritability of cells, strychnine is our example. It might be proper to include under this heading, with irritability, also conductivity by nerve cell or nerve fiber. Strychnine acts chiefly by influencing irritability and conductivity in the nervous system, or in other words, by improving innervation. It does not cause a discharge of energy, but permits a readier response to normal stimuli. It may therefore be called a *potential* stimulant. Even in poisoning by strychnine the convulsions do not originate independently of external stimuli, as is shown by the fact that they do not occur in a strychninized frog when the surface of the body has been previously cocainized. Herein lies the superiority of strychnine as a general stimulant—that it does not cause an exhausting discharge of energy, but simply places the nervous system, and possibly the muscles, in a condition more responsive to the needs of functional activity. This appears to the writer to be a very important distinction in favor of the general usefulness and value of this drug in such diseases as pneumonia, typhoid fever and diphtheria, when stimulation is desired without exhausting either reserve energy or irritability.

The second kind of stimulation, that which increases activity by causing either more frequent or more violent discharges of energy, may originate in several ways. For

example, we find that the heart will respond to any considerable irritation of sensory nerves, however it may be produced. Pain will induce a rise of arterial pressure. Faradism will give the same result. Stimulation of this nature is brought about in an indirect or reflex manner. So-called diffusible stimulants, such as ammonia and alcohol, probably induce much of their effect through such local irritation, being diffusible in effect rather than in action. Caffeine and drugs of the digitalis group act more directly upon the heart, but they belong to this general class, caffeine causing a more rapid heart action, and digitalis more forcible contraction. This whole class may be called *kinetic* stimulants, for the reason that they cause a more rapid change of reserve energy into kinetic energy. It is plain that, by causing an increased discharge of energy, these agents tend to induce exhaustion, and this is the fact to be emphasized in comparing them with the class of potential stimulants. They have in their excessive action the possibility of defeating the very end sought to be gained by stimulation, hence their continuous use must be carefully supervised.

The place of the third factor under consideration, that of inhibition, admits very readily of demonstration. The fact that we can arrest the heart's action by galvanizing the vagi, or increase the pulse rate decidedly by depressing their centers by glonoin, without any direct action upon the heart itself, establishes the importance of the inhibitory influence. No one will deny the stimulant effect of glonoin upon the circulation. Clinical experience has given it a place in which it easily outranks any other drug, and that place is where the peripheral circulation is insufficient, and the heart is embarrassed in consequence. But it may be soundly argued that its action, physiologically considered, is a depressant one, in moderate dose depressing vagus centers and vasoconstrictors, in large dose depressing the heart and respiratory center. Notwithstanding this, it will hold its place as a practical circulatory stimulant in proper cases, and it rests with the

therapeutist to reconcile differences by more liberal definition of the term stimulant.

It would seem that a remedy that is capable of removing inhibitory restraint, and thereby *allows* an increase of activity of an organ, should be regarded as a stimulant so long as the results of its action is salutary.

If we adopt the basis of classification here presented, we recognize three general classes of stimulants:

1. Agents that increase the irritability of nerve centers or the conductivity of nerve fibers, thus increasing the potential of a function.

2. Agents that determine a more rapid or more powerful discharge of energy in the activity of a function, thus converting potential into kinetic energy.

3. Agents that depress the nerves or nerve centers which exercise a restraining or inhibitory influence over an organ, thus allowing greater freedom of activity in its function.

It may not be easy to classify all stimulants under these headings, but whenever the physiologic action of a remedy is determined, this, together with clinical observation of its effects, will soon give it its place.

Coming to a precise definition which shall be sufficiently inclusive, the following is suggested for your consideration: A stimulant is any agent that increases temporarily the efficiency of a function, by improving the innervation, or increasing the activity, of an organ, or by lessening the restraint to its action.

EDITORIAL.

ANNOUNCEMENT.

With the receipt of this number our subscribers will observe at once that the *Gazette* has reverted to its original type and this, it is hoped, in a double sense. After thirty years of faithful, self-sacrificing labor on its behalf, Messrs. Otis Clapp & Son have relinquished the publication of our journal for a number of reasons, among which by no means the least is the desire to remove from it all suspicion of commercialism.

Henceforward the business management will be in the hands of Mr. C. A. Boynton, a man widely and favorably known to the profession throughout the country His efforts will be devoted to the interests of the *Gazette*, and unconnected with those of any firm. Mr. Boynton may be addressed at Hyde Park, Mass.

The responsibilities of the publication have been assumed by an association of physicians, who have united for the purpose of making the *Gazette* a more effective organ of expression for the homœopathic physicians of New England in accordance with the aims and purposes of its original founders. With this end in view the editorial department has been reorganized, and is to be supported by practitioners, teachers and specialists of our school in such a way as to represent its just claims as an integral part of the profession at large, and at the same time to discuss all questions relating directly and indirectly to the principles and practices of homœopathy. It is hoped, therefore, that this new organization will not only command this confidence, but also the active coöperation, of all having at heart the reforms for which the *Gazette* aims to stand.

Homœopathy has by no means fulfilled its mission, marked as are the changes in the attitude towards its adherents of the dominant school. In fact, the dangers to our therapeutic progress are distinctly threatened by that unacknowledged

but widespread amalgamation in practice, which, while it may tend to free professed homœopathists from their sectarian position, threatens directly to subvert the principles to which they have given in their adherence and on which all our organizations rest. To avoid these dangers by upholding our principles against all comers and more clearly to establish their limitations in order to purify our practice shall be the aim of all who have now assumed the conduct of the *Gazette.*

The increase in the number of pages, which will at once be made, necessitates the change in the price of the subscription. The small sacrifice thus demanded will, it is confidently expected, be cheerfully met by all who feel the need of being represented by a journal devoted to their best professional interests.

Until further notice communications should be sent to Dr. A. T. Lovering, 10A Park Square, Boston, as heretofore.

THE CASE OF JANE TOPPAN.

We have now before us a report and analysis of the case of the nurse whose acts of poisoning so profoundly agitated the community some three years ago and have occupied the minds of alienists to this time. The report is by Dr. H. R. Stedman,* one of the experts appointed by the court to determine the question of responsibility of this extraordinary woman, and is so clear in its exposition and so exhaustive in its analysis of her mental phases in their advancement from apparent responsibility to absolute irresponsibility, that no shadow of doubt can remain as to the justice of the decision which condemned the patient, as we must now call her, to confinement in an asylum rather than to execution.

Apart from its judicial and scientific interest, the case presents so many points of contact with the daily experience of the general practitioner that Dr. Stedman's report should

* *Boston Medical and Surgical Journal,* July 21, 1904.

be read and pondered by every man having a genuine solicitude for the mental development and well-being of both children and adults under his charge. We have here the history of a subject unquestionably attractive in childhood and uncommonly bright during adolescence, continuing to active womanhood and well on to middle life with abnormal mental and moral traits so masked by a seemingly sound and cheerful disposition, that their true character remained concealed from the intelligent men and women among whom she moved in close contact, year in and year out. Though suspected here and there these perverse peculiarities were not discovered until they had progressed so far as to originate acts of so distructive and appalling a nature that they could no longer remain in doubt. Even then it was left to the court to determine in how far they should be looked upon as pathological.

It is a question for alienists and judges to decide whether that degree of perversion and self-control which enabled the patient to so obscure her evil propensities and the nature of the acts to which they gave rise as to escape early detection, does not constitute or imply a normal measure of responsibility. On purely psychological grounds it must be held that self-control and the intentional determination of our acts lies at the bottom of all morality, and must hence be the fundamental consideration in the framing of all penal law. But for the family physician there is a practical aspect of many features of this startling and unusual case, calling for the most serious study and reflection. To present it in its medical light, it is necessary to go back far beyond the stage of observable childhood, to those antecedents which alone can serve to explain many points left in doubt by the data of the immediate history. It is very largely the matter of heredity with which not the alienist alone, but the therapeutist, as well, must deal, in so far as he is called upon to bring to bear both the aids of preventive medicine and curative

agencies such as those applied to the hereditary taints of syphilis, tuberculosis, the dartrous diathesis and others, against which we are not wholly powerless. The case offers a striking example of that total depravity or original sin, to use a theological conception of a pathological condition, by which the child's teeth have been set on edge from the fact that the father has eaten sour grapes. We know that Jane Toppan's father was not only a ne'er-do-well, but also an eccentric man in many ways, and a hard drinker to the time of his death, traits pointing to inherited weakness of character on his part, inasmuch as eccentricity and uncontrollable desires are much more often transmitted than acquired or due to environment. Moreover, we have accurate knowledge of one daughter of this father still living in an asylum in a state of chronic dementia, and of another who labored heavily under what the Germans call "the inherited burden" (Belastung), as shown by her unrestrained life of waywardness and depravity. Jane's case can be considered, therefore, only in relation to those of her immediate relations. One daughter, however, is still living as a normal, intelligent and respectable woman; a fact not without interest as showing, according to Weismann, the possibility of the escape, in its prenatal state, of an uncontaminated germ from the poison by which the others of the same parents are infected *ab ovo*. But this single instance, though evidence in favor of Weismann's theory, cannot be held to controvert in any way the view of hereditary taint necessarily taken of the others mentioned.

At the age of four Jane was placed by her father in a foundling institution from which she was taken, two years later, by reason mainly of her attractiveness and promise, into a good family whose name she adopted, where she was treated as a daughter, educated well and surrounded by wholesome moral and religious influences, under good discipline and with proper associates. But from the first certain incorrigible propensities to lie and deceive, to make trouble and

mischief in many ways manifested themselves, until at last she could no longer be tolerated in the home. These same propensities remained, as may now be easily seen, throughout her career, growing with her growth, unchecked and unregulated by any adverse experience or by the increasing knowledge of the world, and the otherwise normal development of her perceptions and powers of reasoning. At twenty-eight she entered the training school of a general hospital, where she soon exhibited much ability to learn and to assume responsible duties, but not without causing much confuson and trouble by her deceitfulness and mischievous proclivities. After having been dismissed from one hospital and serving with like evidences of her disordered moral nature and with like experience in another, she was nevertheless able to take up at once private nursing, in which she succeeded promptly in gaining the confidence of many discerning physicians, and the good-will and affection even of no small number of intelligent families. Her invariable cheerfulness, resourcefulness and excellent education, her ready wit and tactful adaptation to surrounding circumstances, made her almost indispensable to those who knew her, in cases of illness and trouble, and insured her during many years a good livelihood and many warm friends. But more and more the caution and tact, the shrewdness and far-sighted judgment by which she so successfully covered up her many delinquencies became enfeebled, and were overshadowed by the abnormal brain functions resulting from her inheritance, and enhanced by the steady advance of that degenerative process which constituted her doom. She lied with ever-increasing barefacedness, because she had to lie, about her best friends and supporters; carried tales from house to house without the slightest regard to facts; even set fires repeatedly in the houses of patients under her charge; committed thefts, and during the last years began to act with more and more boldness on those views and impulses early expressed in the declaration that "it was of no use to keep old people alive." At what stage

she began to use poisons to carry this conviction into execution is not easily determined, but after her arrest she freely confessed to having poisoned twelve patients intrusted to her care, a number swelled by later confessions and careful inquiry to no less than thirty-one. It is highly probable, however, that her first experiments in this direction were made after she had reached her thirty-eighth year (her age is now forty-six), and that they were confined exclusively to the aged, since during those later years, many old people were dying under her hands, when she nursed successfully and most satisfactorily no small number of younger patients with severe cases of acute disease, such as typhoid, pneumonia of a grave type, through those stages during which a fatal ending might well have been looked for and would have excited no suspicion of malign interference. Her vigilance at night, supported always by strong coffee, to which she was at all times excessively addicted; her intelligent and apparently accurate reports, and her unusual powers of observation inspired confidence in the attending physicians and lightened their burdens, as her unfailing cheerfulness, amounting often to actual hilarity during times of greatest strain, made her a comfort and support to families in grave distress and apprehension. Even to the moment of her arrest and during the first year of her confinement she retained this rare self-possession and happy optimism or, if one chooses, this callousness to hardship and affliction, an indifference so pronounced that it enabled her to sleep soundly beside her victims, to assist with apparent sympathy in laying them out, or, in her cases of incendiarism, to aid promptly and efficiently in extinguishing the flames she had wilfully started.

During the last year of her life in the asylum she has, as Dr. Stedman's strikingly illustrative photographs and the increasing pathological manifestations he records, sufficiently show, lost at a rapidly increasing ratio that mental balance, the will power and judgment which had so long stood by her with surprising effect. In strong contrast with the full,

strong physique, bright eye, and animated, happy expression of even two years ago, she now presents the haggard, wasted appearance of a physical wreck, a change by no means due to remorse or any physical or mental suffering occasioned by her confinement, but solely to those retrogressive processes within her brain, until now held in at least partial abeyance by the vigorous bodily constitution which gave her the outward look and the social standing of a normal woman.

Cursory and incomplete as this statement of the case necessarily is, it may serve to suggest many points of practical interest to both physicians and educators. If we look thoughtfully at this long course of vigorous and happy activity, going hand in hand with the most vicious tendencies, motives and practices, it becomes evident at once how broad and indeterminate is that borderland between sanity and insanity, and how near the danger line many are who still walk among their fellow-men as sound and safe. While it is fortunately most exceptional that the propensity to falsehood, deceit, mischief and ungovernable temper, so often seen in the young, assumes other than temporary forms, it is not going too far to hold them to be the transient outcropping of the same degeneracy which in Jane Toppan's case progressed to so destructive an end. Careful records abundantly show that in no small number of cases these same individuals, who in infancy and childhood were subject to what is called cerebral congestion marked by violent outbursts of temper, disturbed sleep, dogged obstinacy, etc., or vicious tendencies to lie, steal and deceive, carry with them psychical stigmata from which flow abnormal thoughts and acts for which we hold them responsible. The frequent instances of embezzlement, of chronic dissipation in many forms, of sexual perversions and suicide, to mention no other, occurring during the best years, may be traced directly to these causes. And what is more, those cases of perversion of will, temper and judgment with pronounced lowering of the moral standards not unfre-

quently met with in advancing years, are seen, when carefully studied, to have their origin in the same cause.

The practical bearing and hopeful aspect of our relation to these cases rest in the knowledge, founded on experience and research, that, as already suggested, hereditary taints are not beyond control. We know that through both the directive forces within the organism, and environment in its widest sense, the undefiled portions, on which depend the harmony and balance of all our physical and vital processes unceasingly tend to regulate and even to eliminate those tainted and enfeebled elements from which abnormal functional activity springs. We are, therefore, neither warranted in assuming the pathological changes within the structural elements of the brain to be necessarily abiding and progressive, nor in having their early and common manifestations to be no more than passing functional aberrations. They call for the most careful watching on the part of physicians, parents, and all having charge of the young, since in too many instances through their misapprehension and the neglect of proper hygiene of body and mind they are aggravated and made to leave inextinguishable traces, which later assert their presence in unexpected mental and moral phenomena. While it is most improbable that in Jane Toppan's case any training or any known methods of treatment could have prevented her early abnormal propensities from progressing to the disastrous termination, it is certain that in many other cases of a less pronounced type, infinite harm may be forestalled by rational measures. And among these not the least important is that fruitful field for the selection of remedies which in time, we have reason to hope, will obtain wider recognition.

M. AND MME. CURIE, THE DISCOVERERS OF RADIUM.

We copy the following item from the *British Homœopathic Monthly Review* at the risk of startling the entire "regular" profession, in case the facts here conveyed should come to wider notice. It would then be discovered that all our knowledge of radium, hitherto so full of scientific and practical interest, is vitiated at its source, therefore to be *anathema* and opposed on principle. At least we have reason to fear that from this time forward it will fall under the ban of that dignified silence which hangs so heavily over everything contaminated by association with the homœopathic name.

"Although M. and Mme. Curie are entirely absorbed in their laboratory work and do not concern themselves with medicine, we are able to state with some amount of pride, that both the father and grandfather of the former were homœopathic physicians.

"Curie, the grandfather, a French physician, born in Alsace, after having practiced for some time in France, was drawn to England just at the time when homœopathy began to spread there. He lived in England for many years, devoting himself to a very numerous *clientele*, thanks to whom he made a fortune.

"His son, Curie the second, father of the present *savant*, remained in France and likewise practiced homœopathy. He established himself in the Quartier St. Germaine, but not having the same aptitude as his father, having rather a taste for scientific research than for *clientele*, he accepted, after some years of practice, the post of 'inspector of wet nurses,' for the department of Seine, offered him by one of his political friends, a post which he still holds. Dr. Curie lives at Fontenay-aux-Roses, near Paris, and is about twenty-five years of age. His name is well known to homœopaths, through his researches concerning bryonia, chloride of gold, and especially concerning drosera.

"About the year 1868 *L'Art Medicale and British Journal of Homœopathy* published an account of Curie's experiments

with drosera. After poisoning cats by means of drosera, he found inflammation of the pleural surface of both lungs. It was believed at the time that drosera would cure phthisis, but we now know it only as a palliative in that malady.

"As for the celebrated chemist and his not less remarkable spouse, they are simply chemists and physicists. They live with the father at Fontenay-aux-Roses, and both being devoted to the 'wheel' may be constantly seen going on their bicycles from their country-house to their laboratories.

"We ought to say that Madame, that astonishing woman, is a Pole from Warsaw, and learned to know M. Curie whilst both were attending the course of chemistry in Paris. They pleased each other, were married, and thus founded a new Franco-Russian alliance."—*Revue Homœopathic Francaise,* February, 1904, p. 53.

STIMULUS, STIMULATION AND STIMULANTS.

An earnest wish to aid the advancement of progressive and exact views on therapeutic subjects prompts us to reprint from the *Therapeutic Review* an article by Professor Long of Buffalo "On the Need of Revising Our Ideas of Stimulation." It is not so much that the article brings original conceptions or such as are new to those who have followed the recent developments in physiology and pharmacology that we give it place in these pages. We do this cheerfully because the position it takes is so fully in accord with that taken from the beginning by the followers of Hahnemann, and because it is one of the accumulating signs of the gradual disintegration of one of the most pernicious traditional therapeutic doctrines. This doctrine founded on the most superficial observation and arbitrary assumptions regarding the *modus operandi* of drugs is, despite the fact that it is still taught in the schools, so at variance with the better knowledge of the day that every attempt to overthrow it is to be welcomed and sup-

ported by all who hope for the emancipation of pharmacotherapeutics from the crude empiricism by which it is still so deeply tainted.

The idea of stimulation as commonly conceived is a very old one, but the more modern meaning of the term stimulant as accepted by the profession, as an analeptic or restorative remedy capable of imparting a heightened activity to the organism as a whole or to a special part enfeebled by disease or outward causes, dates back to Dr. John Brown of Edinburgh, the founder of Brownianism. His entire system of medicine rested on the theory that all disease had its cause either in deficient excitation, *asthenia*, or its excess, *sthenia*, and hence that all treatment must be either stimulating or debilitating in order to overcome these abnormal conditions. This most vague and unfounded conception of Haller's principle of irritability and the theories deduced from it, was long upheld in Europe by many noted physicians, though with additions and emendations, and introduced into this country by no less a man than the celebrated Dr. Rush. Half a century later we see it in France as the cornerstone of the system of Broussais, while here it gave rise to Thompsonianism with its measures for unscrewing the navel, a system from which the present eclectic school took its origin, and still later we find it perpetuated and elaborated by Dr. Todd of London, who wished to have inscribed on his tombstone "he fed fevers," and with whom feeding meant mainly stimulants in inordinate quantities.

That so glaring a misconception of a property of living matter should have survived the progressive changes of a century and a half in medicine and remain to-day uppermost in the minds of the great majority of the profession and deeply rooted in the conviction of the laity, is both discouraging and surprising. It is discouraging because it shows the extreme tenacity with which the misconstruction of a sound principle is held in varying forms from generation

to generation, and surprising in the face of the facts adduced by Dr. Long in support of the views he advocates, views most fully supported by modern physiological and pharmacological research. We know both from animal experiment and the exact observation of the reactions within the human organism that the action of alcohol for example which is universally supposed to be the sheet-anchor of all in need of bodily vigor, is far from being life-giving or, in point of fact, stimulating in the sense of strengthening, especially in the doses ordinarily administered. In the same way glonoin, as Dr. Long in some unexplained way is led to call it, is not merely exciting or aconite depressing, nor do strychnine, camphor, amyl-nitrite possess only the vaguely conceived virtues commonly inferred from the superficial observation of the outward and visible changes caused by their primary action. Given in health this so-called physiological effect is to disturb the harmonious interaction of the controlling nerve centers of more than one complex apparatus, and this far more often by paralyzing or suspending one portion in such a manner as to leave ungoverned its normal opponent. Hence, as we all know, the immediate acceleration of the pulse, the flushed face and possible sense of exhilaration, or vertigo, or headache following the ingestion of alcohol or glonoin are in no sense the effects of stimulation, but rather the result of a temporary inhibition at the vasomotor center causing a relaxation of the arterial tension and thus an undue filling of the arterioles and capillaries which may or may not be beneficial when produced in disease. Sound therapeutic reasoning demands to-day that all ascertainable effects of medicinal substances should be carefully differentiated if we hope to see the popular notions regarding drug action and drug effects replaced by more accurate knowledge and better methods of practice, and that we bear clearly in mind the certainty that whatever phenomena follows the administration of drugs are produced directly by changes in the molecular groupings and forces of the

structural elements for which they possess a special affinity. At the same time we know that like all other organic processes medicinal action is governed by laws which, though for the most part unexplained, are yet recognizable and may be made to serve for the deduction of rational rules of practice. To find these laws must be the foremost aim of therapeutic science.

But the subject has so wide an application to drugs of all classes and of every description, and is of such practical importance that we must content ourselves with no more than a short reference to it here. We shall have frequent occasions to return to its consideration in these days of many-sided activity in therapeutic matters, since no other so nearly concerns the principles for which we stand.

Meanwhile we call attention to a communication on another page which has, we are led to believe, a bearing on the same subject, and we print in the same hopeful spirit that prompts us to bring the article commented upon above. Our correspondent is Dr. Crothers, the secretary of the new American Medical Society for the Study of Alcohol and Other Narcotics, a movement for which he enlists the interest of all who recognize the importance of continued and exact investigation along the lines the society follows. The formation of such an organization in this country is a promise of therapeutic progress to be accepted by all schools of medical inquiry with confidence and willingness to render every possible aid in furtherance of the objects proposed. Already, the literature contained in the transaction of the two old societies, out of the union of which the new one has arisen, is both extensive and most valuable. We commend it especially to those who still hold alcohol to be a restorative pabulum in all conditions of weakness and exhaustion.

To the Editor of New England Medical Gazette,
Dear Sir:

The American Medical Society for the Study of Alcohol and Other Narcotics was organized June 8, 1904, by the union of the American Association for the Study of Inebriety and the Medical Temperance Association. Both of these societies are composed of physicians interested in the study and treatment of inebriety and the physiological nature and action of alcohol and narcotics in health and disease. The first society was organized in 1870 and has published five volumes of transactions and twenty-seven yearly volumes of the *Quarterly Journal of Inebriety,* the organ of its association. The second society began in 1891 and has issued three volumes of transactions and for seven years published a quarterly bulletin containing the papers read at its meetings. The special object of the union of the two societies is to create greater interest among physicians to study one of the greatest evils of modern times. Its plan of work is to encourage and promote more exact scientific studies of the nature and effects of alcohol in health and disease, particularly of its etiological, physiological and therapeutic relations. Second, to secure more accurate investigations of the diseases associated or following from the use of alcohol and narcotics. Third, to correct the present empirical treatment of these diseases by secret drugs and so-called specifics and to secure legislation, prohibiting the sale of nostrums claiming to be absolute cures containing dangerous poisons. Fourth, to encourage special legislation for the care, control and medical treatment of spirit and drug takers. The alcoholic problem and the diseases which center and spring from it are becoming more prominent and its medical and hygienic importance have assumed such proportions that physicians everywhere are called on for advice and counsel. Public sentiment is turning to medical men for authoritative facts and conclusions to enable them to realize the causes, means of prevention and cure of this evil. This new society comes to meet this want

by enlisting medical men as members and stimulating new studies and researches from a broader and more scientific point of view. As a medical and hygienic topic the alcoholic problem has an intense personal interest, not only to every physician, but to the public generally in every town and city in the country. This interest demands concentrated efforts through the medium of a society to clear away the present confusion, educate public sentiment, and make medical men the final authority in the consideration of the remedial measures for cure and prevention. For this purpose a most urgent appeal is made to all physicians to assist in making this society the medium and authority for the scientific study of the subject. The secretary, Dr. T. D. Crothers of Hartford, Conn., will be pleased to give any further information.

To the Editor of The New England Medical Gazette.

Dear Sir:

To the members of the Class of 1882 of the B. U. S. M. who knew Dr. Benjamin P. Barstow, late of Kingston, Mass., the following items, I am sure, will be of interest. Although accompanied by feelings of sadness and deep regret, it seems a duty on the part of the author to place it plainly within the reach of all who knew Dr. Barstow only to respect and love him.

Aug. 2, 1904, late in the afternoon I received a special delivery asking me to come to Epsom, N. H., to see Dr. Barstow. Accordingly I took the first train on Aug. 3, saw Dr. Barstow about noontime, and obtained from him the following history; namely, one week previous while mowing grass in the yard he scratched the dorsal surface of the index finger of the left hand and pricked the palmar surface of the same hand. A few days later pain developed in the index finger, pus soon followed, and the finger was opened by the local physician, who, I think, made a good, free incision on the dorsal surface of this index finger.

Relief seemed to follow this opening and for a day or so the finger seemed better, but soon the surrounding tissue began to swell, pain redeveloped, temperature went up and at the hour of my arrival was 101°, pulse varied from 100 to 120, respiration difficult, in some pain, and he looked sick. It seemed an improper place in which to be ill and I offered my services as a companion and attendant to his home in Kingston, or to Boston. I also offered him the courtesy of my home. He chose the latter.

We started for Providence soon after twelve o'clock and reached the city about six o'clock with the following state of affairs: respiration, 20; pulse, 96; temperature, 102°; in much pain; and he semed to me to be sicker than the wound would warrant.

The following day, Aug. 4, he was etherized and the hand most thoroughly opened by our esteemed teacher, Dr. J. W. Hayward of Taunton, Mass. During the next five days there seemed to be no abatement in either pain, pulse or temperature; so that six days afterward, namely, Aug. 10, with a temperature of 102°, pulse 96, respiration 28, the hand being more generally swollen, I gave chloroform and as I thought, made a most thorough opening of the hand front and back, between the fingers, and clear up to the wrist. I felt that no more surgery, at least at the present time, would be needed.

There was no abatement of suffering whatever. Pulse increased until it was running to 100 and 102, respiration 22 to 25. The hand looked so much worse that two days later, namely, Aug. 12, a consultation was held and the hand reopened again by Dr. J. W. Hayward. There was no relief from the operation, no lowering of temperature to amount to anything, but a gradual change in the color of the tissue of the hand.

Increase in swelling went on so that on Aug. 16, the thirteenth day after my seeing him, in consultation with several physicians, he was again anesthetized and several new openings made in the hand by Dr. J. W. Mitchell. From this

time up to the 18th of August there seemed to be a general improvement, his temperature dropping to 99°.

On the fifteenth day of his illness, or the 18th of August, there began a rise of temperature which gradually increased until on the 20th of August the temperature was 103°, pulse 140, respiration 30, with the general appearance of septic condition all through the system.

In the presence of Dr. J. W. Mitchell, senior surgeon of the Rhode Island Hospital, I again treated the hand surgically. From this there was little cessation of pain and suffering, and on Aug. 21 there appeared secondary hemorrhage combined with such excessive edema of the hand and forearm that for the first time it seemed practical to consider amputation.

Accordingly the next day, Aug. 22, or the nineteenth day since I had been in attendance, with a temperature of 106°, pulse 168, respiration 34, in consultation with the following doctors, namely, J. W. Hayward, J. W. Mitchell, Arthur B. Holmes of Kingston, Mass., a neighbor of Dr. Barstow, A. H. Miller of the Rhode Island Hospital, F. S. Jewett and R. S. Wilcox of this city, it was decided to amputate above the elbow.

Amputation, therefore, was performed on the afternoon of Aug. 22 by Dr. Hayward. The wound was sewed up and dressed by Dr. Mitchell, assisted by the other physicians present. A profound chill followed this operation, but on the following day the temperature dropped to 101°. The arm was dressed on the 23d, redressed on the 24th, and on the 25th at 7.30 A.M. he passed away, making it just twenty-two days from the time I first saw him, or about twenty-nine days from the time of infection.

A little further history of the case will, perhaps, be interesting. The first twenty-four hours the hand was continuously immersed in hot bichloride solution (1:3000). At the end of the third twenty-four hours there developed very sharp pain in the left lung and shoulder. Respiration increased, temperature went up, and he began to cough. The arm

was then dressed with bovinine and wrapped up for the night, enabling him to get some rest. A pneumonia jacket with antiphlogistine on the front and back was put on and oxygen administered every two hours.

My diagnosis was congestion of the left lung. There were found in the sputum from this lung streptococci and any number of pneumococci. There was very frothy expectoration, rapid respiration and slight dullness and percussion on the back and middle of the left side. I quote this as *my opinion.* Prof. H. C. Clapp, who came to see Dr. Barstow several days later, namely, Aug. 10, said that it was not pneumonia, but simply congestion. Anyway, in the course of a week's time the lung got well, the cough subsided, and it seemed as if this phase of the disease came to an end. The oxygen which we began to use for this condition of the lung we felt was a good remedial agent and continued its use every day at various intervals, but generally about once in two hours until his death.

From this date the hand and arm were dressed with bichloride solution (1-3000 and 1-5000), sterile water, saline, solution of sulpho-napthol, occasionally with bovinine, and a dry dressing at night as a means of rest. Hot, cold, wet and dry dressings were all used with no effect.

He took a good amount of nourishment throughout his illness; bovinine and malt, malted milk, beefsteak, mutton chops, fruit, bread and butter, cereals of all kinds, watermelon, grape juice, coffee, tea and whiskey in abundance.

Throughout the case medicines were selected with special care. Such remedies as arsenic, echinacea, terebinthina, iodine, quinine, cannabis ind., ferrum phos., bryonia, sulphur, etc., as the totality of the symptoms indicated from time to time, were given.

The bowels moved regularly nearly every day without assistance. Days when assistance was needed, saline enemata were given. The urine was examined several times during the illness, but no trouble was discerned.

About the eighth or ninth day frequent urinations made their appearance with tenesmus in a most aggravated form. This rapid and painful micturition continued until Aug. 12 when there was complete retention and it became necessary to pass the catheter. From this time on the bladder refused to perform its duty and the catheter had to be passed semi-occasionally to completely empty the bladder. The bladder was washed out at intervals with saline solution and bichloride (1-3000 and 1-5000) until this tenesmus, straining and pain became so severe that it became necessary to use an anodyne, and on the evening of the twentieth day of his being with me, or Aug. 23, there began to be a well-marked peritonitis, which ended his life.

From the beginning until the end stimulants were used with discretion. At times he took as much as a pint or more during twenty-four hours. At other times when nutrition was taken very well, stimulants were omitted.

The surgery I consider performed early and ably. His nursing was most faithful. I, myself, was not away from him many hours at a time during these twenty-two days that he was ill at my house, six hours being the longest time that I remember being away. Consultations were held often and were unhurried. Should I be called upon to go through the case again, or a similar case, I would not know how to do better in any particular. This one thought is the only satisfaction in this sad case.

One interesting feature was that Dr. W. H. Watters of the B. U. S. M. Pathological Laboratory found streptococci and pneumococci in the sputum, staphylococci in the pus from the hand, but at no time were there found any streptococci in the pus taken from the hand or arm.

No post-mortem examination was held. I believe he died of septic peritonitis, and would have liked a post-mortem for the purpose of ascertaining if this streptococci found in the sputum was also in the peritoneum.

There are, perhaps, few who knew Dr. Barstow better than

I. From young men in the medical college until the dying hour we were the closest of friends, both professionally and socially. There were not many months in the twenty odd years that I did not hear from him or see him. Therefore I can speak intelligently when I say that I know the man was overworked and, in my opinion, completely worn out both physically and nervously.

I believe that this septic condition which attacked him in his finger and ended in this form of peritonitis, as described, would have been overcome in a person whose physique was in better condition to combat the disease.

In closing I am sure that the members of the Class of 1882 and the professional friends of Dr. Barstow can most heartily and sincerely thank the following-named physicians for their most earnest, faithful and intelligent assistance in the care of our beloved brother in his last illness: Dr. W. H. Watters of the B. U. S. M.; Dr. Thomas E. Chandler of the B. U. S. M.; Dr. H. C. Clapp of the B. U. S. M.; Dr. Winfield S. Smith of the B. U. S. M.; Dr. J. W. Hayward of the B. U. S. M.; Dr. E. H. Pierce of the B. U. S. M.; Dr. A. B. Holmes of Kingston, Mass.; Dr. J. W. Mitchell, senior surgeon of the Rhode Island Hospital; Dr. A. H. Miller, instructor in anesthetics of the Rhode Island Hospital; Dr. F. S. Jewett of Providence, R. I.; Dr. R. S. Wilcox of Providence, R. I.

If there was anything omitted that could have been done to save Dr. Barstow's life, it certainly was unknown to any of these physicians. If there was known to anybody anything which could have been made use of in this case, the invitation for assistance was most cordially and sufficiently extended to the fraternity so that there need have been no reticence in the offering of any opinion whatsoever.

This brief outline of the case is written merely as a news article for the many friends who knew Dr. Barstow, and is in no way intended for a scientific article or an attempt to discuss the case from a scientific standpoint.

Waldo H. Stone.

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to A. T. Lovering, M.D., 10A Park Square, Boston.

A PRACTICAL TREATISE ON GENITO-URINARY AND VENEREAL DISEASES AND SYPHILIS. By Robert W. Taylor, A.M., M.D., Clinical Professor of Genito-Urinary Diseases at the College of Physicians and Surgeons, Columbia University, etc. Third edition, thoroughly revised. Illus. New York and Philadelphia: Lea Brothers & Co. 1904. pp. 757. Price, cloth, $5.00; leather, $6.00; half morocco, $6.50 *net.*

This is a very comprehensive work, treating not only of gonorrhea and syphilis in all their various stages and manifestations, but also of all the disorders, complications, common malformations, etc., associated with them. All therapeutic measures, medical as well as surgical, so far as known to the allopathic school, are conscientiously and in a painstaking manner outlined, and empirical methods repudiated and discouraged. Especially will a timely word of warning be noted against the reckless use of vaunted specifics warranted to revolutionize the treatment of gonorrhea. The author calls a halt to such experimentation so common in the acute stage, and gives his adhesion to the well-proved "ideal" agent, nitrate of silver.

Another needed caution is the following: "Too much attention cannot be paid to the fact that in some cases of gonorrhea sounds may be productive of incalculable harm."

A well-written chapter is that on "Strictures of the Urethra." This is a careful study of the subject in all its phases, furnishing the exact knowledge needed by students who, as a rule, are much too superficially informed. Methods of examination and treatment are very clearly described.

The bladder is a subject copiously illustrated, and in the next chapter the pages on symptomatology and diagnosis of suppurative inflammation of the kidney will please instructors on those topics. Syphilis is discussed at length, with a liberal display of cuts prepared from photographs of the author's cases.

There is a helpful chapter on "Syphilis of the Eye and Ear." Altogether we should recognize this work as a trustworthy guide; the valuable knowledge it contains to be supplemented by a careful study of our own indispensable therapeutic resources.

RÖNTGEN RAY DIAGNOSIS AND THERAPY. By Carl Beck, M.D., Professor of Surgery in the New York Post-Graduate Medical School and Hospital, etc. Illus. New York and London: D. Appleton & Co. 1904. pp. 460. Price.

The author's acknowledgments to his publishers for the typographic and pictorial excellence of his book will be generally admitted as thoroughly well deserved. Of the nearly three hundred and forty illustrations, there are few that do not deserve praise, not only for intrinsic value, but also for superior mechanical execution; cost has not been considered.

Dr. Beck is already widely and well known to the profession through the large number of valuable contributions from his pen which have appeared in leading journals at home and abroad. He is an expert and an authority in X-ray therapy, and a surgeon of high repute. The viewpoint from which he writes is strictly clinical; his purpose to point out and demonstrate methods of utilization of the Röntgen rays in medical and surgical practice. He presents no disjointed or dissociated facts, but shows the rational place which this method of cure occupies, and its relations to methods and means which must frequently be resorted to in connection with it. What Dr. Beck very sensibly says about the Röntgen rays in diagnosis that: "It cannot be repeated too often that the Röntgen rays do not represent a substitute of our old standard methods, but are a most valuable addition to them," he practically repeats in referring to the practice of medicine; the part is not greater than the whole.

Commendable emphasis is laid on topographic anatomy, and the fact that errors attributed to the rays are often due not only to technical faults, but also in the large majority of cases to insufficient knowledge of normal anatomy.

The first section of the book describes the general technical side of the work; the second section the regionary (clinical) part, including as well malformations, diseases of the bones

and joints, neoplasms, treatment of fractures, and the medico-legal aspect of the Röntgen rays. In the third section the effects of the rays are discussed, and a brief description offered of the Becquerel rays and radium, also the Finsen method and ultraviolet rays.

The large number of skiagrams are exact reproductions of photographic prints without any retouching. A valuable bibliography is appended.

First Lessons in the Symptomatology of Leading Homœopathic Remedies. By H. R. Arndt, M.D. Philadelphia: Boericke & Tafel. 1904. pp. 271. Price, $1.25 *net.*

The sugar-plum form in which these hundred and twenty-eight principal remedies are presented is immensely attractive. There is no question but what Dr. Arndt has given us the gist of the whole matter, but we are a little dubious about his recommendation being a good one; viz., that "the perfect memorizing of these symptoms (pathogenic and clinical, which constitute the book) should constitute the materia medica work of the freshman year." In each successive year, he says, by reiterating, adding, enlarging and explaining, the student will become better qualified to select the indicated remedy than the average graduate of to-day. The latter is surely at present "full up" of much that he has not digested. If he knew fewer remedies and knew them thoroughly, he would be better off; and if he commenced the study of *homœopathic* materia medica earlier, he would take more live interest in homœopathy. We take no exception to Dr. Arndt's viewpoint, but are a little fearful that the immature freshman may too readily accept a predigested materia medica as eliminating the need for exhaustive work, and that he may deem himself competent to prescribe for the sick long before he has any sufficient knowledge.

A Text-book of Physiology. By Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-chirurgical College of Philadelphia. Illus. Philadelphia: F. A. Davis Company. 1904. pp. 563. Price, cloth, $3.00 *net.*

Dr. Ott has taught physiology for eight years, and has gotten out this text-book primarily for his own students. It is not

intended to cover the subject in its entirety, but to furnish the elementary and practical knowledge without which no student is qualified to proceed to the study of pathological conditions. A consideration of laboratory work has been omitted. There are twenty-one chapters in the book upon the following subjects: The Cell; Chemical Constituents of the Body and Foods; Digestion; Absorption; The Blood; The Circulation; Respiration; Secretion; Metabolism; Animal Heat; The Muscles; Voice and Speech; Electro-physiology; Nervous System; Tactile Sense; Taste; Smell; Hearing; Vision; Cranial Nerves; Reproduction. The illustrations are taken from other works. There is a full index. The volume is neatly bound in dark green cloth.

A Treatise on Obstetrics for Students and Practitioners. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia, etc. Second edition. Illus. Philadelphia and New York. Lea Brothers & Co. 1904. pp. 809. Price, cloth, $5.00; leather, $6.00 *net.*

The contributions to the literature of obstetrics within the past year or two have been noteworthy. Our leading publishers have brought out some excellent works. To this number is now added a second and enlarged edition of Davis' Obstetrics, a handsome volume and comprehensive treatise, rich in well-selected engravings and plates, and containing besides a summary of all recent advances in obstetrical work, an unusually complete and helpful bibliography.

As the author truly says, "in no branch of medicine is the test of experience so necessary for the adoption of new methods." Experience, then, and not the mere opportunity of presenting methods theoretical or insufficiently endorsed, has determined Dr. Davis' recommendations in the conduct of obstetrical cases. He discusses at length the phenomena of pregnancy, spontaneous normal labor, the pathology of labor, the phases of the puerperal state, and that very important department of the obstetrician's work—obstetric surgery. No disproportionate amount of space has been assigned to this topic, however, it occupying less than a fourth of the book. Infancy receives

more attention than is customary, and we think this an improvement, as the report of such a writer's experience in caring for the infant is very valuable, and closely related to the main subject.

The development of the fetus is written of in the light of modern scientific researches; the discussion of pregnancy is made helpful to the young practitioner in particular; placenta previa and ectopic gestation are subjects well presented, and also that of contracted pelves, while obstetric operations are carefully and fully described; a separate chapter is given to the legal aspects of obstetric practice.

Essentials of Diseases of the Eye. By A. B. Norton, M.D., Professor of Ophthalmology in the New York Homœopathic Medical College and Hospital, etc. Philadelphia: Boericke & Tafel. 1904. pp. 349. Price, $1.75 *net.*

We want to cordially commend this little book to the attention of the profession. It is the outcome of a wise admission that the general practitioner simply will not go into the study of the eye deeply. Students will not because the course is ordinarily too brief, the time assigned too short. Instead of insisting on the use of a text-book containing everything about the eye in detail, Professor Norton sensibly epitomizes and gives us the cream of what he knows on the subject, including mention of the specially useful homœopathic remedies. This last is the most important point, and the most needed service. We wish he could have afforded more space for indications; however, he so directs the reader's attention that a comparative study of remedies can be undertaken without loss of time. We predict that whatever edition the publishers have placed on their shelves will be quickly exhausted.

The Medical Epitome Series: Surgery. A Manual for Students and Practitioners. By M. D'Arcy Magee, A.M., M.D., and Wallace Johnson, Ph.D., M.D., with an appendix on X-ray work in surgery by Edward O. Parker, A.M., M.D. Illus. Philadelphia and New York: Lea Brothers & Co. 1904. pp. 295. Price, cloth, $1.00 *net.*

This is a capital little book, well worthy of its predecessors in this series. To a remarkable degree it epitomizes the whole

subject of surgery, the customary text, illustrations and all. Frequent paragraphing, with subheadings in bold-faced type, add to facility of use. Every section is followed by appropriate review questions to aid in quizzing, and in systematizing what one has learned. The new section on the Röntgen ray in surgery is very good, but we think the plates, although excellent and well chosen, might better have been omitted, and the space gained by so doing added to the discussion and illustration of bandaging.

A Text-book of Physiological Chemistry for Students of Medicine and Physicians. By Charles E. Simon, M.D., of Baltimore, Md. Second edition, revised and enlarged. Philadelphia and New York: Lea Brothers & Co. 1904. pp. 500. Price, cloth, $3.25 *net*.

There is an increasingly wider recognition of the profit to be obtained by a more thorough understanding of physiological chemistry, or the study of the origin, classes, and decomposition products of foods, the processes of digestion, the transformation of foods into living tissue, and their ultimate fate. This work of Dr. Simon's deals minutely with all the chemical processes of nutrition. He has had the advantage of a searching test of the merits of his labors, through the preliminary first edition, now less than three years old. Profiting by this experience, and by the teachings of recent literature embodying the latest discoveries, he has rewritten the chapters on The Albumins, Nitrogenous Katabolism, and Gastric and Tryptic Digestion; has added a considerable amount of new matter, and an appendix of laboratory exercises with references to the text. This work presupposes some knowledge of general chemistry, but is written with a painstaking explicitness which will make it of the greatest service to the unassisted student, graduate or undergraduate, while it will serve as a complete and excellent text-book in the hands of a competent instructor.

PERSONAL AND GENERAL ITEMS.

Dr. and Mrs. W. H. Watters are to make their home at 42 Shepard Street, Lynn, where they received a large number of friends Wednesday evening, Sept. 7.

Dr. William A. Ham has located at 1799 Dorchester Avenue, Dorchester. Hours until 9 A.M., 2 to 3, and at 7 P.M. Telephone connection.

Dr. J. M. Hinson has removed from 601 Boylston Street to "The Boylston Chambers," 739 Boylston Street, between Exeter and Fairfield streets, Boston.

Dr. John Prentice Rand and Miss L. M. Adams of Wethersfield, Conn., were united in marriage Saturday, Sept. 3. Dr. Rand's many friends, among whom may be numbered the Gazette, offer him their felicitations.

A new quarterly journal is announced to appear in October, entitled *Ophthalmology*. It will be a periodical of about 250 pages, devoted tooriginal essays, abstracts of original articles appearing in domestic and foreign literature, and book reviews.

Dr. O. R. Chadwell and Miss M. M. Hubbard were married in Lynn, on Wednesday, Sept. 21. Our hearty congratulations are theirs. Dr. and Mrs .Chadwell will be at home at 5 Seaverns Avenue, Jamaica Plain, Tuesdays after the 1st of November.

The report of the trustees of the American Medical Association show the net profit of their journal for the year 1903 to be $50,481.33. The principal sources of income were: Membership dues, $63,237.48; advertisements, $88,-533.65; subscriptions (nonmembers), $52,567.38.

The will of the late Col. William Austin, of Brattleboro, Vt., bequeaths $50,000 to establish a hospital in that town "for the temporary treatment of strangers and local invalids peculiarly situated." Brattleboro has now one hospital nearly completed at an expense of $60,000, from the Thomas Thompson Fund.

It is estimated that there are more than 6,000 physicians in London alone, and the total for Great Britain and Ireland comes to 37,730. The doctors increase at the rate of about 400 per annum. Great as this increase is, it was more than double that number some years ago, before the course of study was lengthened from four years to five.

The Pan-American Medical Congress will be held at Panama, Jan. 4–7, 1905. The congress meets every three years. The first session was held in Washington in 1893, the second in Mexico in 1896, but the 1899 meeting was given up on account of war in Venezuela, where it was to have met, and the next one was in 1901, held in Cuba.

J. B. Stokes has offered to give twenty-five acres of land, or the money with which to purchase it, for the establishing of a permanent camp at Pine Ridge, in northern Rhode Island, for the outdoor treatment of consumptives. There are now thirty patients in the camp, and no more can be taken because of lack of accommodations.

According to Dr. Hiss of Chicago, the annual sale of "patent" medicines in the United States must reach the enormous sum of $60,000,000, and a large portion of this does positive harm. It is stated that one of our smaller middle western cities alone turns out 21,000,000 barrels of patent medicines per year, and in France they even have slot machines for vending patent medicines.

At a recent meeting of the trustees of the Training School for Nurses at the Massachusetts General Hospital, a vote was passed which makes a radical change in the course of instruction. In the future, the first four months of the three years' course of instruction for nurses will be devoted to courses given them at Simmons College. These courses will be chemistry, anatomy, physiology, bacteriology and sanitation, and household arts.

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ORIGINAL COMMUNICATIONS.

MYOMATA UTERI WITH PREGNANCY.

BY NATHANIEL W. EMERSON M.D., BOSTON, MASS.

[Read before the S. and G. Society of the American Institute of Homœopathy, at Niagara Falls, June, 1904.]

The following cases seemed of rather unusual interest and worthy a permanent record. They should add some interest to a subject which seems to be unsettled and is much discussed at the present time. The statement which I have heard repeatedly made that pregnancy associated with fibroids never resulted fatally I know to be untrue because one of my colleagues has lost such a case since this paper was written, the woman dying of sudden and uncontrollable hemorrhage shortly after a normal delivery and when all danger was supposed to be over. As to the ethical questions involved in such cases I no longer hesitate as to what should be done. I believe the life of the child so precarious and the danger to the mother so unusual and acute that one is entirely justified in sacrificing the unknown quantity, the life of the child, to the known quantity, the life of the mother. I am fully aware that no end of fine discussions can be evolved from this problem, but I am offering it to you solely from the standpoint of the practical and responsible operator who must offer a safe and satisfactory solution to one of the most difficult problems which ever presents. Of the four cases here recorded I believe the first three were an impossible combination so far as the safety of the mother was concerned. The

last one might possibly have gone on to full term but her condition was so unexpected and unlooked for, her previous child being twelve years old, that the efforts to diagnose the fibroids brought about the death of the fetus, and as soon as that was determined there was no hesitancy whatever as to what should be done. These cases are offered as an unusual group presenting unusual difficulties the outcome of which in each instance from the standpoint of the mother was entirely satisfactory. I would not too strongly contend that the absolutely proper procedure was elected, but do call attention to the fact that they are completed cases, are now records of fact accomplished, and in so far are matters of certain interest.

Case I. Mrs. C. G. B. Age, forty. April 28, 1903.

The history of this case in brief is that she menstruated from three days to a week, coming from three to eight days ahead of time, and without pain. She had miscarried twice, the first time six years ago at three months, the second time five years ago at five months. She had been extremely ill the latter time, the result threatening to be fatal. She was very desirous of bearing a child and to that end I had curetted her sixteen months previously, in December, 1901. At that time it was discovered that there was a multiple fibroid, aggregating the size of a cocoanut, irregular in outline and freely movable. The cavity of the uterus was only slightly enlarged, no more so than the previous history would lead one to expect in any ordinary case. She made an uneventful and satisfactory recovery after the curetting and I heard nothing regarding her health until called to see her in April, 1903. Examination then showed a uterine mass reaching to the umbilicus, irregular in outline in its superior aspect, there being a large protuberance into each half of the abdomen, the smaller but more sharply defined bunch being in the right half of the abdomen, and a deep sulcus between the two. From below the whole pelvis was full, the cervix being thrust laterally to the left pelvic wall, and a hard tumor

occupying the right broad ligament extending laterally nearly across the whole pelvis, and posteriorly into the hollow of the sacrum. The ovaries could not be demonstrated. Besides these three principal tumors there were a number of smaller ones variously disposed throughout the tumor mass. The chief symptoms drawing attention at this time were marked enlargement of the abdomen, out of all proportion to a possible pregnancy at two and a half or three months, with pressure symptoms usual to such an enlargement where due to a growth. Also, some signs of pregnancy, as morning nausea with a sinking feeling, changes in breasts, as well as cessation of menses for nearly three months, could not stand or walk well, dizzy and faint, aching under the arms and pain in right side. Feels something move on turning in bed. Has been obliged to loosen corsets and all clothes.

Upon examination the cervix was soft; very sensitive to manipulation all through lower abdomen; left side indeterminate, although a tumor connected with uterus could be here felt. I diagnosed a multiple fibroid with probable pregnancy, although I was not sure on this latter point, and unequivocally advised immediate operation. The reasons leading to this conclusion were the remarkable enlargement of the uterus both in its aggregate bulk and the individual portions of it, the exceedingly great difficulty and well-nigh fatal result of the previous miscarriage, the probability of a recurrence of miscarriage because of the disposition of the tumors, the probable impossibility of a delivery after the child was viable, provided the pregnancy continued to such a time, and the desirability of ending permanently the menace of such a growth of fibroids. The single growth (Fig. 1, B), occupying the base of the right broad ligament and nearly filling the pelvis would have absolutely prevented a delivery at any time after the seventh month, and I could not possibly figure out how this growth could have been displaced either by nature or art. As the figure will show (Fig. 1) it lay beneath the peritoneum in front, projecting into Douglass'

cul-de-sac behind, and was closely applied to the neck of the womb, the cervix being already displaced by it. In the growth of the uterus incident to a pregnancy my opinion was and is that this tumor would not have been materially displaced, except as it might have been lifted or depressed in the pelvis by the tension or pressure of the mass above.

I believe also that the very noticeable increase in the tumor mass was not due to the pregnancy but was due to the natural course of this group of tumors, the pregnancy being merely an incident.

The operation was an abdominal hysterectomy in the way usually performed by myself and elsewhere described, and was attended with no unusual difficulty or complications.

An examination of the specimen after its removal was very interesting.

Fig. 1 shows anterior view of tumor after its removal.

Fig. 2 shows posterior view of tumor.

In Fig. 3 the anterior wall of the uterus, AA, has been split longitudinally, the cavity of the uterus thus being exposed. This shows with rare distinctness the attachment of the placenta, B, and the sac, C, the latter being as clear and transparent as a crystal, showing perfectly the fetus within. The sac, C, is seen bulging through the opening in the anterior wall of the uterus.

In Fig. 4 the cavity of the uterus is shown, two small fibroids, EE, projecting into it at the beginning of the cervix and its canal. These might have caused serious obstruction at delivery, even had all other obstacles been removed. Dependent from the opening into the uterus is the placenta and membranes partly detached, suspending the sac containing the embryo exactly as under natural conditions.

Fig. 5 is a view of the sac as shown in Fig. 4. Above is a part of the placenta. From this depends the sac just as found at the time of operation and before treatment for preservation. The sac was only moderately full of fluid. The outline of the fetus can be accurately made out, the

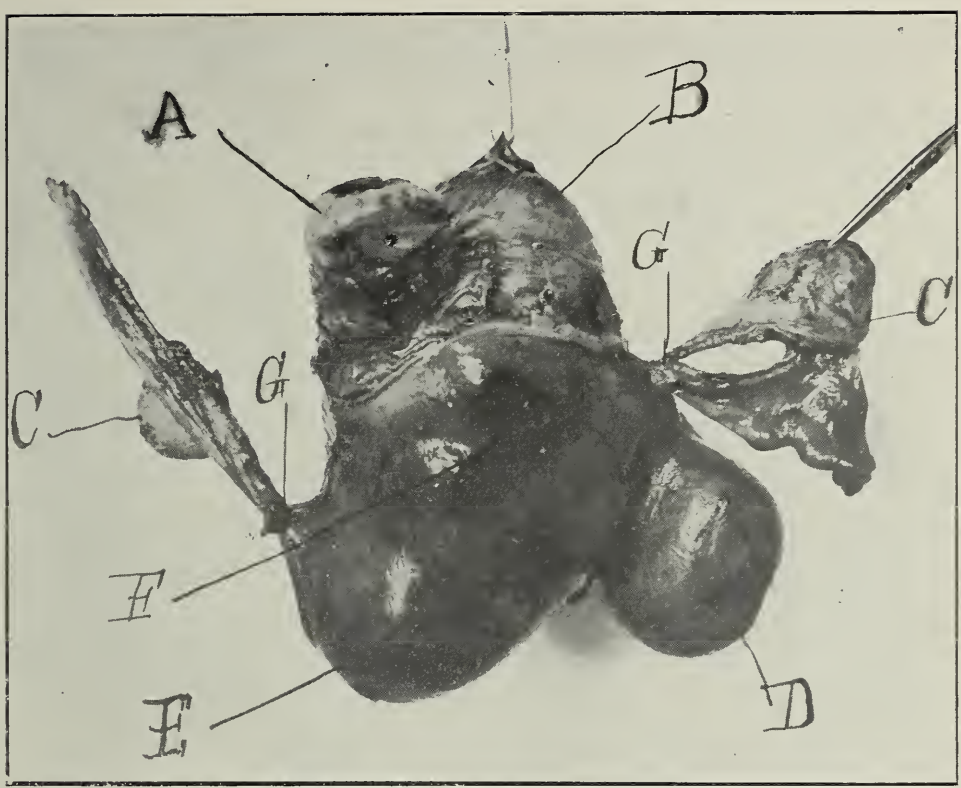

Fig. I.

Anterior view. A, cervix uteri. B, tumor in right broad ligament, projecting backward into cul-de-sac (see Fig. II, B) and pushing cervix far to left. C C, tubes and ovaries. D, separate growth on right side of uterus, easily felt through abdominal wall. E, fundus of uterus, another fibroid showing in anterior wall of uterus at F. The line of division of the peritoneum shows with remarkable definiteness. G G, provisional ligatures applied at time of operation to control regurgitant hemorrhage.

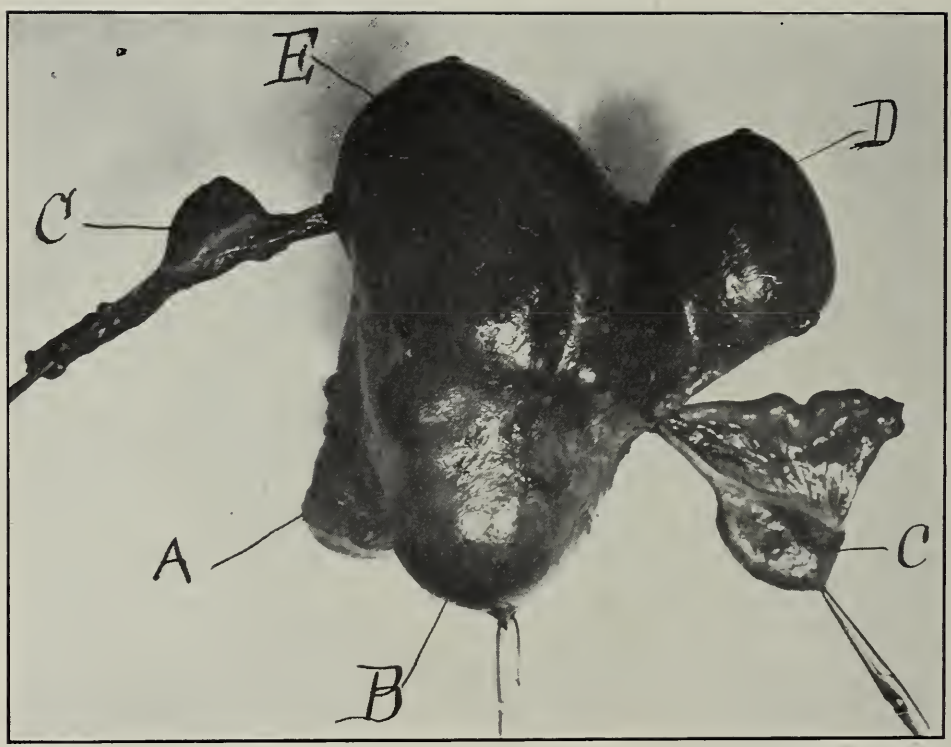

Fig. II.

Posterior view. A, cervix uteri. B, tumor projecting into cul-de-sac from right broad ligament, and displacing cervix to the left. C C, tubes and ovaries. D, separate abdominal tumor on right side, pushing fundus to left. E, fundus of uterus.

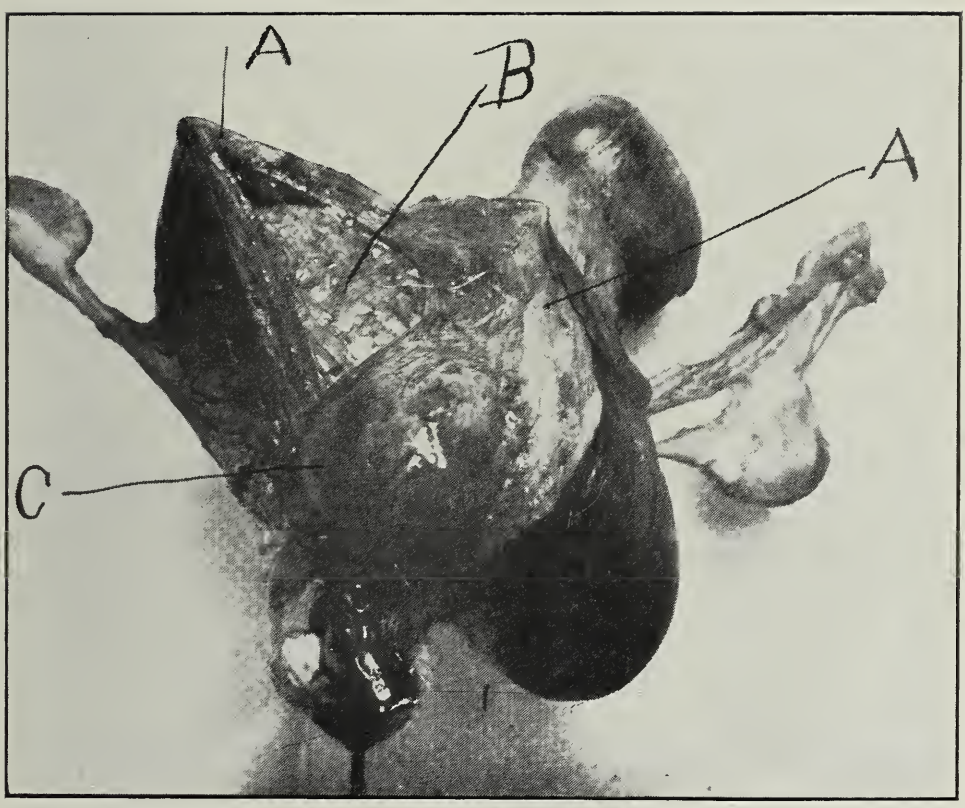

Fig. III.

A A, walls of uterus held aside to show placenta, B, in situ.

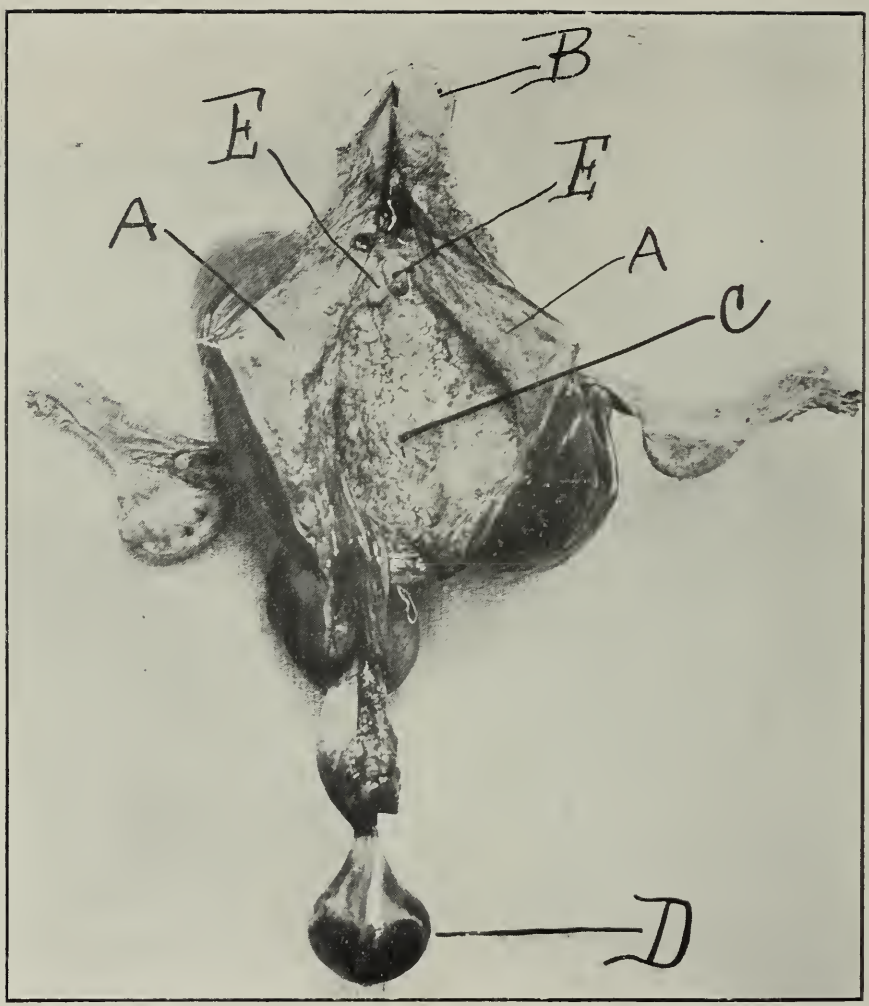

FIG. IV.

A A, walls of uterus held aside to expose the cavity, in which is seen the placenta, C, partly detached and extruding from which can be seen the dependent sac at D, containing the fetus. B, cervix uteri. E E, two small submucous fibroids at internal os.

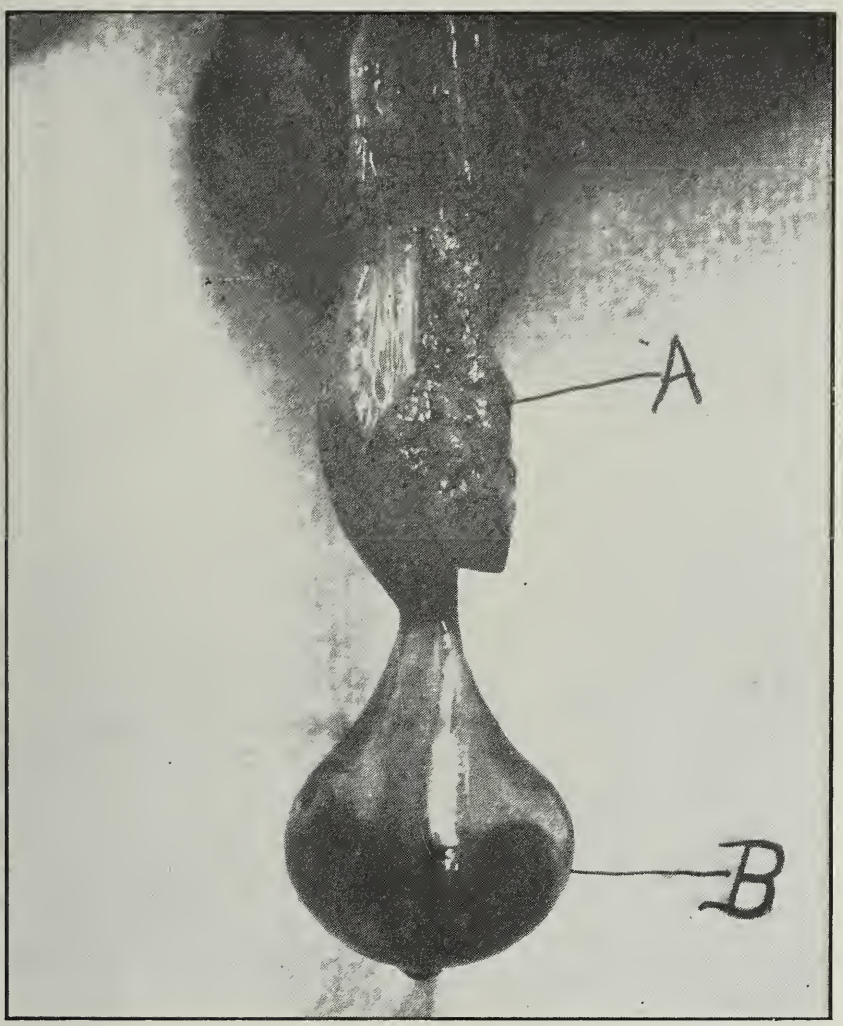

FIG. V.

A, placenta partly detached, as shown in Fig. IV. B, sac containing fetus.

FIG. VI.

A, placenta in cavity of uterus. B, sac containing fetus.

head being to the right of the observer. Fig. 6 is a view of the specimen after preservation and represents the jar in which it is contained. Here is beautifully shown the texture of the tumors, with their relations to each other, as well as the cavity of the uterus. In this the placenta, A, is shown with rare distinctness, the sac, B, being dependent from it and almost in the exact appearance and condition of its removal. In the sac the outline of the fetus may be seen with head to left of observer, and cord connecting the two. The cervix is below.

Case II. Mrs. M. F. S. Age, thirty-eight.

Has been married twelve years; one child, easy labor; no miscarriages. Last menstruation in September last of one day's duration. Previous menses normal. Had a slight "show" yesterday with dark shreds in the blood. Has had dull, dragging pain in back for the last two years. After sitting suffers severe pain in her efforts to rise. Heavy, dragging pain through groins most of the time. Habitually constipated. A week ago had some difficulty in voiding urine. No morning sickness, no motion, no changes in breasts. Examination showed a large solid mass filling lower abdomen, superimposed upon which was a rounded slightly movable tumor in the median line. The cervix was pushed upward and backward and to the right, and was very high in the pelvis, with a large solid, rounded tumor to the left and in front of it. This was only slightly movable and occupied the left half of the pelvis. The color of the vagina was characteristic of pregnancy, and after anesthetizing, bimanual examination gave semifluctuation and the general impression of pregnancy. The tumor on the fundus was like a door knob only larger and lay in a sulcus between the hard mass below and a softer, rounded, semi-fluctuating mass in the right half of the abdomen, lying higher than would a pregnant uterus normally, yet giving many characteristics of a pregnant uterus. It was shaped exactly as would be a pregnant uterus distorted by such growths as accompanied this. The growth

in the pelvis and to the left was evidently a broad ligament growth which could not be displaced and which would inevitably prevent delivery of a viable child.

Fig. 7 shows anterior views of the tumor after delivery, with relationship of tumor to the cervix, as well as its location below the left broad ligament and Fallopian tube. A line drawn through the Fallopian tubes from side to side lies entirely above the tumor. The whole growth was buried. Fig. 7 also gives a slight impression of the lateral distortion of the uterine body. Fig. 8 shows a posterior view, the line of incision of the peritoneum showing remarkably well. This gives a better idea of the shape of the uterus, with two smaller fibroids in the posterior wall. Also the left ovary and tube, C, the former close to the uterus and somewhat distorted by reason of pressure; the right ovary and tube, B, are more nearly normal. Fig. 9 shows a left lateral view, the ovary lying just above the broad ligament tumor. It shows the relations of the larger anterior buried tumor, and the smaller subperitoneal ones of the posterior wall, and helps one to understand the impossibility of spontaneous delivery in this case.

Fig. 10 shows the specimen partly prepared for preservation. The superior tumor at fundus has been cut across transversely to show its construction. This by itself would not probably have complicated delivery. The large broad ligament growth has been cut in the plane of two diameters at right angles to each other, and accurately shows the relationship of the tumor to the left broad ligament as well as to the cervix and uterus, and also with remarkable distinctness the distortion of the uterus. Below a glass tube projects from the cervix merely to define it.

These conditions were sufficiently well appreciated before operation to cause an abdominal hysterectomy to be elected as the operation of choice. As she was only about five and a half months pregnant and already experienced great discomfort with remarkable distortion of the uterus, it was not

deemed wise to wait in expectation of a viable child, which, at the best, must be removed by Cæsarian section. Already distortion was such that an attempt at delivery *per vias naturam* would be exceedingly difficult as well as dangerous, and a premature child could not probably stand severe manipulation necessary to its delivery. Hence a Cæsarian section would be the only way to deliver a living child. All the conditions were here present which usually demand a hysterectomy, even had pregnancy not existed. Hence the viewpoint was comparatively simple and I unhesitatingly advised an immediate hysterectomy even if it did deliberately sacrifice the child. This, therefore, was undertaken on Feb. 6.

On opening the abdomen the exploring hand had no difficulty in defining the tumor and conditions as already explained above. The soft fluctuating uterus in the right half of the abdomen was characteristic of a six months' pregnancy and in the fluctuating body the different parts of the fetus could be demonstrated. The ovarian arteries and round ligament were first ligated on either side. On the right one ligature sufficed. On the left separate ligatures were placed on the ovarian artery and right ligament because the tumor confined in the broad ligament had pushed them upward and far apart. After they were divided the tumor on the left was enucleated from the broad ligament, thus bringing the parts into normal anatomical relations again. The operation was then finished in the usual way.

The specimen was a most interesting one. The large tumor on the left was entirely subperitoneal and buried in the left broad ligament and offered an insurmountable obstacle to delivery by way of the vagina. After hardening the specimen a trap door was made in it posteriorly showing the fetus in situ (Fig. 11). The placenta is attached to the flap which is turned back, the termination of the cord to the left helping to define it. This shows the relations of the foetus at time of removal of the uterus. Fig. 12 shows an abnormal position of the child it having been removed for

picture, 13, and afterwards returned. Fig. 12 shows the detail of the specimen better than Fig. 11. Fig. 13 shows relations of placenta and cord and fetus. The latter also shows vessels of placenta, and the inner aspect of the uterus. The large tumor on the left is masked by turning back the flap. In Fig. 13 the lid-like outline above is a portion of the tumor attached to the fundus, the upper half of it having been cut away.

Case III. Miss L. E. M. Age, forty.

This was a remarkable case. Miss McI. was admitted to the hospital on the medical side, where examination led to the supposition of a possible pregnancy complicated by some form of abdominal tumor. This conclusion was reached in spite of her assurance that menstruation had been irregular for the past eighteen months, and that the abdomen had begun to enlarge only within the last two or three months. Flow scanty with much accompanying headache. Has been without menstruation for three or four months at a time. Did not know when she last menstruated. Examination showed a large solid tumor in the left side and backward which was judged to be a fibroid. To the right of this, extending above the umbilicus, was an oval, globular, fluctuating tumor, continuous with the cervix. Below, to the right and in front of the cervix and lying in the pelvis, was another mass consisting of two parts, of hard movable tumors which were also judged to be fibroids. Careful investigation of her condition showed that there were changes in the breasts, with characteristic enlargement of the papillæ and discoloration. Also that there was a characteristic deeply purple discoloration of the vagina, with softened cervix, and one could not question that the woman was pregnant. It then became a nice question to decide as to what should be done. If she were between six and seven months pregnant, as seemed probable from what was found, was it possible for her to carry a child until full term and then give birth to it? This was deemed impossible, not wholly by reason of the large

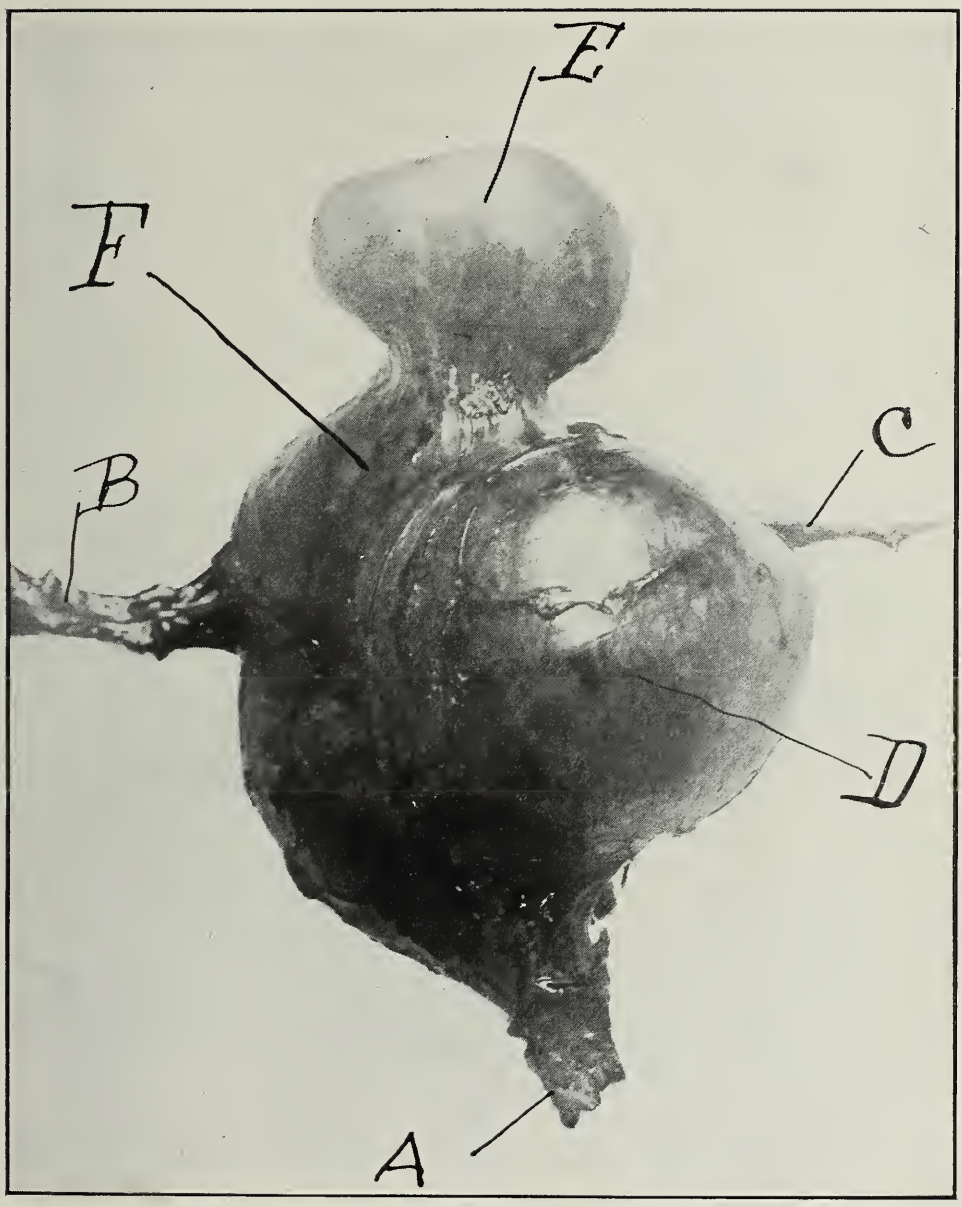

FIG. VII.

A, cervix uteri. B, right, and C, left, Fallopian tube. D, tumor which was in the left broad ligament and entirely sub-peritoneal. E. pediculated growth attached to fundus uteri, F.

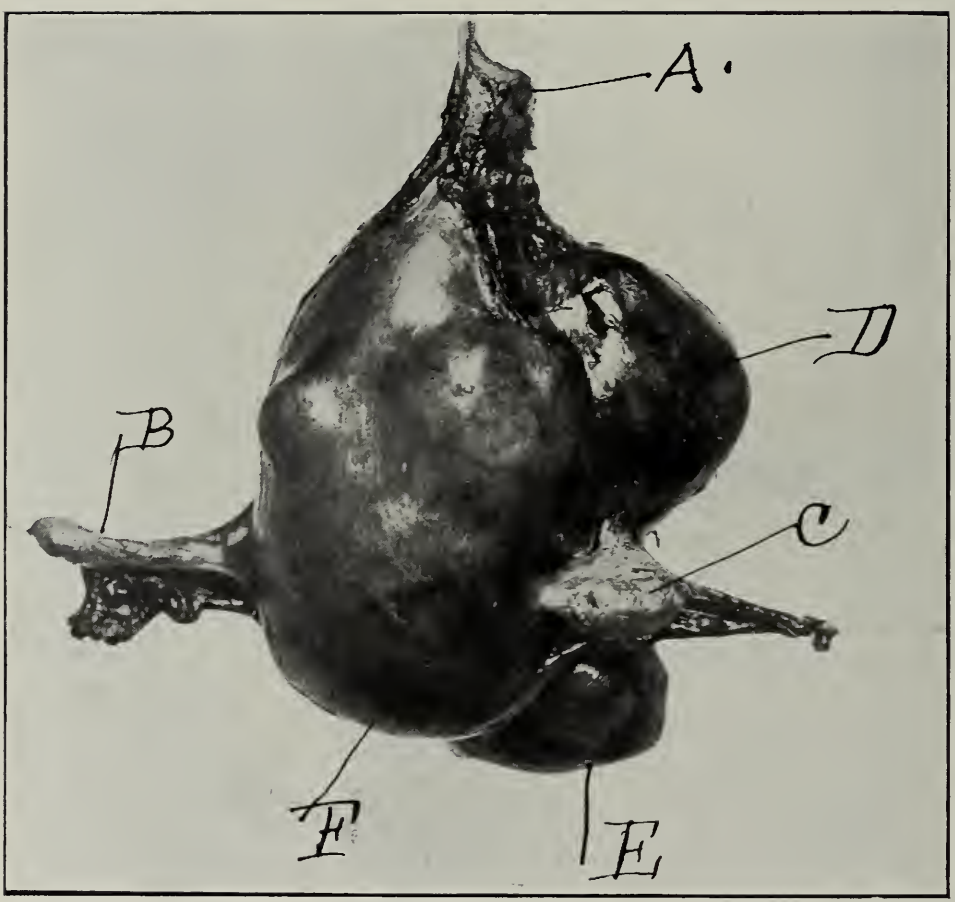

Fig. VIII.

A, cervix uteri. B, right, and C, left, ovary and tube. D, posterior view of sub-peritoneal broad ligament fibroid, lying entirely beneath level of tube. E, growth attached to fundus uteri, F.

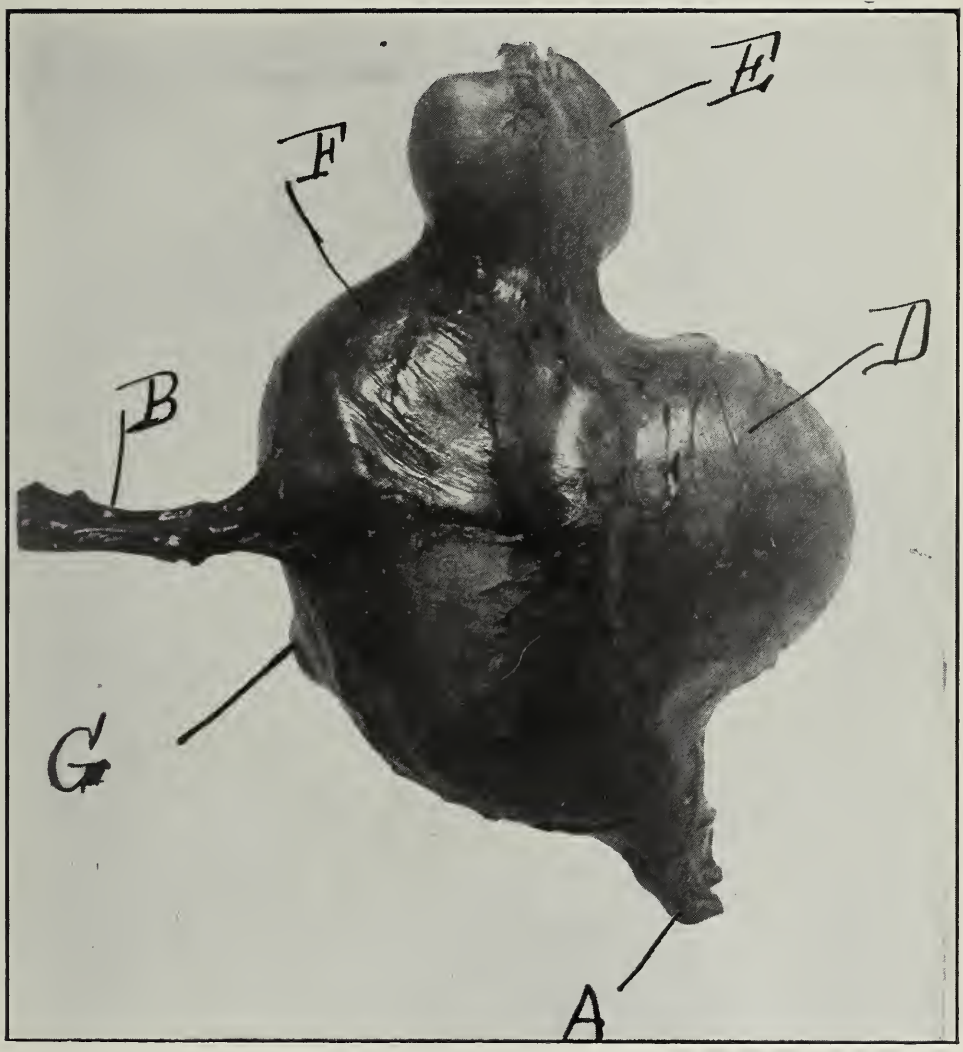

FIG. IX.

A, cervix uteri. B, right tube. D, lateral view of broad ligament tumor, showing distortion of uterus because of same. E, growth attached to fundus uteri, F. G, small sub-peritoneal growth in posterior wall.

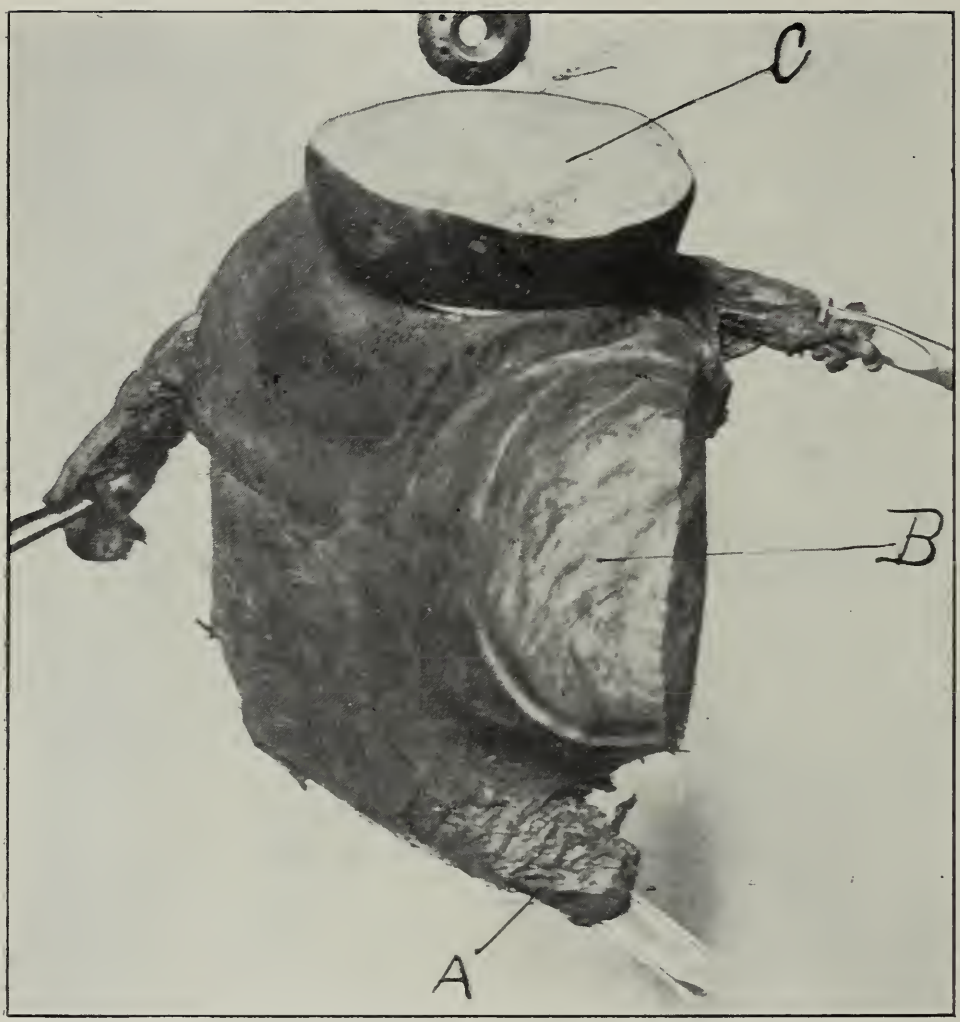

FIG. X.

A, cervix uteri containing a glass rod to define it. B, broad ligament tumor cut in two planes to show texture of tumor. C, upper tumor of fundus cut in transverse diameter to show texture of growth. The general distortion of the uterus is well indicated.

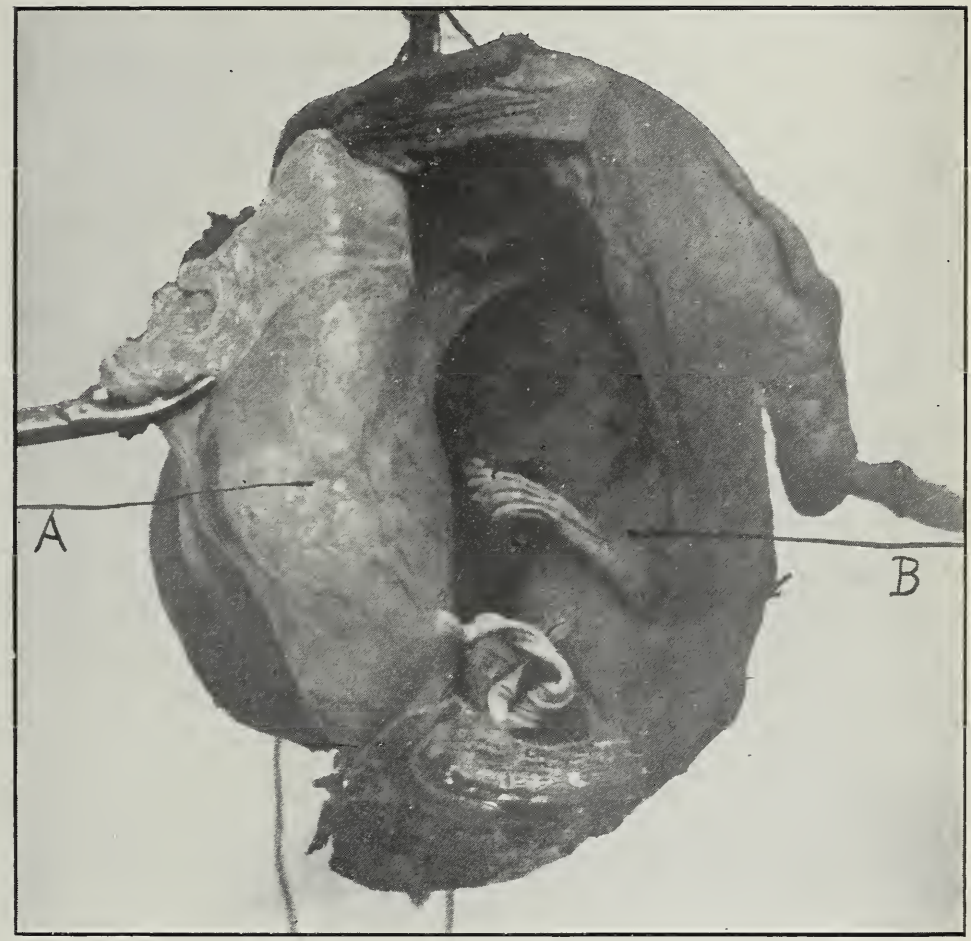

FIG. XI.

A, shows flap of uterus turned back, showing cord as it leaves the placenta. B, shows relation of child to uterus at the time of removal.

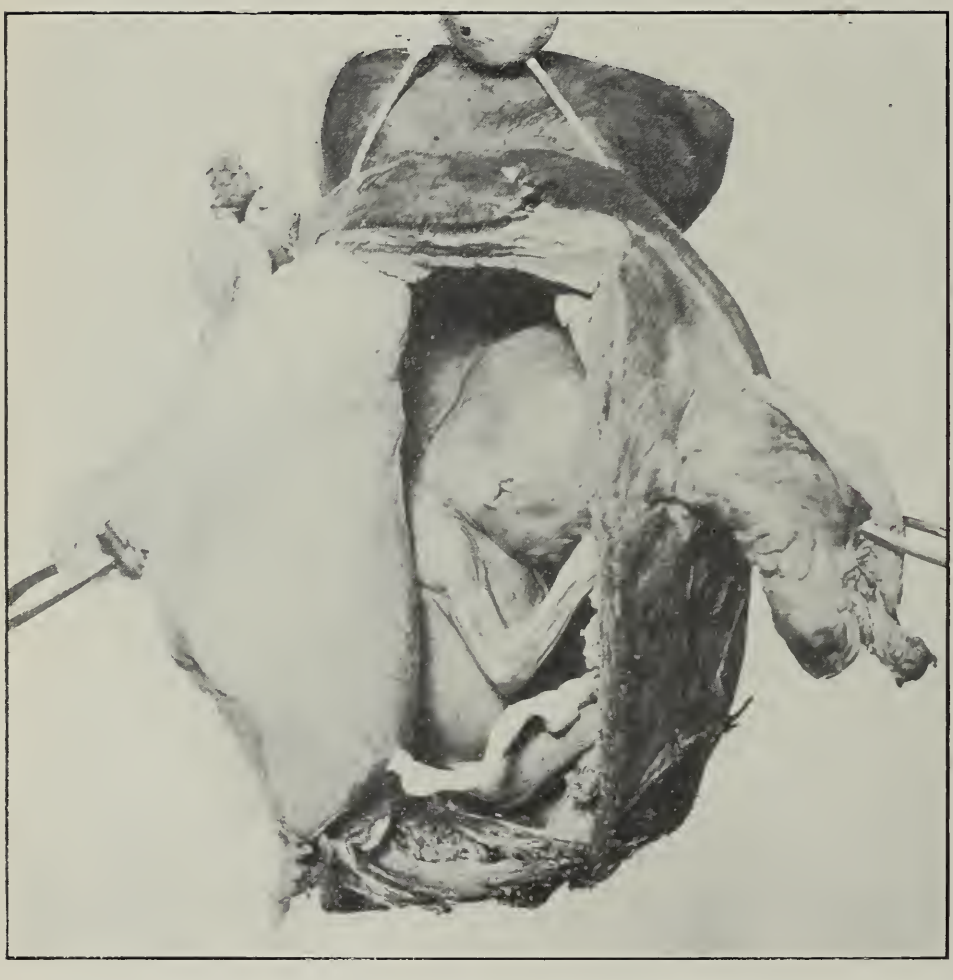

FIG. XII.

This shows flap of uterus turned back, upon which is the placenta. At the lower edge of flap the cord is seen leaving placenta. The fetus is in an abnormal position, having been removed for purpose of making next figure.

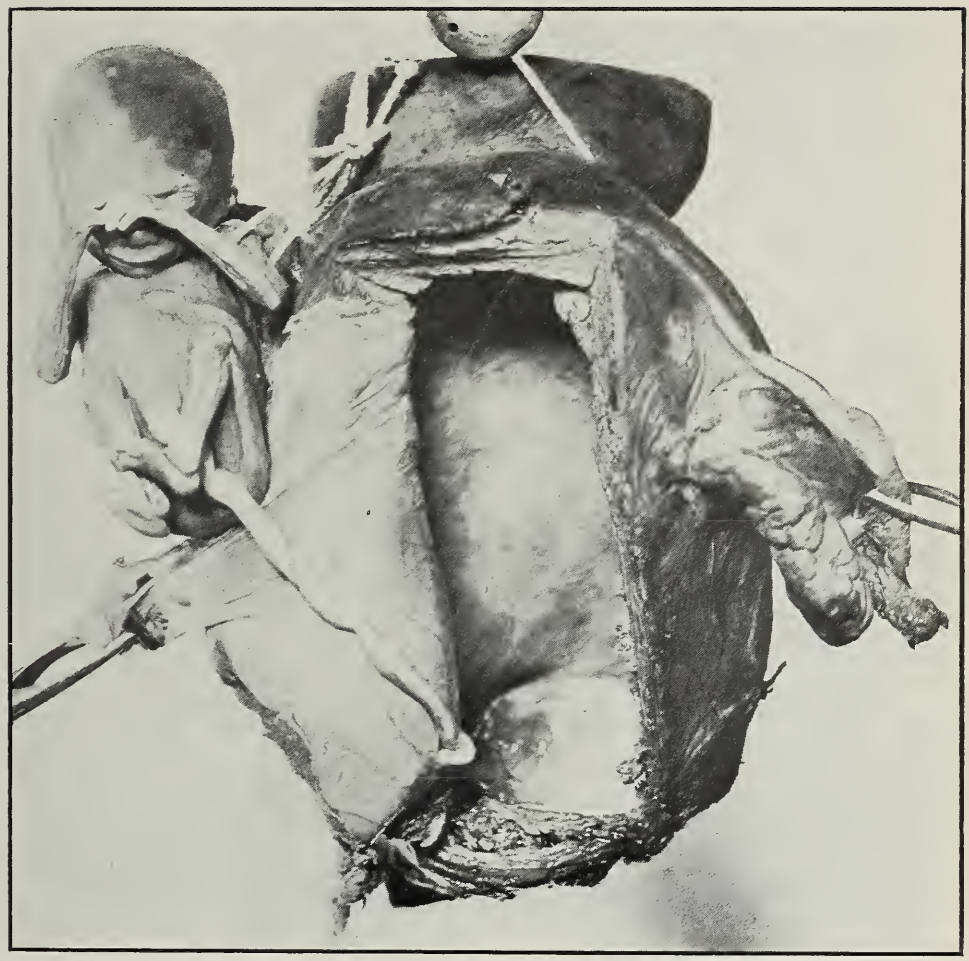

FIG. XIII.

Shows relative size of child and uterus. Also, relations of placenta and cord and fetus.

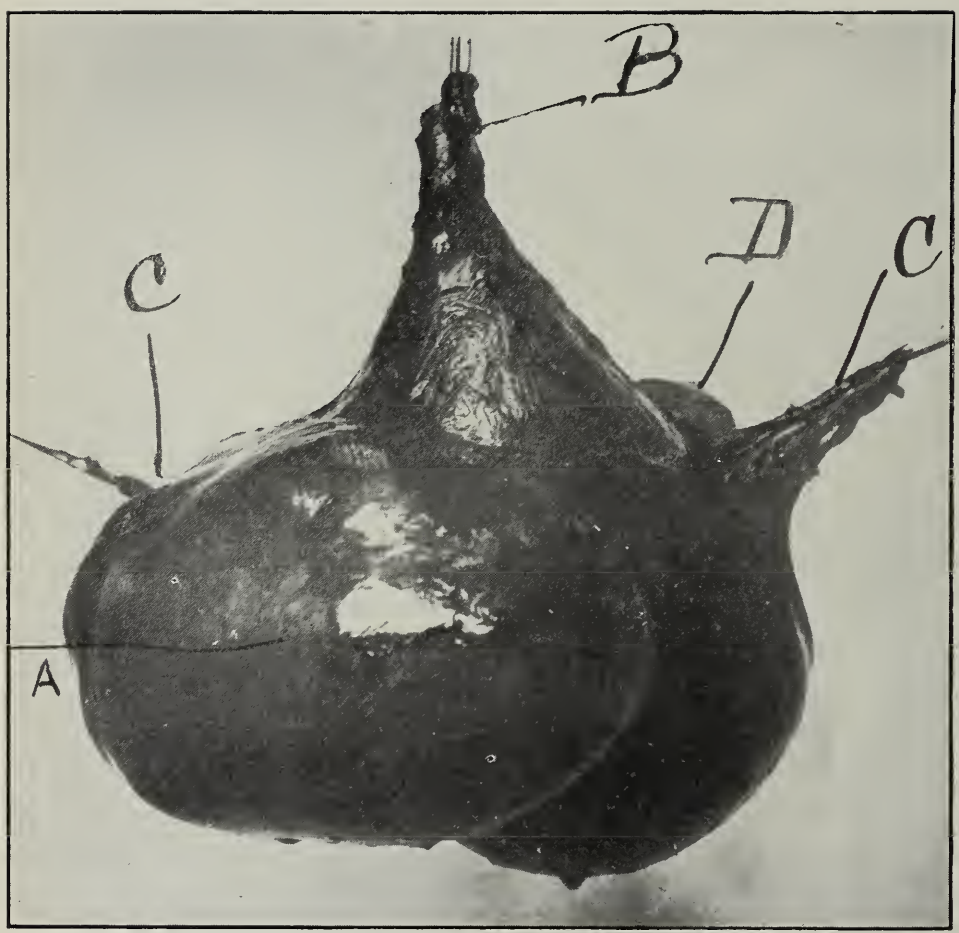

FIG. XIV.

A, large, degenerating fibroid. B, cervix uteri. C C, tubes and ovaries. D, anterior fibroids, low in pelvis when uterus was in position. A posterior view, the whole mass being suspended by the cervix.

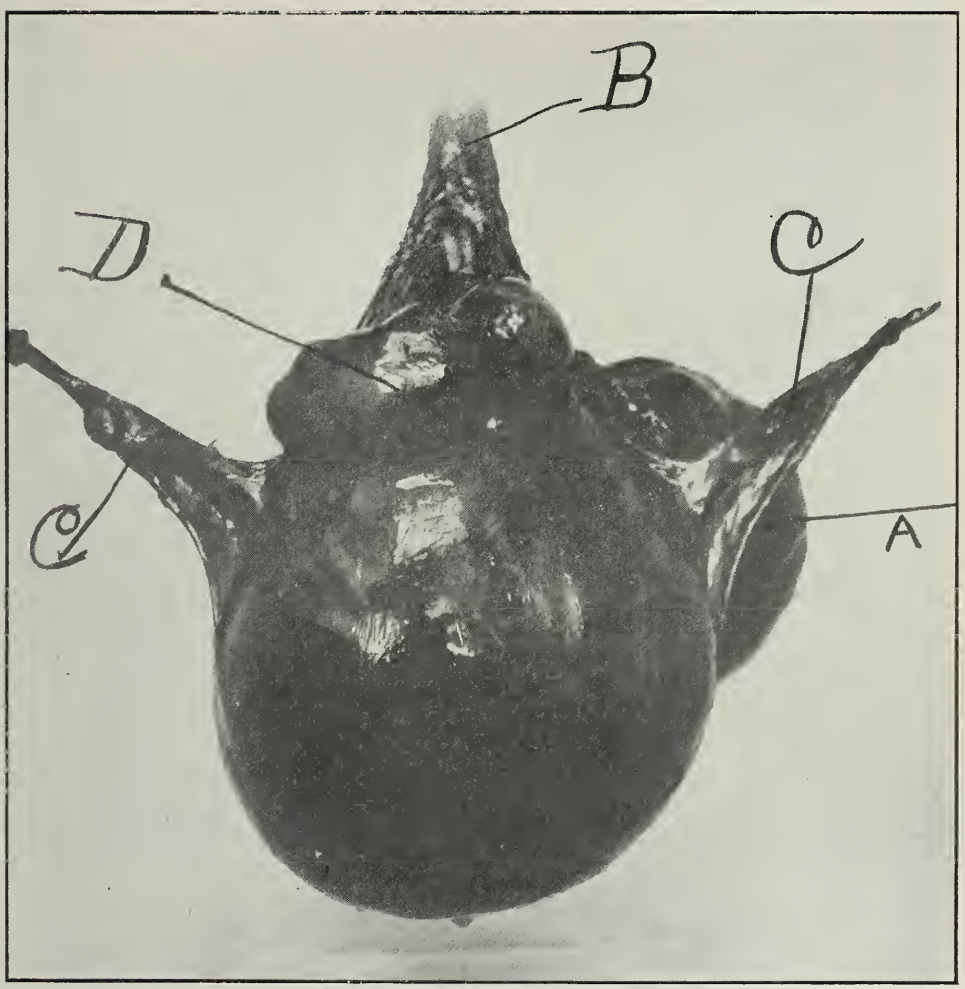

Fig. XV.

A, large, degenerating fibroid. B, cervix uteri. D, smaller anterior growths. C C, tubes and ovaries. An anterior view, the whole mass being suspended by the cervix.

FIG. XVI.

Shows the tumor, A, and uterus, B, with their relative size and position when delivered through the incision and before removal. Patient in Trendelenberg position, with the head towards the observer.

tumor which lay above and to the left, but more especially because of the smaller growth which lay below in the pelvis, and had distorted the uterus to such an extent that the cervix was pushed far to the left of the pelvis. It was thought, that because of these low tumors in the pelvis lying below the lowermost plane of the child and forcing the cervix high up and to the left, and the large tumor above on the opposite side distorting the fundus to the right, delivery at full term would be impossible. If left until that time the only outcome could be a Cæsarian section followed by a hysterectomy, surely increasing the danger to the mother and rendering the salvation of the child more than usually problematical. Under these conditions I had no hesitancy in deciding that an immediate hysterectomy was proper and this was accordingly done. It was necessary to extend the incision above the umbilicus in order to deliver the whole mass. The solid fibroid upon the left was delivered first, followed by the soft and enlarged and fluctuating uterine body, in which could be distinctly found the parts of a child, fully developed to the estimated time, six and a half months. Below to the right were the two smaller fibroid masses of sufficient size to occlude practically the outlet of the pelvis. After the tumor was removed investigation showed that the large, apparently solid mass to the left contained some fluid substance, and upon section of this it presented the appearance of a fibroid which was breaking down, and the diagnosis was therefore reserved until the pathological report came in.

Fig. 14 shows the whole mass from behind. In front at A is the large fibroid which was degenerating and already contained broken-down tissue. Then is seen the uterus, with the cervix, B, tubes and ovaries, CC, showing relations of the various parts. Just above the junction of the broad ligament and uterus can be seen the smaller anterior growths, D, which are better shown in Fig. 15. Here can well be seen the two smaller growths which were in front and to the right of the cervix, and lying low in the pelvis and at a point such

that it would have been impossible to have displaced them into the abdomen. They lie wholly below the plane of the broad ligament, even when pictured as here with the uterus suspended by the cervix, and the tumors gravitating towards the fundus. The tubes and ovaries are well shown, as is the relative position of the larger tumor showing from the right side of the picture. Fig. 16 shows the relative size and position of the tumor, A, above and the uterus, B, below when delivered through the incision and before removal, the patient being in the Trendelenberg position. This shows the relative position of the two. Fig. 17 gives a better detail of growth. The tumor is suspended by the cervix, A. On the right of the picture is the large tumor, B, partly cut away in two planes, the sharply defined cut margin showing in profile. Here may be seen at two places, CC, defects due to the softening of degeneration. Note the relations of the tumor and uterus when they are in actual contact. On the other side are seen the two growths, D, lying in the pelvis. They are entirely below the Fallopian tube of that side, and while not broad ligament growths they were so low in the pelvis that they could not be displaced upward into the abdomen. The distortion of the uterus in situ is not here indicated. One can, however, readily appreciate from this picture alone how impossible it would have been for the child to have passed between these two growths.

Fig. 18 shows the cut surface of the largest tumor with cavities due to degeneration and softening within the tumor itself.

Fig. 19 shows an incision into the uterus with part of the child's head, B, and the cord, C, showing.

Fig. 20 shows a flap of the uterus turned back with the child within, though not in position as at the time of operation.

Fig. 21 shows child advanced to at least six and a half months pregnancy. The relative size of child and the uterine mass is also indicated.

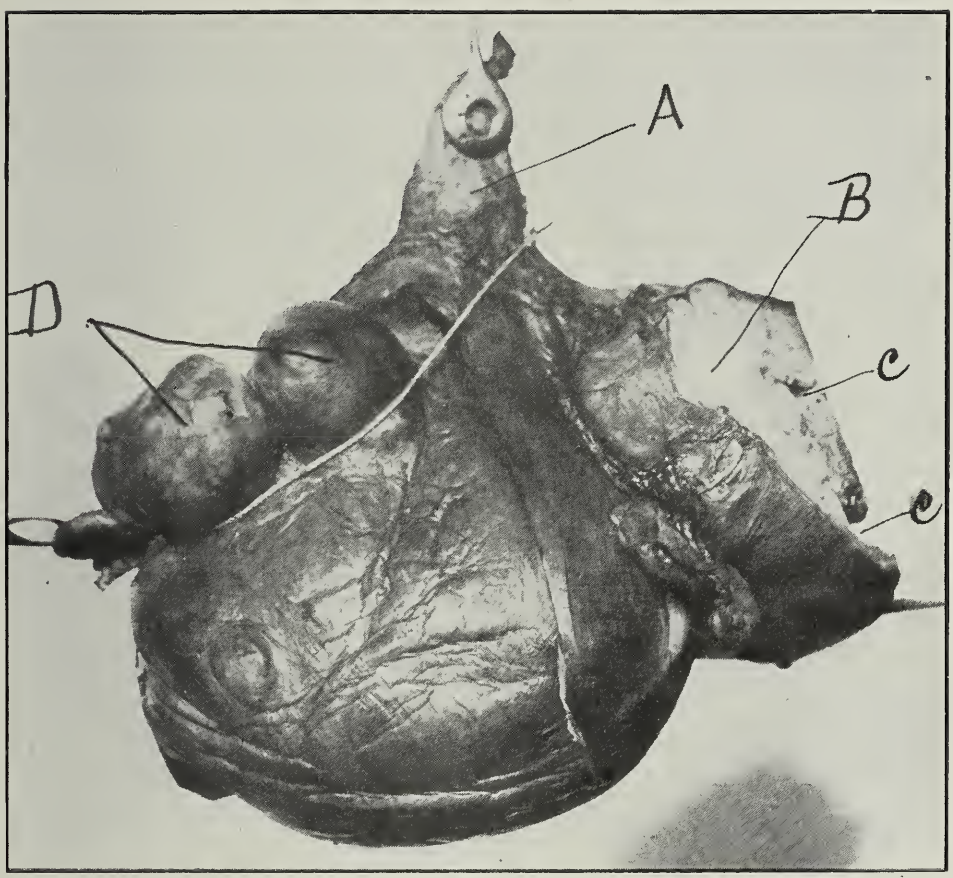

FIG. XVII.

A, cervix uteri. B, largest tumor partly cut away in two planes, showing the cut margin in profile. C C, loss of tissue in tumor substance, due to softening and degeneration. D, two well-defined fibroids on the side of uterus opposite B.

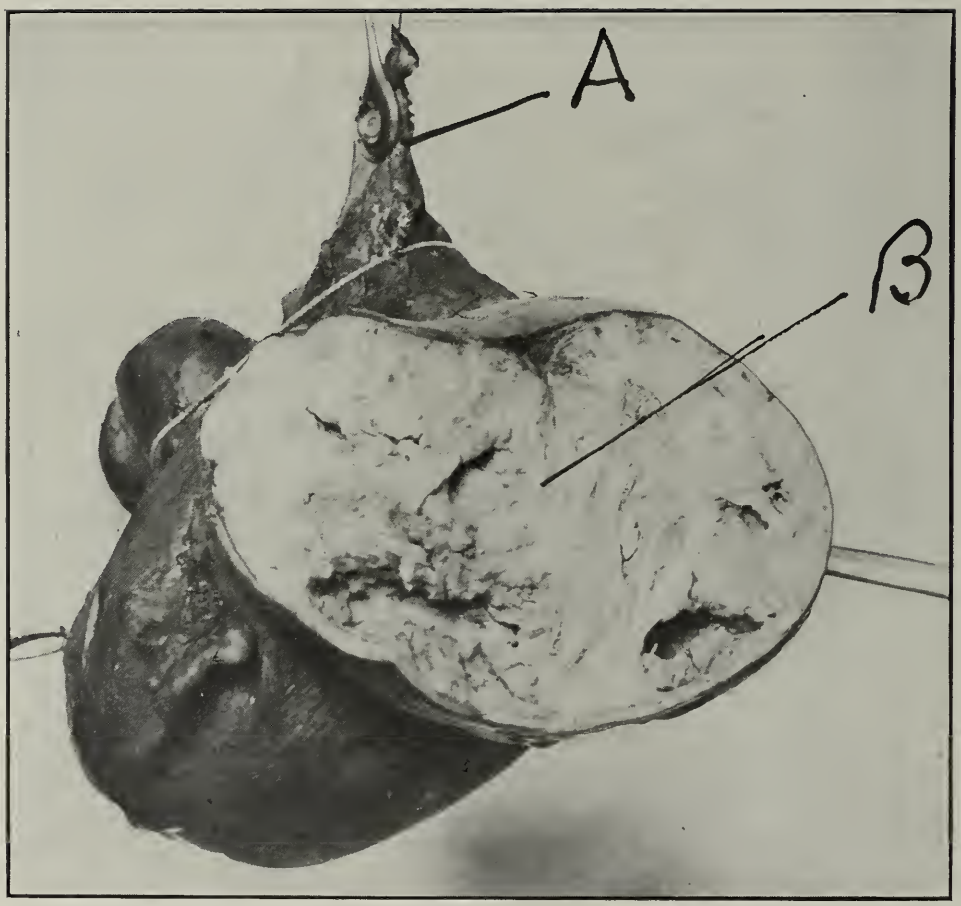

Fig. XVIII.

A, cervix uteri. B, cut surface of largest tumor, showing various points of softening and degeneration.

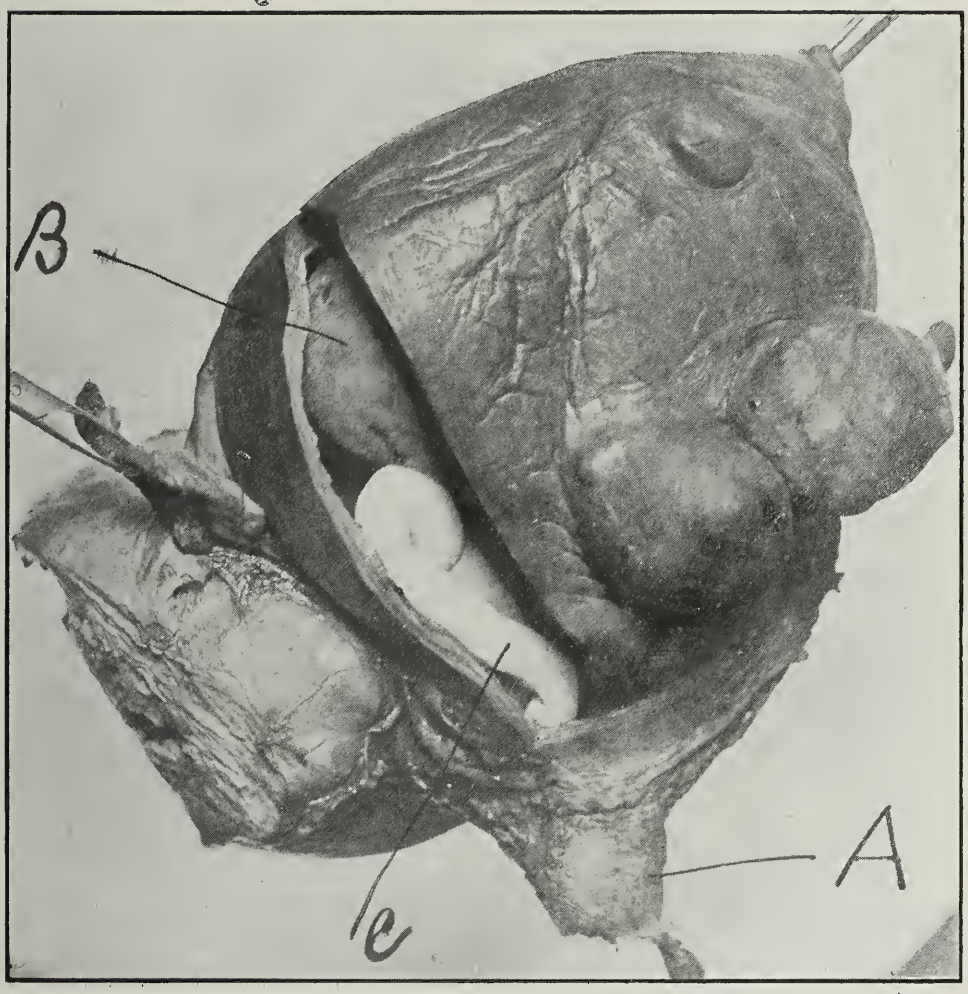

FIG. XIX.

This indicates the relations of the uterus and the tumors, the cervix, A, being below. The walls have been incised, showing at B the head of the fetus, and at C the cord.

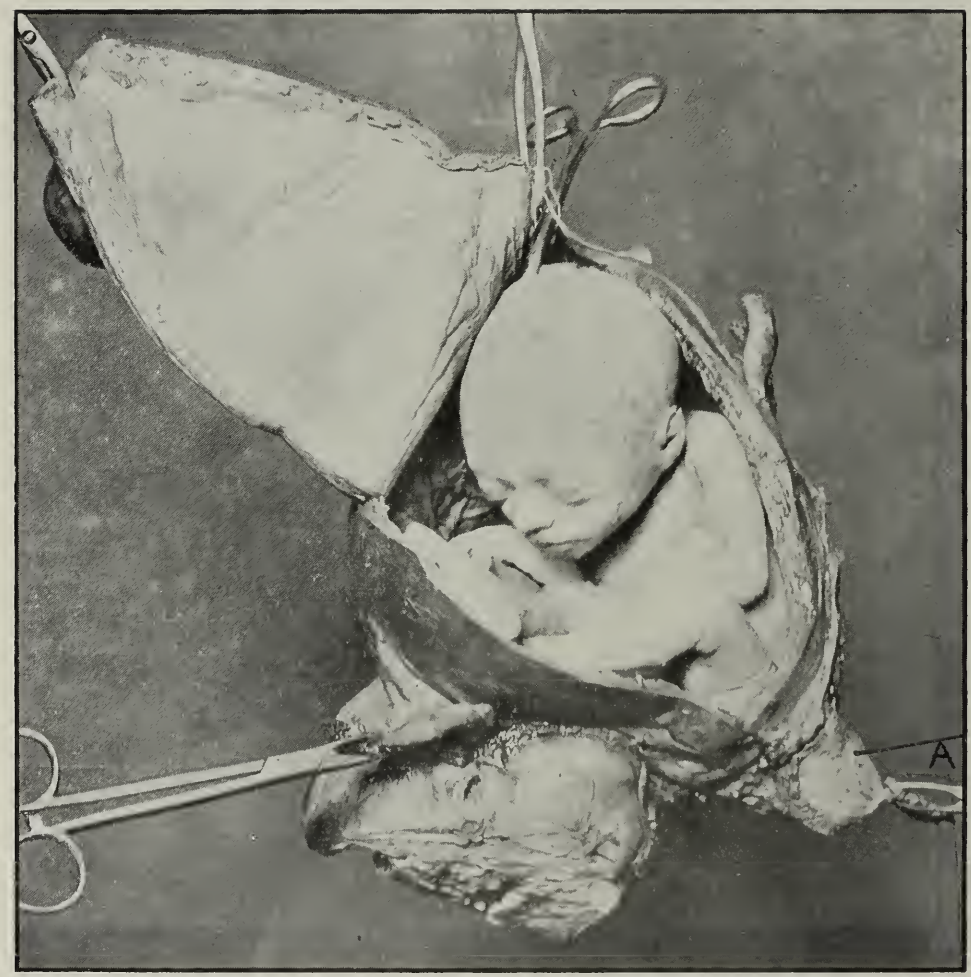

Fig. XX.

A, cervix uteri. This figure shows a flap of the uterus turned back, with the child in the uterine cavity.

FIG. XXI.

This shows relative size of the child and the uterine mass.

Case IV. Mrs. W. W. Age, forty-three.

The patient presented herself to her physician on Jan. 14, 1904, stating that menstruation had been somewhat irregular during the past year, appearing the last time in November, 1903. Her youngest child was eighteen years old. She had been subject to flashes of heat which had been worse recently, but was otherwise well. She now complained of a bearing down and pressure as though something was protruding from the vulva, and any straining or jolting caused the urine to escape involuntarily. She was very fleshy with large abdomen and very thick abdominal walls. Examination showed that the body of the perineum was almost completely lacerated although there had been some integumentary union. As a result there was a marked cystocele and rectocele, the vaginal walls almost protruding. The uterus seemed a bit enlarged, but owing to the thickness and rigidity of the abdominal walls a satisfactory examination could not be made. An examination under ether was advised since in no other way could it be satisfactorily made, and if not counterindicated the repair of the perineum would be undertaken at the same time. On April 5 she submitted herself for such an examination. Her symptoms were practically unchanged and menstruation had not occurred since the previous examination. Flashes of heat continued and were very troublesome. There was no nausea or other symptoms of pregnancy except that the vagina and cervix were rather dark, and the uterus was enlarged. It was at this time that I was asked to see her, and a thorough examination was made demonstrating that in the lower segment of the uterus and posteriorly there were two separate fibroids, and the possibility of pregnancy was recognized. Both these conditions counterindicated any surgical work upon the perineum, especially as neither the patient nor her family expected any operation more serious than a perineorrhaphy. A great deal of force was required to make the examination because of the thick abdominal wall. I advised a vaginal hysterectomy which advice was accepted

and was accordingly done three or four days later. The uterus contained several fibroids. The fetus was of about five months' development and dead, undoubtedly because of severity of previous manipulation at time of examination. There was a plug of bloody mucus in the cervix which was beginning to be foul and the fetus was markedly discolored, about the head especially. If left to nature miscarriage would have occurred with what result to the woman must be left to speculation. The operation required unusual care because of the enormously rich blood supply. The uterus was enlarged to a size which was about the limit of possible removal through the vagina, even with a relaxed outlet as in this case. After it was split sufficiently to remove the fetus, little further difficulty was experienced on account of the bulk of the remaining mass. Hemorrhage was controlled as usual and was insignificant. The convalescence was without incident and entirely satisfactory.

RADIO-ACTIVITY.

BY GEORGE R. SOUTHWICK, M.D., BOSTON, MASS.

[Read before the American Institute of Homœopathy, June, 1904.]

Radio-activity is a new term in science indicating the inherent property which some substances have of giving off rays either spontaneously or after exposure to the rays, also known as emanations, from some other substance.

Radium is the best type of such substances, and a brief outline of some of its peculiar properties will serve best for a further explanation and to define the term radio-activity.

The name of ray or emanation does not mean necessarily a visible radiation. In fact most of the so-called rays are not visible to the unaided eye. This is illustrated by what we know as the ultraviolet light, a brief explanation of which, and of color, may be of some interest and bearing on our subject.

If we display on a screen the colors of the spectrum, we have at one end of the ribbon of light the red color, representing the long waves of ether, vibrations, or the hot waves which act on the retina and produce the sensation we call red, which, strange to say, is the color sense most often lost in color blindness. On the other end of the ribbon, *i.e.*, spectrum, we see violet, due to the short or cold waves producing on the retina the sensation we recognize in the brain as violet. The eye does not recognize waves extending beyond the red at one end, and the ultraviolet on the other end of the spectrum which are not visible to the unaided eye. The ultraviolet light is of special interest to the medical profession at the present time, and its curious effect of causing luminescence and phosphoresence on certain liquids, minerals and drugs is of some interest. Radium has this same property, but as it is not easy to demonstrate its property to an audience, the ultraviolet light is used for a substitute.

As it is not feasible to produce rays consisting of ultraviolet rays alone, we substitute a lamp with iron electrodes which produces a small amount of ordinary light, and a very large amount of ultraviolet rays.

If we place a piece of willemite in this light we see a beautiful green color. The mineral is crystallized in such a way that it absorbs the invisible ultraviolet light, and gives it off at a longer wave length which corresponds to green. Various minerals have different colors. Calcite glows red and turns orange for an instant when the light is removed. A fine specimen of fluorite shows blue. Another specimen of strontianite shows two colors, green and blue. Some minerals absorb and hold the light for a time, *i.e.*, are phosphorescent like wollastonite.

Uranium also fluoresces, and is of interest as the discovery of the rays of uranium by Professor Becquerel led Madame Curie to investigate them and the mineral from which uranium is derived, pitchblende, and the result was the discovery of radium. There are precious stones, precious metals and,

what is not known commonly, precious glasses. Among the latter is uranium glass. When this cube of uranium glass is exposed to the ultraviolet rays it reflects a beautiful apple-green color.

We usually think of glass as transparent, but ultraviolet light will not pass through it to any great extent. The practical application of this is to be very careful of purchasing ultraviolet-light apparatus with glass lenses without careful examination.

Some well-known remedies fluoresce beautifully, especially the horse-chestnut. One part in a million of esculin in solution can be detected. Gelsemium, cedron and quinine are familiar examples.

Some substances, like luminous paint, absorb light which is not given off at the time, but shows when the light is removed. Other substances painted and white cardboard may not be visible to the eye, but are readily photographed as the camera will demonstrate what the eye cannot see. This fact is taken advantage of in the detection of forgeries, especially the signatures of paintings, the photograph showing what the eye cannot detect in the painting.

These examples of the effect of radium and ultraviolet light are quite sufficient to illustrate one form of radio-activity, but we must not forget that this property has been put to a very practical use in examining diamonds. The finer qualities of diamonds and some rubies glow beautifully when exposed to radium, while glass, paste and other imitations or yellow diamonds will not glow.

There are many substances which are in themselves radio-active or are made so temporarily by exposure to some radio-active, substances, among the latter are minerals, plants, water, dead and living things, even the physician himself. Some of them become sufficiently radio-active to photograph themselves. One of the best and most historical examples of the minerals is uranium derived from pitchblende. Professor Becquerel found accidentally that uranium prepared in

the dark so as to exclude all possibility of the absorption of sunlight would photograph an object in the dark, *i.e.*, it had rays of its own which have been termed the Becquerel rays. Madame Curie measured the force of these waves, and found the waves from pitchblende from which the uranium was made were about eight times stronger. In other words the pitchblende contained something besides uranium. This led by careful analysis of all the constituents of pitchblende to the discovery of radium and polonium.

Having seen these examples of induced radio-activity, a little explanation of cólor and some of its associated phenomena may be of interest.

It has been stated that color depends on the length of the ether vibrations transmitted to the eye, which may be illustrated by the vacuum or Geissler tube in connection with a high-frequency apparatus. This should be of large capacity. Some of the apparatus made is lacking in capacity. You will note iron wire burns like kindling wood when touching the pole of a high-frequency machine of sufficient capacity, and an ordinary incandescent lamp is made to glow.

The glow of the Geissler tube is of some interest as a demonstration of highly attenuated substances, and was called to our attention about twenty years ago by Dr. Conrad Wesselhoeft in his studies on the limits of attenuation and the divisibility of drugs. It has been described by Sir Jonathan Crooks as a fourth state of matter or as radiant matter. The X-ray tube, a further modification of the Geissler tube, enabled Professor Thompson to call the atomic theory seriously into question, and to declare that the atom of hydrogen is no longer the smallest conceivable particle of matter, but that it is composed of at least a thousand smaller ones which are called ions or electrons as each ion carries negative or positive charges of electricity, and is in a constant state of vibration. These ions, therefore, are the unsatisfied members of a dissociated pair. The negative electrons are the chemical bonds.

Chemical affinity is thus merely electric attraction. It is, however, in these conceptions of the ultimate particles of matter that this marvelous energy is displayed; the constant attraction and repulsion of positive and negative ions or electrons. It is very significant to the homœopath as possibly providing a scientific explanation for the action of diluted drugs which has been termed dynamic for want of a better name. This wonderful attraction and repulsion of the ions and electrons is one of the most wonderful, and one of the most powerful forces in nature, and yet it takes place among particles too small, too much diluted for the mind to conceive. The fact was known to exist for physical reasons, but it seemed impossible to demonstrate to the eye what no microscope could reveal and no chemical reagent discover. It remained for radium to do this in the hands of the distinguished scholar and scientist, Sir William Crooks, who invented the spinthariscope and finally demonstrated that the atomic theory, the bulwark of chemistry for nearly a century, was no longer tenable as it had been understood.

The light or glow from radium, *i.e.*, the rays or emanations, is produced by the vibrations of its corpuscular elements, its ions or electrous. Besides lighting up various minerals the rays cause a brilliant fluorescence of the hexagonal sulphide of zinc. It became a simple matter to spread a layer of this zinc on pasteboard, and mount close to it on a tiny pointer a minute particle of radium. The emanations, ions or electrons, thrown off from the radium at the rate of 120,000 miles a minute, impinge on the zinc and flash an illumination of it, but these scintillations are too tiny to see with the unaided eye. This prepared cardboard and radium is therefore mounted on one end of a brass tube which has a good magnifying glass in the other end, and now the eye can actually see the scintillations flashed on the zinc screen by these flying ions, themselves invisible; a magnificent demonstration of one of the greatest forces of nature in the presence of a dilution or attenuation of particles far beyond our conceptions of

diluted remedies. As you look through this little instrument, and see these wonderful scintillations from the ions of radium, resembling a miniature aurora borealis, imagine the action on the human organism of this same force which may be and is so considered by some the very basis of life. We can imagine readily from it the flying forms, as it were, of the ions of phosphorus, belladonna, aconite or any other remedy, modifying the electrons of other electrical attractions which may be the ultimate causes of health or disease. It is interesting to note that these phenomena are best seen in attenuations or dilutions, and not in the presence of the original undiluted substance, as seen in the study of a Geissler tube.

The molecules of air, for purposes of demonstration, can be represented by peas filling a glass tube. Electricity is a force which travels along certain paths which conduct it. Some form of wire is commonly used. If this wire is broken into an infinite number of pieces which are all in constant contact, the electricity would be conducted from one particle to another, and so the electricity might be thought of as conducted from one pea to another in the tube. The molecules of air are closely packed and offer so much resistance that the electricity does not pass in a straight line, but is broken up or zigzags. A familiar illustration is the zigzag flash of lightning due to the resistance of the air diverting the electric flash from side to side. If the resistance of the atmosphere is diminished the conduction of the air is improved or better ionized by decomposition of its molecules. If the tube is slightly exhausted the electricity readily passes and is seen as a thread of light, and can be imagined as a line of molecules arranged like a wire conducting the electric current. If the tube is exhausted a little more, bands of light are seen across the tube forming what is known as stratified light, as the molecules of air are not so compact and vibration between them is freer. If more air is removed from the tube allowing short waves or vibration between the molecules which are broken up into their respective ions, the latter easily conduct

the electricity, and the electric current passes much more easily than in the open air, as the molecules, or perhaps a better term the ions, in the tube make the air in the tube a better conductor, and the interior of the tube gives out a violet light or glow corresponding to the wave length of the vibrations in the tube. If the atmosphere in the tube becomes more exhausted, or in other words more dilute, the tube is more luminous, and whiter in appearance with a greenish glow, *i.e.*, an X-ray effect, and is seen to the best advantage in the apple-green color of the X-ray tube. Under these circumstances the luminous appearance of the tube represents a very active vibration of the ions it contains, or in other words, when air is diluted a millionth of an atmosphere we have an active vibration of its ions or electrons which has been called radiant matter or the fourth state of matter; an activity similar to that seen from another substance, radium, in the spinthariscope, and another illustration of the source of energy in diluted medicines.

If, however, all the air is removed from the tube and the vacuum is complete, there are no ions to vibrate or to conduct the electricity through it, so that the electricity may spark along the outside of the tube as it cannot be conducted through it.

Another peculiarity of radio-activity is to increase the conductibility of the air by the ions given off as the emanations of the radium. If a little radium is used to ionize the air, *i.e.*, break up the molecules of air into ions between the poles of a coil, the sparks between the poles pass much more readily than before the radium was used. The electrons from the radium easily discharge an electroscope at a little distance, and this fact is taken advantage of to measure the unit strength of radium. As a unit of measurement the French use pitchblende which is about eight times as strong as uranium, the German unit. The practical point to remember is that French radium of a corresponding number of units is about eight times stronger than the German, and that the value of

radium is largely in proportion to its unit strength. The glow from radium is no criterion of its strength. It has been already shown how a tiny particle of radium will light up and make other substances fluoresce or in other words, it makes other substances radio-active. These substances retain for a time this radio-activity, and will affect a photographic plate, even though the original particle of radium has been removed. It is hardly profitable to dwell on the heat from radium except its curious property of always being a little higher than the surrounding medium, whether in the ordinary atmosphere or surrounded by the intense cold of liquid air or hydrogen. The most marvelous characteristic of all is that this metal can radiate energy, light, heat, etc., almost indefinitely without appreciable loss of substance, an apparent contradiction to the law of the conservation of energy, or, as a well-known scientist has remarked, "Radium is the first substance which has placed an interrogation mark against the law of the conservation of energy." The metal is easily melted by a very little moisture. A well-known physician lost a fine specimen of radium in treating a lip with the bare radium exposed to the moisture from respiration.

There are three forms of rays or emanations from radium, the alpha, the beta and the gamma. The alpha rays have very little power of penetration. They form sixty-four per cent. of all the rays. They are deviated to a slight degree by a very powerful magnet similar to the cathode rays, but in an inverse sense. They are almost entirely absorbed, *i.e.*, arrested by a thin sheet of aluminum one-hundredth of a millimeter thick, or about the thickness of tissue paper. Even a sheet of paper is said to arrest these rays, and they will not pass through glass. They are not projected in the air more than six centimeters. They carry positive charges of electricity, and cause the beautiful scintillations seen in the spinthariscope. They are not easily utilized for medical work.

The beta rays comprise rays of both slight and great pene-

tration. They are deviated by a magnet in the same sense as the cathode rays, but are more spread out. They produce most of the effects of the rays as the alpha rays are easily cut off. These rays act in all respects like cathode rays, and carry negative charges of electricity. They will act at a distance of several meters, and form about twenty-four per cent. of the emanations.

The gamma rays are analagous to X-rays. They are very penetrating even through cast iron several inches thick and exceed the penetration of the X-ray. They are not affected by a magnet, and form ten per cent. of the radiations.

The emanations from radium are increased by warmth, and can be collected in a glass receptacle in liquid air. If a piece of willemite is first placed in this receptacle the emanations from the radium produce a brillant green fluorescence which probably is due to the beta rays. These are so closely allied to the cathode rays, that the same effect can be produced by exposing a piece of willemite to the cathode rays. Various other substances fluoresce or phosphoresce under the cathode rays, for the reason just given. Some pigments in the form of powder fluoresce and are sometimes used to produce fluorescing bouquets of flowers, butterflies, etc. Some of the most beautiful fluorescing substances are made by the thermite process or electric furnace, which may be used in the making of artificial stones, especially rubies. The artificial, thermite ruby, is a very beautiful stone under the cathode ray.

There is good reason to believe that it is on account of these gamma rays that the action of radium resembles that of the X-rays.

The effect of radium on the tissues of the skin may be due to the alterations of the subdermal trophic nerve fibers of the sympathetic which preside over nutrition. The burns from overexposure to radium are similar to those from X-rays. They are due to chemical action and not to actual heat. They are very painful and heal slowly.

The source of the energy of radium is unknown. It may correspond to a transformation of the atoms of the radiant substance which was in process of evolution, and this is suggested by its evolution of heat, enough to melt its own weight of ice every hour.

It is impossible to consider here the phenomena of radio-activity in more detail, but this paper cannot be closed without calling your attention to the important bearing these discoveries have on the practice of medicine. Tribute must be paid to a profession, which keeps its finger on the pulse of science, ever ready and alert to grasp and use new facts for the cure of disease and the relief of humanity.

Careful Case-Taking Essential.—We have heard a great deal about the importance of giving the indicated remedy, but as a matter of fact a large majority of the cases which are reported in our journals have been examined in such a faulty way that *no remedy is indicated.* The symptoms reported might point to any one of ten or fifteen remedies, which is another way of saying that they do not point to anything, because the more distinctive features of the case are left out or were not taken in the anamnesis.—*The Medical Advance.*

Atresia Vaginæ and Retained Menstrual Blood.—When there is time for delay, an exploratory operation through the abdomen and removal of the affected parts, if necessary, may be safer than incision of the obstructing membrane in the vagina; whilst should the uterus and tubes be normal, it might be safer to remove the blood while it is not septic through the upper part of the genital tract than to let it out through a vaginal incision, which involves great risk of infection of residual blood in the tubes and uterine cavity.

British Medical Journal.

EDITORIAL.

Books, exchanges, and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—should be sent to the GAZETTE Associates, 279 Dartmouth Street, Boston; personal and other news items to Dr. A. T. Lovering, 10A Park Square, Boston; subscriptions and all communications relating to advertising, etc., to the business manager, Mr. Chas. A. Boynton, Hyde Park, Mass.

ROBERT ELLIS DUDGEON,

Born March 17, 1820. *Died Sept. 8, 1904.*

Another great loss has befallen us so soon after the death of Dr. Richard Hughes. Dr. Dudgeon is gone. Personally he has been far from us here, but there are few of the older generation among us to whom he has not been near in the same sense as was Dr. Hughes, whose obituary notice he wrote but two years ago. He was near us because we felt his influence directly and indirectly not alone in practice, guided, as so many of us have been, by the exceptional professional knowledge in his writings, but near our hearts by that full confidence inspired by his character, his many-sided attainments, the sturdy honesty of his convictions, the kindness of his heart and the gentleness of his bearing. The influence spreading from such a man could not be other than far-reaching, nor could it fail to penetrate even to many minds and to more than one generation beyond those limits where a distinct consciousness of its origin is present. This is the influence of all true reformers. Other men may be more brilliant, successful, authoritative, leaders in their day and immediate sphere, but only those can truly aid in advancing knowledge who at the same time can aid in uplifting character. Not the qualities of mind alone can stamp the true man of science. Integrity of purpose, first of all, must underlie genuine intellectual effort, if this is to produce those successive waves of enlightenment, which constantly spread by renewing themselves out of our moral nature.

Such reflections inevitably suggest themselves in contemplating the life and character of Dr. Dudgeon. This long and useful life of unceasing labor, is so instructive and so inspiring that we yield to the impulse which prompts us to

give a brief outline of its main features, with a view to recalling to the older men among our readers many events in the history of homœopathy in England so intimately associated with our progress in this country, and holding up before the younger, a career so fruitful and so exemplary for their emulation.

Dr. Dudgeon was born in Edinburg—as he wrote in a brief autobiographical sketch at the solicitation of the editor of the *Hahnemannian Monthly*, and published in 1892 in the February number of that journal—and pursued his studies in the schools and hospitals of that renowned seat of learning; took his surgeon's degree in 1839, and was made Doctor of Medicine in 1841, after having spent two years in Paris at the Ecole de Médicine under Velpeau, Andral, Civiale, Maisonneuve, Louis, Pierry and other famous teachers—men whose names still carry so much weight with all who value the study of medical history. Not content with such advantages his eager desire to complete his knowledge led him to Vienna where Shroda, Rockitansky, Hebra, Heller and Jaeger were carrying forward their great reforms in research and teaching, and where Fleischmann and other noted homœopathists were attracting attention by their therapeutic successes. Here he met Drysdale, Rutherford, Russell and Fisher, men so well known later in homœopathic literature, but without himself being drawn, as yet, in the new direction. Still in search of all available medical knowledge he then journeyed to Berlin where under Jüngken and Kramer he studied diseases of the eye and ear, and organic chemistry under Simon. Returning to Britain he spent some months in Dublin under Graves, Stokes, Corrigan and Marsh, and finally settled in Liverpool in 1843, where Drysdale was already practicing homœopathy, and at his suggestion he was induced to look into the claims of the new therapeutics. It was in the same year that the *British Journal of Homœopathy* was founded by Drysdale, Russell and Black,—despite the fact that there were scarcely a dozen homœopathic practitioners in England,—and, although not yet a convert, he

assisted his friends by translating from the German many articles on homœopathy, by means of which he became familiar with its doctrines and methods, and gradually a firm believer. By Drysdale's advice he returned once more to Vienna to see homœopathic practice at the celebrated Gumpendorf Hospital, where he again met a number of young English and Scotch physicians who afterwards took a prominent part in advancing the cause of our school. Settling then in London he joined the editorial staff of the *British Journal*, which had already enlisted his interest, and retained his connection with it until its cessation in 1884.

A mind so eager for knowledge, so thoroughly trained, and so intent on the much-needed reform in therapeutics could not remain satisfied with practice and literary work. Incessant labor was the element in which he throve, urged on as he was by his profound convictions. Rising speedily to eminence among his compeers, and gaining the friendship and respect of many men of science outside of the profession, he soon wielded an influence which, with others equally enthusiastic, he turned unselfishly to the account of the cause of homœopathy. He was largely instrumental in founding the London Homœopathic Hospital, in organizing the homœopathic societies, local and general, and constantly active in the defense of homœopathy from whatever quarter it might be assailed. His ready pen and equally ready wit combined with his great knowledge made him a formidable antagonist, and it may be safely said that he never entered a conflict from which he did not come out with distinct advantage. When the intolerant conservatism of the medical authorities, balked by the clamor of the rank and file of the profession, attempted to suppress homœopathy by demanding from every candidate for a medical degree the solemn promise never to practice homœopathically, and brought into parliament bills in support of this effort, he promptly blocked these shrewd politics by means of carefully framed amendments, offered by influential friends in both the House of

Lords and the Commons, and with unfailing courage and persuasive power prevented on several occasions, the exclusion of homœopathists from their appointments in public hospitals. Wherever the cause so near his heart was in danger, and wherever its interest could be advanced, his was the voice and pen ever foremost in its defense and advocacy.

At the same time his contributions to our literature on scientific and practical subjects were numerous, and of the greatest value. He translated with marked literary skill and sound judgment all the works of Hahnemann, with the exception of the Chronic Diseases, and delivered those lectures at the Homœopathic Hospital which, in their published form, remain one of our most valued text-books. But not alone in these fields was his active mind and professional interest occupied. In microscopy, in optics and the perfection of the sphygmograph he not only took an active interest, but in all these branches he contributed valuable observations and improvements in technic. He also wrote numerous papers for various scientific societies, which received the commendations of leading authorities. His labors in behalf of the public health resulted in the improvement and multiplication of free baths in London, and his addresses on hygiene and against the abuse of alcohol served still further to stamp him as a genuine reformer.

Of him it may be said as of few others that whatever he did he did well, for his was a mind of that rare order which devoted all its energies to the furthering of good causes, and could not be content with the passive acceptance of traditional habits of thought or current views derived from the authorities of the day. Thoroughly independent and original as he was, he espoused causes early in life which placed him in opposition not only to the unthinking masses, but often to many warm friends and supporters who could hold with him only in one or the other of the many directions in which he strove for progress. His was a most happy and successful life, although, as he wrote to Dr. Dyce Brown in

an obituary notice of himself, soon after having written the obituary notices of Dr. Hughes and Dr. Robert Cooper, he never made a fortune. He had neither time nor inclination to amass wealth, but he sought and gave much true happiness by his wisdom and an unfailing sense of humor, which softened all the asperities so inseparable from conflicts of opinion. In the same obituary notice of himself he wrote: "Though much engaged in medical polemics he never made an enemy, or if he did, they all died before him, so that at his death he was unable to exercise the Christian virtue of forgiving his enemies, but he could practice the higher virtue of loving them, as they contributed so greatly to his enjoyment of life. He was cremated at Golders' Green Crematorium, on the [12th of September, 1904], so we may say literally and figuratively: Peace be to his ashes!"

With these words of his own, so characteristic of his kindly spirit, we close this notice in profound sorrow, but with the abiding faith that the works of a good man live after him.

AMALGAMATION.

Although at the recent meeting of the American Institute of Homœopathy the question of amalgamation or affiliation with the great body of the profession was not considered of sufficient moment to call for serious or formal discussion, there is evidence in the spirited allusions to it in various addresses as well as in the editorial and other articles appearing in our latest periodical literature, that the subject is still agitating the minds of many within our ranks, as such a subject cannot fail to do.

That the great majority and the most representative men of both wings of our school are strongly opposed to the proposition is no longer in doubt; but it is undeniable that a danger is and has long been working, perhaps insensibly, in the whole profession with regard to the matter of which the end can be no other than the ultimate breaking down of those wholly

factitious barriers which divide the two medical parties to the advantage and credit of neither. We use the term "parties" advisably, since to-day this is the proper designation of the two professional divisions which are kept apart neither by irreconcilable principles nor by practice. Hence the barriers earliest to fall will necessarily be those arising from that disregard of all principles which is the curse following upon all partisanship. Among those holding scientific principles and pursuing scientific and practical aims, there may be divisions, different points of view, and different methods of practice, and in the present state of our knowledge these differences may even be fundamental, but valid reasons do not exist for carrying them to the extreme of making them the causes for angry and malevolent disputes, for persecutions, recriminations and the resort to all manner of unscientific warfare. It is with the nonvalid reasons for the conflict, therefore, the nonessentials, as theologians call them, that we are called upon to deal before an understanding can be reached, and these will be found to spring mainly from the wholly erroneous and most mischievous party policy dictated by party spirit, with its willful and intolerant contempt for all truth, justice and scientific ends.

Unhappily this is the human course. To place the whole question in its true perspective it would be necessary to write a history of all human controversy, a task worthy of a Lecky or a Hagenbach, and fully as instructive as any inquiry into the course and phases of our civilization, especially for medical men, but too comprehensive for the pages of a modest and practical medical journal.

A brief retrospective glance, however, of our quarrel abundantly shows the malign influences by which the best aims and efforts of both sides have been turned into the most disastrous channels, and may help to suggest the steps by which they may be made to flow peaceably and fruitfully side by side. We know that, in the outset, Hahnemann's innovations were not unfavorably received; that many of the

ablest and most thoughtful minds in the profession hailed them as hopeful and important steps towards the reform of that appallingly destructive practice by which it is justly estimated that, during the Napoleonic wars, ten times as many lives were sacrificed as by the wars themselves. It would be easily possible to fill pages with instances of this practice, universal at the time when Hahnemann's protests were wrung from his soul. We know that when active opposition to these protests arose it was not by calm discussion, by scientific inquiry or clinical tests, but by every available repressive measure, calumny and detraction, by invoking the prejudices not only of the doctors, but also of the people and the interference of governmental power, that the answers came to the questions Hahnemann had propounded and the irrefutable arguments he had adduced in suppot of his position. And we know, moreover, that it was precisely this appeal to all unscientific forces, to the rankest prejudice and to public power which so confused men's minds and so aroused the bitter opposition of the adherents of the new movement, that they in their turn and in self-defense were forced to have recourse to those vague and ill-defined rights of private judgment and individual safety which however imperfectly recognized and however fruitful of the grave errors of enthusiasm and martyrdom, yet remain the secure defense against all abuse of power and authority, and against all dogmatic conservatism.

This was the course of the conflict in Europe and in this country as well. But here it was modified in no small measure by our habits of thought and action favored by the safeguards surrounding the freedom of individual judgment and its exercise, which, as stated by a Massachusetts judge in a recent decision, permit men to act on their prejudices whether these are in consonance with or opposed to current views. It is on record that Gram and other early exponents of homœopathy in the United States were not at first exposed to the fierce opposition they and their followers had to meet later.

and which—as we recall for the benefit of the present generation—reached its height in the sixties, when the autocrat was still with us, and so effectually brought to bear his rhyming facility and delightful glibness as a plausible *causeur* upon the questions at issue. The sentiments then aroused to so high a pitch in the profession, promptly led in the early seventies, to organized action in the expulsion from the Massachusetts Medical Society of its homœopathic members, and in the framing of the ethical code of the American Medical Association, the code which stamped consultation with homœopaths or indeed any contact with them as acts unworthy of physicians and of gentlemen, and was so binding, despite its obvious folly and narrowness, that even reasonable and liberally minded men were forced to subscribe to and live by it. It is from this folly and untenable bigotry that the dominant party is now recovering and it is for our own to do what in us lies to hasten the convalescence. We should do so, as our position has become the stronger from the weakness of which these attempts at coercion were the plain exhibitions. Aroused by them the American Institute of Homœopathy, the foundation of which preceded the formation of the American Medical Association by nearly a quarter of a century, took strong ground, not only in the framing of its own code of ethics on rational and liberal principles, but summoning and securely organizing its scattered forces. Homœopathic organizations, state and local, sprang up throughout the union, and proved in this way that the same organizing energy so peculiar to the genius of the American people, which could marshal its powers for oppression, could also be trusted to act as a most potent agent for the defense of the free thought and inquiry so ruthlessly assailed in the attacks on our position and in defense, as well, of the principles on which it securely rests.

Here was the turning point. But here also arose certain new dangers against which the organizing faculty could not so effectually be brought to bear, dangers of which the shadow

still rests upon us, and against which this proposition to amalgamate contains an implied and most timely warning. Together with the rise of effective opposition within our ranks, the sentiments of the public were aroused to an unusual degree in our favor. The expulsion of the homœopathic members from the Massachusetts Medical Society under circumstances deliberately framed to stamp with positive disgrace the victims of this act of intolerance, characterized in a peculiar unmistakable manner the animus of the prosecution. It is impossible to forget, even after the lapse of thirty-five years, the fact that men holding honorable professional and social positions were classed with and expelled under the same terms as abortionists and forgers, for differing from the majority of their fellow-members on subjects concerning which, in the nature of things, there could be no certainty. It is advisable to recall these things here because within the last year an attempt at persecution no less flagrant in the baseness of its spirit and motives has been attempted in Germany, fortunately with the same result of arousing public indignation and calling forth a most admirable defense on the part of our German colleagues.

Not only our immediate adherents and friends, but the majority of right-minded men everywhere, both within and without the halls of legislation, promptly rallied in defense of what was looked upon as our martyrdom. But not only were the majority of all moderate reformers and independents with us. The long-haired men and short-haired women, now passed from the stage,—heaven bless their memory,—were deeply impressed with their responsibility to ally themselves with our cause, and all those elements, so numerously springing out of New England soil, now swayed in other directions by Christian science, antivivisectionism, morbid interest in hopeless criminals, slumming, etc., enrolled themselves, heart and soul, under the homœopathic banner, bringing with them their mysticism and self-deception. In point of fact, homœopathy became a fad, or as the term then was, an

ism, of which comparatively few of either its adherents or opponents even faintly apprehended the causes and the reformatory principles from which it took its origin, and which, we do not hesitate to say, gave a character and direction to the practical work within our organizations and at the bedside by no means free from grave objections. Dispensaries and hospitals, schools and homœopathic journals arose everywhere as the result of the agitation, but in too many instances on uncertain foundations and with imperfect material of both teaching and learning forces. Unquestionably homœopathy had now become a power in this country, against which the gates of self-assumed infallibility could not prevail. But from the fact that we here, as in Europe, were excluded forcibly from participation in those great advantages which wealth and traditional power and authority had so freely bestowed on the professional institutions, teaching and other, in the hands of the dominant party, we were crowded into an undesirable attitude of sectarianism foreign to all bodies with scientific and practical aims, from which even the rapid evolution of specialists within our ranks could not save us.

Out of this distinctly false position it must be our earnest desire—as it has been that of a large party among us from the beginning—to wrench back the homœopathic name and aim to a normal professional standing, and to this end we should seek more and more to define the character and limitation of our principles and method. In this way alone can that neutral ground be made to appear on which it shall be possible to meet the Greeks, who approach us tendering offers of reconciliation. To define these uncertain limits is by no means an easy task in the ever-varying estimate in which as men with scientific purposes and minds open to conviction, we must hold our clinical resources and the knowledge of the day. But it is by no means impossible to define the methods along the lines of which sound and progressive scientific therapeutic principles may be reached. From the beginning of medical history the art of healing has had its sources in

experience and the deductions from all knowledge pertaining to the human organism, in other words, from empiricism and from rationalism. But both these sources have been so constantly rendered turbid and misleading by imperfect observation, on the one hand, and on the other, by a mistaken medical philosophy, or what is the same, by untenable theories and hypotheses that hardly a truth exists in therapeutics which is more than a half truth hardly extricable from the error which is born with it. For this reason the proper spheres and limitations of neither empiricism nor rationalism have been plainly set forth, but on these points it should not prove impossible to reach an agreement with a reasonable exercise of good will, and the application of the scientific methods of research coupled with those for the elimination of error.

Whatever of shrewd Macchiavellian medical politics, therefore, may lurk under the proposition to amalgamate, we should feel in a position to receive without fear this gift our friends the enemy bear in their hands. With medical politicians we cannot deal. But if at any time a fair offer should be made to discuss the fundamental principles of therapeutics and the special principles and method we base upon them, there are few on our side who would not gladly welcome the opportunity to show that the sectarian position in which they stand is not of their seeking, and that the barriers by which it is confined cannot safely be made to fall without endangering the progress of therapeutic knowledge, or the purity of medical practice.

We have adduced the brief historical sketch of the rise and position of homœopathy in the United States as a preliminary argument in the case, and for the purpose of showing that on our side we are fully alive both to the evils that have grown out of the policy hitherto directed against us by our opponents, and those arising from the enthusiastic support of our friends. A question involving, as this does, the very existence of homœopathy as a legitimate method of

practice, must first be considered in its historical aspect in order to gain its proper bearings towards any steps in the direction of future settlement. The point, therefore, is not, as yet, as to the acceptance of any well-meant proposition, but as to the rational discussion of the grounds for the acceptance. With the history of the conflict fresh in our minds, the reasons for delay in any formal steps until in the natural course of events the questions at issue have ripened into greater clearness, must be obvious to any unbiased mind.

Cantharis in Eczema.—The type of eczema indicating cantharis is almost invariably of the vesicular variety, acute in type, and more often occurring about the external genitals, sometimes on the flexor surfaces of the wrist with marked aggravation from warmth and equally marked amelioration from cold applications. Even relief from exposure of the parts to cold air is occasionally a good indication.

Herpes about the genitals is another disease frequently calling for cantharis. It is still more indicated if there is also an associated disorder of the genital urinary membrane.

Homœopathic World, London.

Acute Glaucoma: Case.—A woman about thirty years of age, complains of violent darting pains in the left eye. No family history. Never had any trouble with her eyes. Vision dimmed. Pupil somewhat dilated. Increased tension of the eyeball. No atropin applied before inspection of the eye ground, which is congested, compared to those of the other eye, and the retinal vessels conspicuously enlarged. In the left nostril the middle turbinal is enlarged and exceedingly tender. A good-sized piece of this was snipped off and from that moment the pain subsided, vision became normal and the pupillary reaction to light was restored.

Journal of Ophthalmology, Otology and Laryngology.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the Boston Homœopathic Medical Society was held in the hall of the Boston Society of Natural History, Boston, Thursday evening, Oct. 6, 1904, at 7.45 o'clock, the president, J. Emmons Briggs, M.D., in the chair.

The records of the last two meetings were read by the associate secretary, B. T. Loring, M.D., and approved.

The following physicians were proposed for membership: C. W. Castle, Somerville, and C. E. P. Thompson, 2 Commonwealth Avenue, Boston.

The following resolutions on the death of B. P. Barstow, M.D., were unanimously adopted.

Whereas: In the mysterious wisdom of Providence, death has removed from among us our late fellow-associate, Dr. Benjamin Parker Barstow.

Resolved: That we deeply lament the loss of our late brother as a private and public calamity.

Resolved: That in his death the community in which he lived has been deprived of one whose broad mental qualities and deep sympathy eminently fitted him as a true friend and faithful counselor to those who sought advice of him.

Resolved: That we sincerely sympathize with his family in their sad bereavement of a loving and devoted husband and affectionate father.

Resolved: That the secretary of the Boston Homœopathic Medical Society be instructed to inscribe these resolutions in the records of this society, and that a copy be transmitted to the family of the deceased.

Frederick W. Colburn,
Thomas E. Chandler,
Committee.

Scientific Session.

PROGRAM.

1. Forceps and Primiparæ. Sarah S. Windsor, M.D. Discussion opened by J. Emmons Briggs, M.D.

2. Some Abdominal Surgical Perplexities Following Labor. William F. Wesselhoëft, M.D.

3. Alopecia Areata. John L. Coffin, M.D. Discussion opened by A. Howard Powers, M.D.

Discussion (Dr. Windsor's Paper).

Dr. Briggs: I am very glad to have been able to hear the paper and have not much to add. I certainly cannot have anything to say against what has been said.

In the condition which Dr. Windsor has been speaking about, the question arises when to use forceps in cases of primiparæ, and it is a question which we each of us, after considerable experience, solve for ourselves, and though we come to have various differences of opinion, still I believe that the rule she has laid down, always to delay the application of forceps as long as possible, is an excellent one. I am very far from advocating applying forceps and rushing things through. If applied in the early stages of labor, it is usually for one of two reasons: first, out of sympathy; and second, to save time. The first deserves some consideration, for it is certainly our duty, as physicians, to alleviate suffering, but of the last I have nothing commendatory to say. It is our duty, as obstetricians, to stay patiently by until delivery. There is great danger of laceration if forceps are applied too early, especially in cases of primiparæ. Never to apply forceps until the cervix is dilated is a rule that cannot be followed in every case, as it is not possible to wait for that in some pathological conditions, but in the normal condition, forceps should not be applied before the cervix is fully dilated, for in so doing we cannot prevent laceration and may greatly jeopardize the patient's life from traumatism and hemorrhage. If there is a serious laceration of the cervix, it will need repair. Serious laceration may usually be avoided by waiting until the cervix

is dilated. When the head is engaged and coming down fairly normally, each pain making a theoretical advancement, so long as the advancement is comparatively continuous, there is nothing to be done but wait. If the patient has been in labor a number of hours, cervix thoroughly dilated, the head engaged, she begins to be tired and the pain is inadequate or very serious and no advancement being made, I apply the forceps. I used to wait a long time, quite a number of hours patiently, expecting the head would come down. I wait now, but not as long as I used. If the patient becomes excessively nervous, is greatly fatigued and accomplishing nothing, I believe in the application of forceps; but I do not believe in the application of forceps with the idea of completing delivery, but for the purpose of pulling the head down into the pelvic canal and thus moving it from that position where it has laid quiet for a considerable time. If we proceed and pull it through the perineum, there will be a severe laceration, but by using the forceps and starting the head, it is possible to remove them and expect nature will complete the delivery. Now, I do not look upon the laceration of the cervix as such a very serious thing. It requires but a few stitches to repair the perineum after delivery, with quite uniformly good results. I do not see where this can be a serious and complicated matter, but a complete rupture would be very much more serious. As regards the liability of infection from the laceration, I will say that most of our cases are not septic at delivery, and it makes comparatively little difference whether the tear is large or small, a patient may be just as susceptible to infection from a slight as from a severe rupture. I do not hesitate, when a patient has been in labor long enough, becomes tired and weary, pains are inefficient and the head at a standstill, to apply the forceps. In such cases I believe we can use forceps to good advantage to the patient and the child.

Dr. Windsor: I would like to ask Dr. Briggs when there is a severe tear of the cervix from the application of forceps

if it should be repaired at once, provided there is no hemorrhage.

Dr. Briggs: When I have put on forceps early in eclampsia and pathological conditions were such that the cervix has been badly lacerated, I have repaired at once, but usually it is better to wait and let the laceration close naturally without surgical means. If after six months has elapsed the laceration is still present, I recommend repair.

Dr. Powers: I do not know as I should have anything to say, because I do not know what has been said.

I have had a certain amount of experience with eclampsia and sometimes under very happy circumstances had a favorable outcome; again the results were not very favorable for any one concerned.

The remarks of Dr. Windsor suggest that those that come to consciousness between the attacks will recover. My experience has not been entirely to prove that such patients will recover.

I remember a case, where a woman, about a month from her confinement, who had not engaged a physician and who was alone in the house, was taken with an acute attack of eclampsia and found unconscious. She remained so until she had three or four convulsions, before delivery. The cervix had dilated some. We applied forceps and delivered. Four hours after, the convulsions returned and she was seen in consultation. Twenty to twenty-five grains of bromide was prescribed, and she went on without trouble, though she had no memory for twenty-four hours. This case was rather singular, not from the number of convulsions, which were not as many as sometimes occur, but that complete recovery should follow absolute loss of consciousness between the convulsions. My experience with colored women is similar to that of Dr. Windsor, and would suggest that there are more cases of eclampsia among them than among the same number of white women.

In another case, after several convulsions, manual dilatation was made slowly and the child delivered, followed by marked comatose condition, and the woman never rallied.

It always seems to me, when I am called to a case of eclampsia, that it is a very grave condition, but I can say that every case I have had care of previous to confinement has escaped, while in those where the patient was not observed eclampsia has occurred.

My first case was that of a woman six months along, who suffered attacks of eclampsia and no dilatation of cervix. After quite a number of things were suggested and tried, she was placed in a hot pack and the convulsions did not return for a long period; the next day she regained consciousness. Six weeks afterward she aborted, but with no further convulsions.

It is a varied experience and we need a large number of cases before we can obtain a correct percentage.

I have seen a good many kinds of treatment but I have my doubts if any particular line of treatment is very successful; one which would not be effectual in some cases, other cases would respond to readily.

Dr. Windsor was then asked if she would recommend dilatation in every case of convulsions.

Dr. Windsor (closing the discussion): I must say that the conservative, or very mild treatment, it seems to me, is the better one. I have had quite a number of cases the past year and a number of deaths. A year ago this quarter we had a case of a colored woman and the child was delivered alive. She had six hundred convulsions before we stopped counting, lived a week and died. Another case was violent from the beginning and was hopeless. There was very little time between the attacks, which were followed by a deep coma. If consciousness is regained between even severe convulsions the prognosis is more favorable than when it is not. The fact of regaining consciousness and the tide of life going on is hopeful. If there is no recurrence of convulsions after delivery, the prognosis is favorable, but if they begin again, it is very bad indeed. With the experience I have had and trying various methods, I feel that the longer we can give nature to do the dilating the better it is for the patient.

Discussion (Dr. Coffin's Paper).

Dr. Powers: Dr. Coffin has said and well said about all that is to be said. Alopecia areata is not a very rare nor very uncommon disease. The special factor is well recognized. The suddenness with which it comes and the condition of the skin make the diagnosis comparatively easy, if you have it in mind at all. The pretty distinct margin, often seen, with the depression of the skin from which the hair has fallen, there being one, two, or quite a number of patches on the head, usually makes diagnosis comparatively easy. Once in awhile it is pretty difficult to distinguish it from a case of tinea, where there is not much inflammation and the hair follicles not very thoroughly infected, so that the surface of the scalp does not show that they are broken off but simply dropped out.

I cannot add anything to the etiology. It seems to me Dr. Coffin's theory of a neurotic origin would not apply to children, nor account for its appearance in the institution referred to. I have seen many cases in children under fifteen years of age, but that is a period of life where the nervous strain is not supposed to be as frequent as in later life, and personally, I am inclined to believe that the time will come that we shall recognize alopecia areata as a not very active contagious disease, though at present we have no data that is positive. I think it is not a single microbe that is responsible for the complete lesion, some cases being a mixed infection and in others a pure culture may be present.

In regard to treatment, I have been happily pleased with results in some cases, but especially in dispensary work, where I have seen more cases than in my private practice. Such is not always the case. It requires three or more months before you get any results; the patients come once or twice, and if you can not show them any actual improvement they will go elsewhere. This is especially true of dispensary patients. In private practice it is not quite so bad. I tell them that the treatment must be kept up and the ultimate

result will be good. That is all we can say and after awhile the new hair will come and there will be complete recovery. For local applications, bichloride of mercury dissolved in alcohol, or ninety-five per cent. carbolic acid, the latter allowed to remain for a time and then washed off with pure alcohol are most used. These remedies are the most efficacious that I have used, and I also advise treatment of the general system, because anything that will improve its tone will help the recovery of the hair.

I have never seen, in my own experience, anything like an epidemic, and I should be quite inclined to the belief that a certain number of cases would require observation to ascertain if they were not some form of tinea before deciding that they were contagious.

Dr. Coffin (closing the discussion): I would like to say a few words as to the origin of this disease, as I differ from Dr. Powers. My sympathy is with the neurotic theory. The fifteenth year is often a strenuous period for children, and patients of this age are almost always neurotic, cannot be kept at school, are poor sleepers and the parental history shows neurotic heredity back of it. The clinical history is not what we would expect in microbic trouble, as a microbe does not act so suddenly. These spots come at once and those due to microbes would be slower in development. The hair follicles show there is atrophy of the hair papilla, from which the hair grows, and it is surprising that once atrophied the hair should grow again. Alopecia areata is not due to a microbe, but to an atrophied depilation, and the trouble is a neurotic one. The remedies used are both strongly stimulant and antiseptic, and you get the curative effect in either case whether the cause be neurotic or microbic.

There was no discussion of Dr. Wesselhoeft's paper.

Adjourned at 9.15 o'clock.

B. T. Loring, *Associate Secretary.*

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The sixty-fourth semiannual meeting of the society was held at Pilgrim Hall, 14 Beacon Street, Tuesday afternoon and evening, Oct. 11, and Wednesday, Oct. 12, 1904.

TUESDAY, OCT. 11, 1904.

The meeting was called to order by the president, Frederick P. Batchelder, M.D.

REPORT OF THE COMMITTEE ON GYNECOLOGY.

Charles T. Howard, M.D., Chairman.

1. Perineal Repairs by the Use of Buried Sutures. James B. Bell, M.D. Discussion by William F. Wesselhoeft, M.D.

2. Conservative Operation upon the Ovaries. G. Forrest Martin, M.D.

3. Local Applications in Pelvic Diseases. Eliza B. Cahill, M.D. Discussion by Henry E. Spalding, M.D.

8 P.M.

REPORT OF THE COMMITTEE ON DERMATOLOGY, SYPHILOLOGY AND GENITOURINARY DISEASES.

Stephen H. Blodgett, M.D., Chairman.

1. Urinalysis the Handmaid of Surgery. Horace Packard, M.D.

2. Urinalysis: Its Value to the General Practitioner. J. Herbert Moore, M.D.

3. Some Observations on the Specific Gravity of Urine. John P. Sutherland, M.D.

4. Indicanuria: A Study. Solomon C. Fuller, M.D.

5. Excretion of Chlorine by the Urine: Its Indications. Harry O. Spalding, M.D.

WEDNESDAY, OCT. 12, 1904, 10 A.M.

The meeting was called to order by the president, Frederick P. Batchelder, M.D.

REPORT OF THE COMMITTEE ON SURGERY.

Winslow B. French, M.D., Chairman.

1. Some of the Advantages of a Private Hospital. J. Frank Trull, M.D.

2. Kelly's Method of Ventro-suspension. George E. May, M.D.

3. Some Views on Gallstones. Henry A. Whitmarsh, M.D.

12.30 P.M.

The records of the last meeting were read and approved.

The following candidates were elected to membership: Alberta S. Boomhower, M.D., Westboro; Albert S. Briggs, M.D., Boston; David P. Butler, M.D., Rutland; Orville R. Chadwell, M.D., Jamaica Plain; Edward E. Goodwin, M.D., Brockton; William A. Ham, M.D., New Dorchester; Thomas S. Hodgson, M.D., Middleboro; Clifford J. Huyck, M.D., Westboro; Henry I. Klopp, M.D., Westboro; Mary A. Leavitt, M.D., Somerville.

The meeting adjourned at 1 P.M. for luncheon, at which over one hundred members were present.

The meeting was again called to order by the president, Frederick P. Batchelder, M.D., and the annual oration was delivered by Elmer H. Copeland, M.D.

2.30 P.M.

REPORT OF THE COMMITTEE ON MATERIA MEDICA.

George L. Van Deursen, M.D., Chairman.

1. Phosphoric Acid in Diabetes of Young Subjects. Edmund H. Packer, M.D.
2. Colchicine. Edward E. Allen, M.D.
3. Some Practical Experiences with Zincum Metalicum. John F. Worcester, M.D.
4. Dynamic Power of Drugs. Frank E. Allard, M.D.

4.30 P.M.

REPORT OF THE COMMITTEE ON OPTHALMOLOGY, OTOLOGY, RHINOLOGY AND LARYNGOLOGY.

Conrad Smith, M.D., Chairman.

1. Hospital Report on Cases in Ear Department of the Massachusetts Homœopathic Hospital. Frederick W. Colburn, M.D. Discussion by Howard P. Bellows, M.D.
2. The Faucial Tonsil. George B. Rice, M.D. Discussion by Henry E. Spalding, M.D.

The papers and discussions will be printed in the next volume of transactions. Adjourned at 5 P.M.

FREDERICK L. EMERSON, *Recording Secretary.*

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to The Gazette Associates, 279 Dartmouth St., Boston.

A SYSTEM OF PRACTICAL SURGERY. By Prof. E. Von Bergmann, M.D., Prof. P. Von Bruns, M.D., and Prof. J. Von Mikulicz, M.D. Vol. V, SURGERY OF THE PELVIS AND GENITOURINARY ORGANS. Edited by William T. Bull, M.D. Illus. New York and Philadelphia: Lea Brothers & Co. 1904. pp. 789. Price, cloth, $6.00; leather, $7.00; half morocco, $8.50 *net* per volume.

The fifth volume of this fine work completes the set, and places in the hands of American surgeons perhaps the most important addition to their libraries published this year. No department of surgery is unconsidered save only that pertaining distinctively to gynecology.

Vol. V contains sections on Malformations, Injuries, and Diseases of the Pelvis; of the Anus and Rectum; Abnormalities, Injuries, and Diseases of the Kidney and Ureter; of the Bladder and Prostate; Malformations, Injuries, and Diseases of the Urethra; of the Penis; Anomalies, Injuries, and Diseases of the Scrotum, Testicle, Vas Deferens, and Seminal Vesicle. Of these sections the longest, with two hundred and forty pages, is devoted to a consideration of the kidney and ureter, their abnormalities, injuries, and diseases, with an excellent introduction on the anatomical characteristics and relations, and the methods of investigation including descriptions of the newer instruments employed. It will be noticed in all volumes of this work that considerable space is given in each section to pathology and bacteriology, although no treatises on these subjects introduce the work as a whole as is customary.

In the section on diseases of the genitourinary organs we are surprised to find so incomplete a discussion of the treatment of hypertrophy of the prostate, and so little modified an endorsement of Bottini's operation.

The contributors to Vol. V include V. Bramann, Körte, Nitze, Rammstedt, Schede, Sonnenburg and Steinthal. Many

of the illustrations, especially the full-page plates in colors, are very fine. The convenient size of the volumes, and the full indexing make them ideal for reference.

Medical Diagnosis. Special Diagnosis of Internal Medicine. A handbook for physicians and students. By Dr. Wilhelm v. Leube, Professor of Medicine, and Physician-in-Chief to the Julius Hospital, at Würzburg. Edited, with annotations, by Julius L. Salinger, M.D. Illus. New York and London: D. Appleton & Co. 1904. pp. 1058. Price, cloth, $5.00; half leather, $5.50 *net.*

An authorized translation from the sixth and last German edition is now offered to the profession by Dr. Salinger of Jefferson Medical College, Philadelphia. Heretofore this work, a classic in Germany, has been inaccessible to the great majority of English-speaking practitioners. It is deserving of most careful attention by men in active practice, those who specialize and those who do not. The ability to accurately observe and note all symptoms, and to rightly estimate their importance individually and relatively, cannot be overestimated. Ineffective and imperfect case-taking, a defective knowledge of physiological and pathological processes, and unfamiliarity with the analytic method of diagnosis all militate against the success of the physician, whatever his therapeutic beliefs or practice.

Thorough grounding in these fundamentals by continued study of the best text-books is a necessary preliminary to benefiting by clinical opportunities and experiences. We believe the profession will recognize in Leube's Medical Diagnosis a work well calculated to give a thoroughly scientific instruction. One of its strongest claims is its unequaled treatment of differential diagnoses not only by tabulations, but also and chiefly by careful discussions of diseases resembling each other. Every method of arriving at a correct diagnosis is also fully explained, and its applicability pointed out.

A fine section occupying a third of the book is that on Diagnosis of Diseases of the Nervous System, Brain and Spinal Cord. Without space to comment on it in detail, we call special attention to it. The student searching deeply into causes of diseased conditions will find much of great interest in the discus-

sion of Diseases of the Blood and of Metabolism. The index of fifty pages is a complete directory to the text.

LECTURES TO GENERAL PRACTITIONERS ON THE DISEASES OF THE STOMACH AND INTESTINES. By Boardman Reed, M.D., Professor of Diseases of the Gastrointestinal Tract, Hygiene and Climatology in the Department of Medicine of Temple College, Philadelphia, etc. Illus. New York: E. B. Treat & Co. 1904. pp. 1021. Price, cloth, $5.00; half morocco, $6.00 *net.*

This is one of the most noteworthy of Messrs. E. B. Treat & Co.'s fall publications, and is of gratifying comprehensiveness, a modern presentation of the diagnosis and treatment of diseases of the stomach and intestines, with a full account of their relations to other diseases. In addition Part IV, entitled "The Gastrointestinal Clinic," which occupies about two-thirds of this able work, takes up all the diseases separately, with appropriate subheadings, readily consulted paragraphs, pathological minutiæ, differential diagnosis, condensed tabulations of important facts, and illustrative cases. The style is direct and unpretentious. One of the distinctive features of this work is the author's account of what he has found in his Altantic City and general practice among chronic, dyspeptic and nervous invalids, to be the simplest and least disturbing methods of determining the character of the motor secretory and excretory work of the principal organs concerned in digestion and metabolism, by examinations of the stomach contents, feces, blood, urine, etc. There is also a full exposition of the subject of diet and the therapeutics of the digestive disorders in general, including indications for the various forms of electricity, X-rays, massage, vibratory stimulation, hydrotherapy, gymnastics, liquid medication, and medical and surgical treatment .The lectures on intestinal catarrh, movable kidney, on the displacements of the various other abdominal viscera beside the stomach, that on dysentery, and that on bacteria and animal parasites in the intestinal tract, are of much practical value. The section entitled "A Symptomatic Guide to Diagnosis" is a novel feature, which will assist the practitioner to trace any obscure or puzzling symptom to its possible cause. This section also contains

an account of the relations of gastrointestinal diseases to numerous other affections, such as neurasthenia, insomnia, heart disease, movable kidney, Bright's disease, genito-urinary complications, etc.

A Practical Treatise on Diseases of the Skin for the Use of Students and Practitioners. By James Nevins Hyde, A.M., M.D., Professor of Skin, Genitourinary and Venereal Diseases, Rush Medical College, Chicago, etc., and Frank Hugh Montgomery, M.D., Associate Professor of Skin, Genitourinary and Venereal Diseases, Rush Medical College, Chicago, etc. Seventh and revised edition. Illus. Philadelphia and New York: Lea Brothers & Co. 1904. pp. 938. Price, cloth, $5.00 *net.*

The grouping of diseases of the skin which follows introductory pages on general etiology, pathology, diagnosis, etc., assigns them to eight classes: Disorders of the Glands; Inflammations; Hemorrhages; Hypertrophies; Atrophies; New Growths; Sensory Dermato-neuroses; Parasitic Affections. This is a favorite text-book, and has not passed to its seventh edition without undergoing a discernable number of changes such, for instance, as the addition of new matter on radiotherapy and phototherapy, granulosis rubra nasi, pyroplasmosis hominis, erythema elevatum diutinum, ulcerating granuloma of the pudenda, dermatitis vegetans, etc., and a special chapter on the Finsen light and the X-rays. Nearly twenty sections have been wholly or partially rewritten. Enough has been eliminated of obsolete matter to prevent an undesirable increase in the size of the book, although it makes a handsome octavo volume. The conservatism which has limited the number of illustrations to those of the highest merit only, has resulted in giving ample space for the text, which is further enriched by reference to such standard treatises or recent contributions to medical journals as are readily accessible. For the student the authors have produced an excellent text-book, entirely reliable as an exponent of the science and practice of modern dermatology.

The Medical Epitome Series: Nervous and Mental Diseases. A manual for students and practitioners. With an appendix on insomnia. By Joseph Darwin Nagel, M.D., Consulting Physician to the French Hospital of New York, etc. Illus. Philadelphia and New York: Lea Brothers & Co. 1904. pp. 276. Price, $1.00 *net.*

All first-class text-books on diseases of the mind and nervous system, and recent pamphlets written with authority have been drawn upon in the preparation of this condensation of a subject

appealing equally to practitioners and students. Large works consider as a rule either diseases of the nervous system or diseases of the mind. Both topics are epitomized with great discretion and rare appreciation of essentials by Dr. Nagel. The book is divided into many chapters and four principal divisions, the latter being, Diseases of the Peripheral Nervous System; Diseases of the Spinal Cord; Diseases of the Medulla Oblongata; Psychiatry (Diseases of the Mind). Illustrations are used freely wherever they help to illuminate the text. Questions are appended to each chapter. Dr. Starr's valuable tabulation of the relation of the cord-segments to the various groups of muscles is included by permission.

PERSONAL AND GENERAL ITEMS.

Dr. Anna R. Mann and Mr. J. H. Richardson were married at Orange, N. J., Nov. 4.

Wanted.—An assistant physician. For particulars, apply to Edward H. Wiswall, Wellesley Nervine, Wellesley, Mass.

We regret to note the death of Dr. Hilda McArthur Potter, B. U. S. M., '77, which took place at Gardiner, Me., Oct. 16, at the age of sixty-six.

Dr. N. H. Haugton has removed his office from 867 Boylston Street to the Hotel Guildford, 220 Clarendon Street, corner Newbury Street. Residence, Manchester Road, Brookline.

Dr. Frederick V. Wooldridge and Dr. Susan E. Abbott were united in marriage at the home of the latter in Andover, Oct. 10. Dr. and Mrs. Wooldridge will reside in Pittsburg, Pa.

The first meeting of the Neighborhood Medical Club was held at Hotel Nottingham, Boston, Oct. 20, 1904. An interesting paper was read by Dr. J. H. Sherman, on "The Dynamic Power of the Drug."

The October meeting of the Hughes Medical Club was held at the home of Dr. Fred. B. Percy, Brookline, Oct. 28. Dr. Alfred Worcester of Waltham gave an interesting talk on "The Training of Nurses."

Dr. John R. Noyes has opened an office at 106 Main Street, Brockton. Hours, 2 to 5, and Monday, Wednesday and Saturday evenings, 7 to 8.30. Dr. Noyes will limit his practice to diseases of the eye, ear, nose and throat.

For Sale.—A very desirable office in a large suburban town will be sold at cost of furnishings. Low rent. Good reasons for selling. Spot cash. Address, X. Y. Z., care of Otis Clapp & Son, 10 Park Square, Boston.

We record, with great regret, a serious fall sustained by Dr. C. Maria Nordstrom of Malden, Oct. 13, resulting in a fracture of the right hip. Dr. Nordstrom is now at the Malden Hospital slowly recovering from the severe shock.

Florida.—A grand opportunity to spend the most dangerous months of our New England winter, January, February and March, in the mild, balmy air of Florida. High land, pine forests and charming lakes. Small party and special attention. Terms, moderate. For particulars, apply to Dr. A. B. Perkins, Malden, Mass.

Boston University School of Medicine has the largest entering class in several years, and of a personnel to justify the prediction that it will add to the prestige of the school. This department of Boston University has recently been notified of the award of a gold medal at the St. Louis Exposition, for the superiority of its exhibit from the pathological and physiological laboratories.

Dr. N. W. Emerson has issued a most attractive and handsomely gotten up description of the "Emerson Hospital" at Forest Hills, and of the training school for nurses maintained in connection with it. The profession is cordially invited to send medical, surgical or maternity cases to the hospital, where they will receive every care and attention under the direction of the attending physician or the hospital staff, as preferred.

There are many duplicate volumes in the library of Boston University School of Medicine of the *British Journal of Homœopathy, North American Journal of Homœopathy, Transactions of the American Institute of Homœopathy, Transactions of the Massachusetts Homœopathic Medical Society.* Physicians can obtain these to complete their sets by communicating with the librarian. Both year and volume should be specified. All arrangements for removal of books must be made by applicant.

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ORIGINAL COMMUNICATIONS.

COLCHICINE.

BY EDWARD E. ALLEN, M.D., CHARLESTOWN, MASS.

[Read before the Massachusetts Homœopathic Medical Society, Oct. 12, 1904.]

This remedy, as is well known, is the active principle of colchicum autumnale, or meadow saffron, a native perennial herb of middle, southern and eastern Europe, and England. The alkaloid is found in the corm, seeds, and to some extent in the leaves, the corm containing about 0.5 and the seed 0.3 of one per cent. The drug was first discovered by Pelletier and Caventon, although colchicum has been known as a poison since the time of Dioscorides, and as a medicine for the past three hundred years, it having been admitted to the London Pharmacopeia as early as 1618, and used more or less continuously ever since, particularly in the treatment of rheumatic gout.

The corm, when dried, is composed largely of starch, and both the corm and seeds yield sugar, resin, a fixed oil, and other common substances, together with the active principle colchicine.

This substance is an intensely bitter and exceedingly poisonous alkaloid, and occurs as a white or yellowish amorphous powder or crystals, soluble in water, acids, spirits, ether, chloroform and benzene. It is used quite extensively as an ingredient of quack medicines for rheumatism and gout, and has also been put into beer.

Colchicine yields colchiceine or aceto, trimythyl colchicinic acid, which occurs as yellowish needles soluble in alcohol. This latter substance is also found free in the drug and is likewise very poisonous.

The toxic action of colchicum, colchicine and colchiceine only differ in degree. The poison unless ingested in heavy doses, is slow in producing its effects, due probably to the fact that the alkaloid undergoes oxidation in the alimentary canal before poisoning results.

It acts powerfully upon all mucous surfaces. Thus we have sneezing and coughing with watery discharges from eyes and nose after exposure to the dust. The most prominent symptoms are referable to the alimentary tract, which in all cases of poisoning is very greatly irritated. The symptoms are slow in developing, several hours elapsing, before they become active, after oxidation of the alkaloid. There is burning in the stomach and intestines, followed by nausea, and vomiting and salivation. In the abdomen there is a great deal of irritation. Here we get severe pain, crampy in character, followed by diarrhea, and if the dose be large, violent purging. The stools at first contain much bile; later they become watery, and consist of mucus and blood.

Very offensive flatus, spasms of the sphincter, with shuddering over back. Violent tenesmus, stools bilious, thin and mixed with membranous pieces, slimy and bloody, frequently orange yellow, slimy, with bright yellow flakes; transparent; glutinous. Discharges contain large quantities of small white shreddy particles.

It must be noted however that cases have occurred and been reported without diarrhea. There is pain in urinating, and hematuria has been noted. A feeling of great lassitude comes on, and respiration and pulse are much depressed, with fall of temperature and great muscular weakness. There are crampy pains in the feet and legs.

If the dose has been large paralysis develops, commencing in the lower extremities, and proceeding upward, finally

killing by asphyxiation. The brain itself is rarely much affected, but in severe cases stupor comes on followed by collapse and death.

The effects of this poison are cumulative, being produced quickly by large doses, but none the less surely by smaller ones.

Caspar states the fatal dose of colchicine to be from 0.385 to 0.463 gr., but Blyth reports a case of recovery after taking 1.08 gr. The old-school dose of colchicine is given as 1-150 to 1-25 gr. We use it not lower than the second decimal.

In going through the literature I have been struck with the attitude of the dominant school towards this great remedy. They admit that colchicine is the nearest to a specific they have for rheumatic gout, but they can find no use for its active principle, the real power from which the drug derives its most potent curative powers. They speak of it as an extremely active and dangerous poison, and let it alone.

It is on account of the good work which this remedy has done in several of my cases of rheumatic fever, that I decided to call your attention to it, and if you have not yet used it, suggest that you try it. Goodno in his practice says of it:

"Some eight years ago I began the use of colchicine for typical acute articular rheumatism with the result of discovering that it is as nearly a specific for articular rheumatism as quinine is for malarial intermittent fever. A sufficiently large number of cases have now been treated by me and a number of my colleagues to thoroughly demonstrate its value. A solution of the strength of one grain of Merck's colchicine to one ounce of alcohol is a very satisfactory strength for dispensing purposes. Of this preparation doses of three to five drops, repeated every two to four hours, according to the age of the patient, intensity of the pain, etc., is the method I employ. Like many other medicines colchicine gives the most satisfactory results when given almost to the point of producing its physiological action, the indication of which is the development of some disturbance of the gastrointestinal

tract (nausea, colic, or loose movements). It is desirable to avoid this result, which is easily done if the remedy be discontinued upon the appearance in the slightest degree of symptoms of this character, and resumed in one-half or two-thirds of the previous dose, after complete disappearance of the annoying symptoms. If skillfully employed the pain and swelling quickly diminish and the most active cases are usually controlled within a few days. A little experience with this remedy is necessary, before one learns to administer it to the greatest advantage. It is necessary to continue the general care of the patient and the medicine for at least ten days or symptoms may return."

This coincides very closely with my own experience in the use of this remedy. I have used the preparation which Dr. Goodno speaks of but little, and then only in the hospital, where the preparation and dosage could be exactly controlled.

In private practice, and in the hospital as well, it has been my custom to dissolve six tablets of colchicine 2x in one-half glass of water, and of this give one teaspoonful every one to three hours, carefully watching its effect. This method has served me very satisfactorily, and I believe that I have got just as good results as if the other preparation and method had been used.

I will say that occasionally a patient will be found who cannot take this remedy, prepared in this way, a sufficiently long time to overcome the rheumatic difficulty without getting some trouble with the stomach manifested by pain or nausea or vomiting. One such case I found last winter at the hospital in Dr. Sutherland's service. After administering the remedy for about forty-eight hours nausea with pain in the stomach made its appearance, and the medicine had to be discontinued. On the other hand I have seen cases that could take the same dosage continuously, with marked relief to the rheumatic condition, and at the same time show no disturbance of the stomach or bowels. Such a case is the following:

Mr. C. H. C., aged sixty, occupation rope-maker. Had

rheumatic fever at ten years of age, at which time his heart was slightly damaged. He has been a free user of tobacco, and drank continuously up to five years ago, since which time he has been a total abstainer.

He was taken ill with tonsilitis Jan. 2. 1904, from which he recovered in four days and returned to work. On Jan. 17 I was summoned again and found him with a temperature of 102°, pulse of 90, very lame all over, much worse in knees and ankles, which were swollen slightly and edematous, but not red. Great aggravation from any motion, and severe sweating. I gave him bryonia 2x and continued it until the 19th when a severe pericarditis set in and the remedy was changed to spigelia. As the heart difficulty subsided colchicine 2x six tablets in one-half glass of water, a teaspoonful every two hours was given, and the patient kept almost continuously upon it for a month, with gradual improvement of both the rheumatism and the pericarditis. He never suffered any discomfort from it, except an occasional loose movement.

The following cases will illustrate the action of the remedy in acute articular rheumatism. They are with one exception all taken from Dr. Sutherland's service at the hospital during last winter.

Mrs. C. H., aged twenty-seven, occupation waitress, nationality English. Has been in this country fourteen years, not feeling particularly well all that time.

Family history negative. Began to have pain two weeks ago. The trouble is now quite general being worse in both knees and in the fingers, all of which are swollen and inflamed. Is in great pain, cannot sleep, and perspires profusely.

Urinalysis shows complete absence of the chlorides. She was admitted Jan. 6 and on the 7th colchicine was given as described above. Four days later the physiological symptoms having appeared, and the pain and discomfort being much relieved, the medicine was reduced to three tablets and continued. Jan. 15 she was given half diet. She sat up on Jan. 22, and was discharged cured on Jan. 28.

Patrick McC., aged twenty-one, occupation rubber worker, nationality Irish. His mother has had rheumatism for nine years, and his father has diabetes.

He has had the children's diseases; typhoid fever three years ago. He was admitted to the hospital for abscess of the neck which was opened Jan. 6. The next day he had pain in the joints of the middle and ring fingers of the left hand, both of which were swollen. The left foot was next attacked, then the shoulder, and right hand and wrist. On Jan. 18 the surgical side asked me to see him, which I did and prescribed colchicine. Jan. 20 feels better but cannot move right arm. Jan. 21 no pain. This was practically the end of the trouble and he was discharged Feb. 11, cured.

Mrs. Helen E. D., aged thirty, housewife, admitted Feb. 28, 1904. Mother died of phthisis.

Has had all the children's diseases, and rheumatic fever at twelve. Always strong and healthy. Has had three children, youngest four months old. Has been quite nervous since birth of last child. Four weeks ago began to have pain and swelling in her feet. At present the trouble is located in the hands and wrists and right ankle. The weather does not affect the pain, which is worse on continuous motion, and better from warmth. Appetite is poor, bowels always constipated. Sweats profusely upon going to sleep, and sometime feels faint. Breasts distended with milk and very sensitive. She has a systolic murmur, accentuated at the second left intercostal space.

Urinalysis shows no trace of albumin, hyaline casts, and calcic oxalate crystals.

Her remedy was colchicine, and she made steady and very satisfactory progress, leaving the hospital cured March 8.

The next case I wish to report was that of Mr. Henry T., aged sixty-two, occupation fireman, admitted Feb. 12, 1904.

His family history was negative. He has had the children's diseases, malaria thirty years ago, rheumatic fever at twenty, and there have been two or three attacks since. About a

week ago he slipped on the ice, and sprained left hip. The pain soon left there and has traveled from joint to joint. Motion is very painful, and he has had no sleep for thirty-six hours. At present the right hip and left shoulder are the most actively involved. He has a good deal of headache, appetite is poor, is constipated, and does not drink much water. Has some cough which causes pain in the joints, and apparently he suffers a good deal.

Urinalysis shows solids 20.82, urea 12.82, chlorine 3.28, slight trace of albumin, hyaline and granular casts, some pus and round cells. Feb. 12 he was given colchicine, six tablets in one-half glass of water.

Feb. 14. No better and no symptoms from the medicine. The remedy was continued but the quantity increased to eight tablets.

Feb. 15. The joints not so painful, and he is sleeping better.

Feb. 22. He sits up. March 12. Discharged, cured.

The last case I wish to report is one from my private practice.

Mrs. H., age, thirty-five, occupation, housewife, a patient of Dr. Wm. Wood.

Family history negative.

She had two attacks of rheumatic fever several years ago, and her illnesses were particularly long and trying. I was summoned April 1, 1899, in the evening and found her suffering with most excruciating pain in her heart. I could not detect any murmur or friction sound. She had some fever and her pulse was rather fine and somewhat irregular. I gave spigelia, and called again about midnight, but the pain still persisted, and I felt obliged to give her relief with morphine. This eased her for the night and in the morning the pain was nearly gone. I found her however with a fever of 103° and pulse of 110, and with the left knee and ankle badly swollen and inflamed. I gave her colchicine and succeeded in controlling all symptoms absolutely in forty-eight hours. I turned her over to Dr. Wood on April 7, and he cared for her

some time longer, but she was free from all discomfort after April 3. She took occasion to comment upon her rapid recovery from this attack, as compared with her previous ones under old-school treatment, one of which lasted six months.

The above cases are sufficient to demonstrate what this remedy will do in this all-too-prevalent disease. Of course it must not be understood that I am so rash as to advocate the use of this medicine in all cases, since there are some that call so loudly for other of our drugs that it would be folly not to give them. But that it is one of the very best and most efficient medicines we possess I trust I have made plain, and the relief it will almost surely bring, when given as indicated is a great satisfaction not only to the patient but also to the physician who uses it.

In studying the action of this drug upon the gastrointestinal tract, one is at once struck with the intensity of the symptoms which it sets up, and it would seem that it must be a good remedy, when given according to our great law for dysentery and diarrhea. I hope that some day we may have a proving of colchicine made according to modern standards, and then we may find many more uses for it than we dream of at the present time.

To summarize: First note the intimate relationship existing between the tonsilitis in two of these cases and the rheumatic fever which followed. This sequence of rheumatic fever upon tonsilitis is a thing which we should always bear in mind, and if possible keep our cases of tonsilitis under observation a sufficient time to prevent it if possible. If acute articular rheumatism is ever proven to be a germ disease (as I think it will), I firmly believe that at least a relationship will be established between the micro-organisms causing both diseases.

Now how does our treatment of acute articular rheumatism with colchicine compare with that of the old school with sodium salicylate?

Personally I believe that our treatment is much superior.

These five cases which I have briefly reported were all relieved from pain and discomfort within a comparatively short time, varying from thirty-six to seventy-two hours. At the same time the fever was declining steadily, so that by the time the physiological action of the drug began to appear it was practically normal. Then all that was necessary was the continued observation and care of the patient, together with the administration of a much smaller dose for a sufficient time to make sure of the cure. There were no complications except such as previously existed.

What does sodium salicylate do? It relieves pain and reduces temperature, but at what a cost, to the proper action of the heart, which of all organs should be most conserved in rheumatic fever. The danger of involvement from the rheumatic poison alone is so great, that to use so energetic a heart depressant in such large doses seems bad judgment, to apply no stronger term. Then, too, the medicine must be continued in nearly the same dose for a long period to prevent recurrence. It is not a good medicine for children owing to this same depressing influence, and it has no effect whatever, for good, upon any of the complications, particularly those of the heart or brain. I firmly believe that had salicylic acid and its compounds never been discovered we should not see anywhere near so many cases of organic heart trouble as we do to-day. Colchicine on the other hand is a remedy which I strongly believe, is truly homœopathic to acute articular rheumatism, covering the entire disease, and good alike for the disease itself, and all its complications.

As to the duration:

All of these cases (the last five) were practically well in one week after treatment was instituted, that is the pain and fever were gone, and had they, the patients, the initiative, they would have resumed their occupations, strength permitting. No case was in the hospital more than thirty days, and most of them were well in three weeks.

These results will compare favorably with those of the old school under any treatment they have ever instituted.

ABDOMINAL PERPLEXITIES FOLLOWING CONFINEMENT.

BY W. F. WESSELHOEFT, M.D., BOSTON, MASS.

[Read before the Boston Homœopathic Medical Society.]

It is fortunate that the question of surgical interference in abdominal conditions after confinement at, or near, full term, is a rare one. Inflammatory conditions due to infection during labor, while greatly reduced in number nowadays as compared with former times, are, as we all know, not wholly eliminated. These inflammatory conditions are most frequently confined to the uterus itself, however, and extension beyond that to contiguous organs is infrequent. On the other hand inflammatory processes requiring surgical interference, of the tubes and ovaries are by no means uncommon, as a result of infection startnig from miscarriage or abortion—especially after operations undertaken with criminal intent—and in the hospital service we gain a large experience in dealing with such cases.

The question as to whether abdominal surgical interference is proper, or not, is almost invariably a perplexing one in a given case. Inflammatory processes confined to the uterus alone, with absorption, may give rise to decided symptoms, such as pain and tenderness, in the abdomen. From what I have seen I believe in these cases abdominal opening is not justifiable, unless it can be demonstrated that there are decided changes in the adnexa, or that there is an injury extending to the abdominal side of the uterus. Of course there may some other process, such as an acute appendicitis, occur, requiring interference, but of this I have had no experience in the period immediately following confinement. Diagnosis of such a condition must be made, as it always is, by the symptoms present.

There are two classes of cases where abdominal interference is imperative to save life after confinement. One is when there is an injury, such as rupture or perforation of the uterus,

with inflammation, and the other where a purulent inflammatory process occurs in the adnexa, with local or general peritonitis.

While in all abdominal surgery the operator shoulders a great responsibility, this seems to me to be increased in this class of cases after confinement. Here the decision to operate is almost always a difficult one. While we must never let a case progress to a point where delay has made operating futile, on the other hand we must be very careful to guard against being deceived by symptoms that appear to point to abdominal organs, but which are in reality merely reflexed from conditions in the uterus itself, and when an abdominal opening is not necessary and would only add to the seriousness of the situation.

Practically, in my experience this question of operative interference has always been decided by the examination under ether in suspected abdominal danger. Ether gives that relaxation that enables one to satisfactorily map out the pelvic organs, and find by palpation or instrumentation the real state of things. We can readily by a careful use of the sound or finger demonstrate a rupture or perforation of the uterus if present. We can by a careful use of the curette demonstrate the presence or absence of malefic material in the uterus, and we can by bimanual examination determine whether there is inflammatory thickening of the adnexa, infiltration or fixation by inflammatory deposit, as well as the presence of abnormal growths. I have often been surprised at a confident diagnosis made after an examination without ether in an inflammatory condition, when the tenderness to pressure has made absolutely impossible a satisfactory examination, and when an examination under ether has shown what was confidently believed to be present to be entirely absent.

The few cases following are offered as illustrations of some of the difficulties encountered in dealing with abdominal or suspected abdominal conditions arising after confinement.

1. Early in September, 1904, I was called to see Mrs. C. W., aged twenty-four. Primipara. Eight days previously she had been delivered of a living child after a practically normal labor. A slight laceration of the perineum had been repaired at the time. All went well until the fifth day when the temperature rose to 100°, and the pulse also increased. On the next day the temperature was 101°, and there was a marked odor to the lochia. An intrauterine douche was given. Immediately after this she began to have great pain and tenderness in the left side of the abdomen low down, in the region usually called ovarian. This continued on the increase until I saw her two days later. The temperature was then 101°+, pulse 104. She had great pain and tenderness low down in the left side. The rest of the abdomen was not especially sensitive. Vaginal examination showed the same tenderness in the vault of the vagina on the left, but she was so tender that I could make out little else, except what was negative as regards cervix and vagina. The lochia were red, not profuse and with foul odor.

Her husband was known before marriage to have had gonorrhea several times, but she had been well up to the present time. Here was a condition strongly suggestive of an acute salpingitis of the left side, with local peritonitis.

Under ether the adnexa were found to be normal, and the uterus freely movable. Gentle curetting removed a small mass of foul tissue. A hot douche was given. Her temperature dropped to normal in two days, and the tenderness by that time was entirely gone. She is entirely well.

2. Miss E. P., aged twenty. Primipara. Was delivered of a living child Feb. 10, 1901. Two days later she complained of a pain in the left side low down. Her pulse and temperature were rather high. Nothing abnormal noted in the discharge. This pain continued on the, increase although gradually the temperature fell to about 99° and the pulse to 80. She got out of bed after three weeks and moved about the room, but the pain became so great that she could not

sleep. In April I saw her, seven weeks after the confinement. On examination the uterus was found in position and movable, though tender. The right side negative. On the left was a tender mass the size of an orange slightly movable.

A median incision was made, and a pus tube with swollen and inflamed ovary was removed from the left side; the right side appeared normal. Drainage with tube to the cul-de-sac was employed. She was discharged well May 20, that is in four weeks. Was up and about, and the wound healed.

3. Mrs. E. P., aged twenty-seven. April 27, 1902. Had had two children, and two miscarriages. One month before I saw her she had been delivered of a third living child, with no difficulty. Ever since the birth has had same pulse and temperature, although the lochia were not apparently abnormal. Ever since the confinement, however, she has suffered from pain in the lower abdomen mostly in the left side. Had also much trouble from gas, and distensions. Her pulse at my visit was 85, and temperature 100°. Examination showed the uterus to be in normal position but fixed firmly by masses on both sides, which were very tender to pressure—as was also her lower abdomen. A median incision was made; a pus tube buried in adhesions with both ovaries found on each side. Both sides were removed, the uterus fastened forward, and a rubber drain placed in the cul-de-sac.

She was discharged well, up and about and healed on May 26, six weeks from the time of the operation.

4. Mrs. M. V. K. June, 1903. Previously had had two children. During the present pregnancy she had two or three times had spells of nausea and vomiting, with pain in the lower abdomen lasting a couple of days. I saw her three weeks after the confinement, which was normal. Two days after the child was born she had pain again in the lower abdomen, with nausea and vomiting and some rise of pulse and temperature. The lochia at no time were offensive or apparently abnormal. The pain gradually left. Her temperature and pulse became normal, and her appetite returned. She sat up

in bed in two weeks, though she did not feel well in her back and lower abdomen. She was moved at this time to another house, and in a few days the pain, nausea and vomiting returned. I found her very tender over the uterus and low down on either side. Temperature 101° +, pulse 112. Examination under ether revealed a rather large soft uterus with much thickening of a very dense character, and a mass on the right side, the left side negative.

A median incision was made, and the right tube found red and swollen but not a pus tube. A remarkable thickening of the broad ligament under the tube and the side of the uterus was opened, and revealed an abscess of the wall of the uterus extending into the broad ligament. The tube and ovary, and as much of the right broad ligament as was deemed safe, was removed and the abscess cavity drained with gauze out through the lower angle of the wound alongside the rubber drain to the cul-de-sac. She left the hospital in six weeks, was up and about, and the wound healed.

This is the first abscess of the broad ligament without pus tube I have seen. Another one I saw very similar to this this spring in a woman after a miscarriage at three months. She was operated on two weeks after the miscarriage. In this case there were two highly inflamed tubes, and in the left broad ligament an abscess was opened and dealt with in the same way. This woman made an excellent recovery, and was discharged well and healed in five weeks.

5. In January of this year I was called to a neighboring town to see a woman confined two days before. She had previously had two very hard labors owing to a contracted pelvis. One living child, however, had been extracted with forceps. On this occasion the child had been turned, and was extracted with difficulty, stillborn. It was immediately found that the uterus had ruptured, though the extent could not be made out. No hemorrhage of any account, or evidence of internal hemorrhage had occurred. The lochia were apparently normal, but the temperature went up on the second

day to over 100° and there was abdominal tenderness. Examination revealed to the touch a rent on the right side of the uterus extending up from the cervix. After due consideration it was determined to do a laparotomy, and either close the rent or make a complete hysterectomy.

A Trendelenberg position was obtained by tipping up a narrow lounge, and a median incision made. This was late at night but we had the advantage of excellent electric light and assistance. She was rather stout, and the operation was very difficult. It was immediately apparent that no suturing was possible so extensive was the tear, and in the depth of the pelvis deep into the broad ligament. An entire removal was made, the abdomen flushed and filled with salt solution, and the wound closed. She made a rather slow recovery, as there was some suppuration in the wound. In about four days a urinary fistula developed into the vagina, and the urine all leaked away, making it difficult for the nurses. She made, however, a good recovery, and later I repaired the fistula which was evidently caused by the stitch used in sewing up the vault of the vagina having penetrated the bladder at one point. This secondary operation was entirely successful, and she is to-day in perfect health, as strong and capable as ever.

6. Mrs. M. S. P., aged thirty-nine. Was delivered April 24, 1904. Everything went well until May 1, one week later, when she had a headache and the temperature went to 103°. An intrauterine douche was then given, and from then until May 9 her temperature varied from 100° to 105°. On May 9 she was curetted. On May 10 she entered the hospital. She was slightly tender in the lower abdomen, the uterus was movable and the adnexa negative. Temperature 104°, pulse 120.

She was etherized to examine the interior of the uterus. A sound was passed, and it entered through the uterus directly into the abdominal cavity. The uterus had evidently been punctured by a curette. It was decided to do a hysterectomy. A median incision was made, and the uterus

easily removed. The abdomen was flushed, left filled with salt solution, and the abdominal wound closed. In two days her temperature was normal, and pulse 79. She made an uninterrupted recovery, was up in two weeks, and discharged well on June 7.

A BRIEF STUDY OF LACHESIS.

BY CHAS. THEO. CUTTING, M.D., NEWTONVILLE, MASS.

[Read before the Boston Society of Homœopathicians, October, 1903.]

The remedy that I wish to bring before you this evening is one, without which the good homœopath would indeed feel lost, and yet its usefulness is wholly dependent upon the thorough knowledge and careful study of its symptoms.

I speak of lachesis.

This remedy was introduced into homœopathic practice by Dr. Hering, who took the virus from a South American serpent. It is said, that he first stunned the snake with a blow, and then collected the poison on sugar by pressing the fang upward against the poison sac.

There have been discussions pro and con, by members of our school as to the reliability of this remedy, as to how it was proved, and as to whether or not the preparation used to-day is the same as that used by Dr. Hering.

Some declare that lachesis to-day is inert. Suffice it to say, that lachesis, when prescribed according to the laws of homœopathy, and in the *higher potencies,* and *single dose,* will always do the work. And if we look in vain for results, rest assured that either we have not properly "taken" the case, or else have not an accurate knowledge of the remedy.

The "Guiding Symptoms" has one hundred pages on this remedy, but time will permit me to give you only a few of the characteristics.

In the first place, the patient is a suspicious one, believing that every one is talking about her, is jealous of her best friends; she thinks they are planning to put her in an insane asylum;

she hears a command and *must* obey it, thinks she is under superhuman control, and she confesses to things that she has not done.

Religious insanity; she is very talkative, continually wants to talk about these things that seem very dreadful to her. She fears being poisoned, dreads going to bed. This mania is markedly worse after sleep.

The patient is in a great hurry to talk to you, jumps words, begins one story and skips quickly to another without finishing the first. Now these symptoms may come as an acute insanity, or may appear in the midst of any acute disease, as delirium.

Dr. Kent in one of his lectures describes a case that illustrates the head symptoms well. "The patient was sitting up in bed, unable to lie down, was worse from lying down, her face was purple and puffed, her eyes engorged and eyelids bloated. She sat perfectly quiet in bed, and described the pain as a surging sensation which came up the back of the neck and head and then over the head.

This surging of blood is aggravated after moving.

Headache in the morning on rising, one sided, usually the left, or begins on the left and goes to the right. Burning of the vertex. Beating, pulsating headaches with vertigo of all kinds. The pains are bursting, pulsating, from head to foot.

There is in lachesis an oversensitiveness of all parts of the body; can't bear the touch of clothing; scalp is so sore that it cannot be touched.

The ears are sensitive to the least noise, and the eyes to the light. In fact, everywhere do we find this hyperesthesia. There is a rushing, thundering noise in the ears; all kinds of middle-ear disturbance.

Nasal catarrh. Bleeding from nose. Whenever she takes a cold, nose becomes stuffed. There is sneezing, and a watery discharge (coryza). In epistaxis the blood from the nose is dark in color, and in clots.

Lachesis produces crusts in the nose, with ulcerations of the

septum. Ozena. Purple swelling of the nose and the nasal bones are sore.

Face is flushed, purple spots on it and is much bloated.

Erysipelas of the face; begins on the cheeks. Burning and itching, worse after sleep. Complexion sometimes yellow or jaundiced.

Lachesis is a great remedy for gangrene, as we all know from clinical experience.

The teeth decay early and crumble, evils following the abuse of mercury. Gums bluish, bleed easily. Warm drinks aggravate.

Tongue is swollen, protrudes. Blisters on tip. It may be smooth or shiny, or red tip and brown center, even black and stiff.

Saliva in streams, profuse, like kali bich.

Perhaps some of the most important symptoms are those found in the throat. It is purple, gangrenous in appearance. In diphtheria, the membrane begins on the left side of the throat and extends to the right. All kinds of ulcerations, which *spread rapidly*. Throat much swollen and sensitive to touch. Empty swallowing is more painful than the swallowing of solids. Throat is extremely dry, but there is an aversion to water. Swallowing of warm fluids is very painful, or perhaps the patient is wholly unable to swallow warm drinks. Liquids cause more trouble than solids. If food or drink are wanted at all, they are wanted cold. The throat is always worse after sleep, child will wake up crying, cannot bear to have the throat touched.

We have syphilitic ulcers, aggravated by damp weather. Ulcers extend up into the posterior nares. If we have a forming abscess in the throat, and if it is a lachesis case, it begins on the left side, pains shoot upward to the left ear, with threatened suffocation on swallowing.

Constriction of the throat with much phlegm in the fauces, and continual inclination to swallow, although it is so painful.

Remember that when lachesis is *the* remedy in throat cases,

the left side is involved first, there is an aggravation from warm drinks, liquids pain more than solids, and empty swallowing is more painful than solids.

Our patient has no appetite. Has an aversion to drinking. Desires oysters, wines and liquors. There is nausea after drinking. Knawing pressure in the stomach that is relieved after eating, but returns soon.

One writer says "that in the *acute* symptoms of lachesis, often a warm drink in the stomach is hurtful and causes nausea, suffocation and increases the choking and palpitation and fullness in the head. Whereas in old *chronic* cases of lachesis, and in those who have been poisoned years before, there will be a sensation of nausea and tendency to vomit, from taking a drink of cold water and then lying down."

Lachesis will cure cases of gallstones, *when indicated.* We have cutting like a knife in the region of the liver, jaundice, with vomiting of everything taken into the stomach.

Stools are very light in color. Diarrhea and constipation in alternation. Troublesome hemorrhoids with fissures in the rectum. Pulsations like hammers beating.

Lachesis has a distension of the abdomen. Cannot bear even the weight of the bedclothes. Swelling in the cecal region. Patient lies on back with limbs drawn up. Here we think of appendicitis. And when indicated, which in my experience has not been often, will save your patient from abscess in this region and the then necessary operation, as will any of the other remedies when homœopathically prescribed.

As a rule the lachesis symptoms are strong in women during the menstrual period, and the flushes of heat and other circulatory disturbances during the menopause, often make us think of this remedy.

The discharge of lachesis consists of black blood, coagulated blood, that is acrid. Menses scanty but regular, stopping only to begin again, with labor-like pains before the flow. Pains in the left ovary extending to right. Symptoms are relieved by discharges.

During pregnancy, varicose veins, bluish purple, very sensitive to slightest touch, but relieved by firm pressure.

The usefulness of lachesis in organic heart cases is to my mind questionable. If used at all, it must not be used in too high a potency, and I have seen this remedy, where seemingly indicated, relieve greatly the dyspnea of advanced heart lesions soon, however, terminated by death. And whereas lachesis presents the picture of a patient with organic heart disease, I would use it with extreme care.

Much more might be said about this remedy, for there is much more to say, but in closing I will only remind you of the most important points to be remembered, if you wish to get any results from lachesis. The patient has an aggravation of symptoms in the spring of the year, and on going from a cold climate into a warm one; is worse on going to sleep, aggravated during sleep and markedly worse on waking, this being in part due to the frightful dreams.

The mental symptoms are aggravated by a warm bath, and palpitation comes on. The throat symptoms are aggravated by warm drinks. The pain is not necessarily worse, but the patient cannot swallow the warm fluids.

Remember, the *oversensitiveness* of your patient, and that the symptoms go from *left to right.*

Psorinum Case.—For two years there has been coming to the clinic a woman with arthritis deformans, for whom several prescriptions had been made, each of which afforded her but temporary relief from the pain and other symptoms. A more careful examination and an inquiry that extended back to childhood reveals a history of defective reaction, skin diseases and offensive odors from the body; after three doses of psorinum there was freedom from pain, the edema left the joints, and even with the deformity she can use her hands, and handles a needle with comfort.—*The Medical Visitor.*

EDITORIAL.

Books, exchanges, and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—should be sent to the Gazette Associates, 279 Dartmouth Street, Boston; personal and other news items to Dr. A. T. Lovering, 10A Park Square, Boston; subscriptions and all communications relating to advertising, etc., to the business manager, Mr. Chas. A. Boynton, Hyde Park, Mass.

ON THE DIVISIBILITY OF MATTER AND THE ATOMIC THEORY.

The discussion of questions relating to the divisibility and constitution of matter is of such growing importance to-day, not alone to homœopathy, but to all therapeutics, and to science in general, that to comment upon it editorially, and call especial attention to the paper on this subject recently published in the GAZETTE.* The knowledge of the infinitely minute, of matter in its ultimate constitution, is still in its infancy, although from the earliest times the problems it involves have enlisted the interest, indeed, have forced themselves of necessity on the minds of all who sought an explanation not only of the universe, but of the commoner phenomena of nature constantly presenting themselves for even superficial observation. Until the last half of the century just passed, the questions of matter and force, of the constitution of matter and its divisibility were claimed by philosophy as belonging exclusively to its domain, but during the last decade, as Delwald (*Naturphilosophie, Wren, Urban u. Schwartzenberg*, pp. 2) and the late Prof. Karl Wergert (*Naturwissenschaftt-Plaudoreien*) have so forcibly pointed out, science has so extensively invaded the field of speculative inquiry that all philosophy has been thrown back within narrower limits, forced to adopt new premises from which to pursue its reasoning, and new methods both of asking questions of nature and endeavoring to answer them.

These things physicians must learn more and more to consider, since they are modifying so many scientific conceptions, and thus becoming of increasing practical importance. Al-

* "Is there any Advantage in Diluting Drugs beyond the Demonstrable Limit of Divisibility of Matter?" By Conrad Wesselhoeft, M.D. NEW ENGLAND MEDICAL GAZETTE, October, 1904.

though for the most part ignored save in occasional presidential and other addresses, fundamental questions of science are forever crossing the path of every thoughtful practitioner, and often in a manner so unlooked for and yet so urgent, as to arouse profound consciousness of the insufficiency of our present method of medical education. In the stress of care and work at the bedside with the pressing questions of proximate causes before us, we cannot stop to consider those of the remote and ultimate nature of disease and cure, but the error is to thrust them aside as wholly unanswerable, or so far beyond the range of our daily responsibilities that they do not directly concern our more immediate professional activity. If we reflect a moment, however, we shall see that in point of fact a relationship so direct exists between practice and fundamental principles of science through pathology and physiology, both so intimately linked with biochemistry and physics, that clinical problems are brought face to face with those of the properties and ultimate constitution of matter on which, in the last analysis, these sciences rest. Clinical investigation with imponderable substances must, therefore, go hand in hand with inquiries which of late years are so earnestly pursued by the foremost leaders in the physical sciences, inquiries among which those into the divisibility of matter have come to be of paramount importance.

That this is not a farfetched or purely academic proposition is sufficiently seen not only in the burning and irrepressible question among us of potencies or attenuations, but also in the rapid development of radio-therapy in its widest sense. While it may be true that the X-rays, ultraviolet light and radium are still too largely used empirically in the hands of enterprising practitioners who see in this a promising addition to their armamentarium, it is certain that the study of the problems they present alone can give them scientific value, and the greater certainty in practical application which it must be our unremitting aim to seek.

Neither greater therapeutic certainty nor scientific value can be attained by throwing back the questions of the ultimate constitution of matter, its relation to force or its limited or unlimited divisibility to the realm of philosophical or religious transcendentalism, as is still too often attempted in some quarters. Nor can we hope for advancement if we abandon prematurely the foundations on which so much of the present status of chemical and physical science securely rest, in favor of half-fledged hypotheses deduced from the phenomena of radio-activity, striking and perhaps revolutionizing as these appear. It is not without grave misgivings, therefore, that we note in the admirable and profoundly learned presidential address before the recent meeting of the British Homœopathic Association (see *Monthly Homœopathic Review*, August, 1904) the tone of triumph with which the atomic theory is consigned to the rubbish-heap of obsolete assumptions, the theory to which chemists and physicists continue to hold as firmly as ever, despite the recent revelations of electrolysis, and the phenomena exhibited by the newly discovered elementary substances. As homœopathists mindful of the evils resulting from the tenacious adherence to traditional teachings, we are bidden to cultivate an openness to conviction which accepts the probability that the most soundly established theories of the day, and all our current views of the most fully demonstrable phenomena may be thrust aside sooner or later by better knowledge. But nearly a century of bitter experience should also teach us the dangers of attempting to construe every new hypothesis or partially observed phenomenon as proof of the soundness of the tenets we derive from our principles. That the phenomena of radio-activity, and many of the theories deduced from them, speak volumes in favor of the effects of imponderable substances no one who has followed the recent developments in physical chemistry, above all no homœopathist shall deny. Nevertheless, it is quite too early to declare sweepingly that because a very limited number of

elements recently brought to light solely by the fact of their possessing properties, so far as known at present, peculiar to themselves—properties producing effects in inconceivably minute quantities—that all substances, elementary or composite, may be made to possess like properties, thus made capable of producing similar effects. As yet it is enough for us honestly to rejoice that the power of certain substances in a highly attenuated form has been made so evident that he who runs may read, a power which we justly claim for our attenuated drugs. Much has been gained in this way, more particularly since the radio-active substances have been shown capable of producing distinctly curative effects in certain intractable pathological conditions. But we are not permitted to lose sight of the fact that the peculiar properties of those elementary substances are demonstrable only by laboratory means and methods of exactness not available at the bedside, and, moreover, that their clinical effects are shown under conditions by no means resembling those under which our own attenuated remedies are known to act. Notwithstanding so many well-observed homœopathic cures with these attenuated remedies, it by no means follows that because an invisibly minute quantity of radium may generate its power within itself indefinitely, produce new substances as in the case of helium, transform others as in the case of lead, or cause the air and the walls of a room in which it has been exposed to become radio-active, a similar power rests or may be developed in belladonna, or rhus, or mercury, or zinc. Nor may we infer that these or any other substances hitherto well known possess an inherent force, spirit-like or other, separable from the matter of which they are composed. Much less are we warranted in joining in the declaration that either our cures with infinitesimals, the phenomena of radio-activity, or the theory of electrons has overthrown the atomic theory. As Professor Wislicenus so lucidly explained no more than a year ago in his inaugural address on assuming the professorship of chemistry at the

University of Tubingen, there exists to-day, despite the increasing need of accepting the divisibility of atoms into more minute entities, no more reason for abandoning the atomic constitution of matter than before the new discoveries.

In discussing this question of the validity of the atomic theory from the homœopathic standpoint—in allopathic quarters the relation of such questions to therapeutics is as yet ignored—we are prompted at this time to suggest that it applies solely to the chemical elements of which all other substances are built up under the law of chemical affinity; that the atoms combine in varying but definite arrangements under the law of multiple proportions to form the molecules of all chemical bodies, elementary or composite; that the molecular constitution of these bodies cannot be changed or destroyed without changing or destroying their chemical or physical properties on which all their known effects depend; that it is with these bodies in their integrity and their observable effects with which we deal, clinically, rather than primarily with the properties and effects of their dissociated particles resolved into their anions and cations by electrolytic force. Whether their observable therapeutic effects result from the forces liberated by the bio-chemic processes through which the electrons pass in meeting with the reactions of the normal organism, or that rendered supersensitive by pathological conditions is purely a matter of speculation. On these subjects we can reason as yet only by analogy, and with the dangers to exact knowledge from such reasoning clearly before our minds.

That it is of the utmost concern for homœopathy as for all science, to know whether the matter of our drugs is capable of division and subdivision of their atoms and atoms of atoms, and how, if they are capable of such division, which may no longer be questioned, their properties produce curative and other effects, there can be no doubt.

But as yet such knowledge is vouchsafed us in no other form than that of pure hypothesis, to be applied to the explanation of drug effects only in the most tentative manner without founding upon it practical rules of action. The atomic theory, on the other hand, is so far removed from the realm of mere assumption or hypothetical speculation, that it affords the most definite data for scientific prevision and rules for practical action as exemplified not only in the periodic law of Lothar, Meyer and Mendeleyeff, but serves as so sound a basis for other theories so positive in character that whole productive industries may be founded upon them. We need only instance among others Kekule's theory of the atomic constitution of the benzine or, as chemists call it, the benzol molecule. The theory assumed a peculiar grouping in this substance of six hydrogen and six carbon atoms, which, of course, no one had ever seen, but having demonstrated this relationship of those atoms, it has become the foundation in late years not alone of all organic chemistry, but of other departments of manufacturing chemistry as well, as seen both in the production of the familiar modern dyes, and in their by-products, the medicinal coal-tar derivatives of doubtful therapeutic value. We see here not only the demonstration of the continued validity of the atomic theory, but are forced to the conclusion, so well expressed elsewhere, that without it all modern chemistry is inconceivable.

CONFLICTS.

In another article we have taken occasion to allude to the recent outbreak of the anti-homœopathic mania in Germany, but the affair is of an importance far too weighty for the history of homœopathy and its present status to be passed by without further comment.

In this country we enjoy advantages which place us above the need of appealing to the authorities or officials of any university for the privilege of teaching, and are far beyond

the stage of the fight for mere existence. Without the evidence of our material gains in all directions, the last meetings of the Institute of Homœopathy sufficiently prove that, as a body of physicians with a distinct scientific purpose, we have reached a place in both the public and the professional estimation which gives us scope to develop in the fullest measure whatever of knowledge and experience we possess along lines of our own choosing. Nevertheless, there occur from time to time outcroppings of the old intolerance of our aims and principles, calculated to interrupt and retard the evolution of that harmonious pursuit of therapeutic truth which should characterize a profession having for its aim the cure and relief of sickness and suffering, and which show too plainly that we have not yet wholly conquered the honorable peace which on our side we are truly seeking. *The Boston Medical and Surgical Journal*, for example, in a recent number, revives a doggerel of Dr. Holmes', intended to irritate and mislead, and the editor of *American Medicine* again asks the inane question: "What have homœopaths contributed to science?"

But these things we allow to pass without notice. We cannot, however, refrain from an expression of surprise that, in the present state of knowledge regarding the imperfections of all therapeutics and the advancement in the sciences throwing the most favorable light on homœopathic contentions, not a word of protest should come against the attitude of the most widely read and practically important of all German medical journals on the recent erection of a chair of homœopathy at the University of Leyden. Referring to this matter in connection with the renewed efforts on the part of the homœopaths of Bavaria to establish a chair of homœopathy at the University of Munich, the editor of the *Muenchener Med. Wochenschrift* (Munich's medical weekly), Dr. Spatz, had the temerity to speak of the incumbent of the chair at Leyden as "that quack, formerly a parson, Herr Mende," and to repeat the insult with even more offensive additions when called upon to retract after having been informed of Dr. Mende's wholly

honorable professional and social standing. Under these circumstances no course remained but to bring the matter before the court in a suit for defamation of character, when, after the fullest inquiry, the case was decided in favor of Dr. Mende despite the evidence of Professor Winkel, the gynecologist, and a surgeon of the name of Krecke, who were called in as experts to testify against the scientific standing of homœopathy. Before pronouncing judgment against him the learned Spatz was asked by the court to withdraw his aspersions, but in the face of the fact that Dr. Mende's high professional standing, his thorough scientific training in the foremost schools, his long assistantships in hospitals under leading teachers and investigators, and his innocence of ever having been "a parson," had been fully established, the champion of science and professional ethics still persisted in declaring that no one calling himself a homœopath could be other than a quack, in the hope of suffering martyrdom in the cause of "regularity," accepted his punishment of a month's imprisonment and a very moderate fine. His martyrdom, however, proved a very cheap affair, for while the allopathic profession as a whole stood by him, all honorable and intelligent men outside recognized his martyrdom as a farce, and himself as one whose character cannot be expressed in parliamentary terms.

At about the same time and apparently inspired by the same fears of homœopathic advancement, the medical wiseacres of the grandduchy of Hesse brought into the local legislature a bill to deprive the homœopathic physicians of their right to dispense their own medicines, a right they had enjoyed undisturbed for over half a century. Here, again, instead of anything that could be construed as scientific argument or the rational plea of equity, vituperation, detraction and the misinterpretation of law were the only armamentarium of the truly scientific, aided by the apothecaries who left no means untried to gain their ends. But with the intelligence and right feeling of the people behind them, the

homœopaths, few in numbers though they were, and with all the machinery of the government against them, gained a signal victory and remain for the present, at least, in possession of their rights and privileges, which, by the way, are the rights and privileges of all physicians who choose to avail themselves of them.

Doctors as well as others who feel impelled to adopt views and methods differing from those of their fellows must be prepared for opposition; for the most severe measures of repression, even, if their differences involve grave principles. This is the way of the world. But when intolerance and persecution assume forms at variance with every ethical conception and with common decency, there should be protests not only from those who are made to suffer, but from those, as well, who take no active part in the conflict, but may be supposed to have at heart the honor and high ethical standards of the profession. The absence of such protests must be taken as evidence of a degree of indifference to these standards which it would be painful to dwell upon.

Character of Hahnemann.—Personally his character was unique. His honesty of purpose, his straightforwardness, his simple-minded devotion to the truth which he knew he possessed, led him to live in a state of semistarvation rather than practice the barbarous system of treatment then in vogue in order to make a living. And when his system was fully published, he submitted to be driven from pillar to post rather than give in, till victory and success came at last as a reward for his heroic stand for God's truth. In fact, the whole story of his life is a romance, in which he stands forth as a hero in every sense of the word, a commanding figure, not only in the world of medicine, but in the world at large.

The Monthly Homœopathic Review, London.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the society was held in the hall of the Boston Society of Natural History, Boston, Thursday evening, Nov. 3, 1904, at eight o'clock, the president, J. Emmons Briggs, M.D., in the chair.

The records of the last meeting were read and approved.

C. W. Castle, M.D., Somerville, and C. E. P. Thompson, M.D., of Boston, were duly elected to membership.

The resignations of John Sproull, M.D., Haverhill, and Mary Hornby-Frost, M.D., of Dorchester, were accepted.

The following committee was appointed to nominate officers of the society for the ensuing year: Herbert C. Clapp, M.D., Walter Wesselhoeft, M.D., and David W. Wells, M.D.

Scientific Session.

PROGRAM.

1. The Dangers of the Microscope in the Early Diagnosis of Pulmonary Tuberculosis. Herbert C. Clapp, M.D.

Discussion by Percy Browne, M.D., W. H. Watters, M.D.

2. Interstate Reciprocity of Medical Licensure. Edwin B. Harvey, M.D., secretary Massachusetts State Board of Registration.

Discussion by N. Emmons Paine, M.D., John P. Sutherland, M.D., Samuel H. Calderwood, M.D.

3. Mechanical Treatment in Paresis and Paralysis. Mrs. L. M. E. Blackbourne.

Discussion by F. B. Percy, M.D., A. G. Howard, M.D.

Discussion (Dr. Clapp's Paper).

Dr. Walter Wesselhoeft: In reviewing my cases, it seems to me that this matter of making an early diagnosis is by no means as simple as many specialists believe. I think the determination of tuberculosis in its early stage is one of the

most difficult matters we have to deal with. At the same time, a man, with experience, by a certain intuition a specialist attains will conceive a reasonable suspicion of the disease.

A case I will mention is that of a lady, who has been ill four or five years, and has been seen by the most distinguished physicians of Boston. The trouble began with a swelling of the cervical glands on one side underneath one ear and extending to the other. She was subjected to all manner of examinations; was sent to the Adirondacks, where she grew rapidly worse; was advised to leave there and consult a specialist. There were signs of dullness through the whole left lung. The disease has continued about four years, but there is no t.b. in the sputum, yet there are all the signs of the second stage of phthisis. Among the best-known specialists there is a marked difference of opinion, some say positively phthisis, others something else. Here is a case in which the determination of the presence of a tuberculous disease is one of great difficulty.

Dr. Piper: This subject and the discussion reminds me of a patient I saw at the Massachusetts General Hospital during Dr. Vickery's service. Sixteen years ago nine out of ten physicians would have diagnosed the case phthisis. The physical signs were decidedly those of phthisis and yet the more careful examination of the sputum showed the bacillus of grippe rather than of tuberculosis. I was very much surprised, for I had not, up to that time, realized that the effect of grippe, or any disease of that character, could produce symptoms so much like phthisis. Not long afterward a patient in my own practice put me in great doubt as to the prognosis. Dr. Vickery's advice seemed to warrant considering it as a case of more or less solidification due to grippe affection and deposit there.

Dr. Lapham: I think Dr. Clapp has emphasized the fact, and that every one will appreciate the importance of an early diagnosis of the disease. It is interesting to study the diagnosis of patients at Rutland, and find how small a percentage had the sputum examined before application. If it had been,

the result was not returned. In reporting fifty cases, in thirty-four sputum examinations were absent upon entrance. After admission, thirty-two were found positive and the remaining number had had hemorrhages, which rather confirmed the diagnosis. Out of a total of 153 cases 108 were found positive; the per cent. not examined before admission, sixty-five. Cases are examined from one to ten times per month after admission. I would say, with Dr. Clapp, that the bacillus of grippe has been found in many of the patients at Rutland.

Dr. Clapp: Replying to Dr. Piper regarding the bacillus of influenza; in addition to what Dr. Lapham has said, I know that the grippe is a very frequent factor in starting or exciting into activity a case of tuberculosis, and its bacillus is often formned in connection with t.b. in the same case.

Discussion (Dr. Harvey's Paper).

Dr. Sutherland: The question of the evening, as I know, is not simply a question of medical examination and medical licensure, but a question of interstate reciprocity. It does seem a little odd, on consideration, that what is good for Massachusetts is not, for instance, good for Michigan, or that what is wise and practicable for Ohio should not be wise and practicable for Texas.

Some of the states require a certain number of "units" of preliminary education. It is not enough to possess a diploma of some reputable high school, or academy, but a certain number of units of education are required. Even a brief review of the requirements of many of the states gives foundation for the idea that one state is exceedingly suspicious that another state will try to get the better of it in some way. It seems to me the essential point is lost sight of in most of the state requirements. According to my way of thinking, it is not really the when, or why, or how, a person has learned a thing that is of importance; it is, *does he know it?* It should not be how many "units" of Latin, chemistry, or biology, does a person possess; or how many years were spent in acquiring knowledge

of this or that subject, but does the applicant now before us really *know* anything about these subjects?

Much as has been accomplished by our existing laws concerning medical practice, I cannot but feel that *much remains to be done,* that the work has been only *started.* There are, according to the United States Census of 1900, 132,225 physicians in the United States. This does not take into account the vast hordes of nonregistered, nonlicensed, noneducated *healers* of various sorts who openly, even in states possessing large and effective boards of examiners, practice the *art of healing.*

I contend that we have not gone to work in the right way. We have too much red tape and too much interstate jealousy. Our existing laws discriminate *against* medical practitioners who have tried honestly and hard to obtain a medical education, and have nothing to say to those who do not possess a medical education but who do nevertheless practice medicine. A mistake that has been made in Massachusetts, as well as in all the other states, is in the making of laws that are applicable only to those who honestly and honorably desire legal recognition as evidenced by a license. All others who wish may practice medicine, although Section 8 of the law reads that "whoever . . . holds himself out as a practitioner of medicine, or practices or attempts to practice medicine in any of its branches, or whoever practices medicine or surgery under a false or assumed name, or under a name other than that by which he is registered, or whoever personates another practitioner of a like or different name, shall, for each offense, be punished, etc." The last section of our law clearly states that its provisions "shall not apply to . . . osteopathists, pharmacists, clairvoyants, or persons practicing hypnotism, magnetic healing, mind cure, massage, Christian science or cosmopathic method of healing, if they do not violate any of the provisions of Section 8."

I would claim that as a prerequisite to the formation of medical laws, as the first step in medical legislation, there should

be constructed a legal definition of medicine. In the neglect of this prerequisite our lawmakers have only partially done their work.

What is medicine? What do we mean when we use the phrase, "the practice of medicine"? The *Standard Dictionary* tells us that medicine is "the healing art; the science of the preservation of health and of treating disease for the purpose of cure." It is absolutely unnecessary and misleading to claim that the practice of medicine consists only in the administration of drugs for the purpose of cure. The definition referred to has absolutely nothing to say as to the *means* to be employed in bringing about the desired restoration to health. Medicine is an art, not a science. The "art of healing" is based upon certain sciences, and to practice the art intelligently and successfully requires familiarity with these various sciences, or department of knowledge. It is a well-known fact that the most clearly demonstrated methods of *cure*,—of restoration to a normal condition of health—are to be found among nonmedicinal methods.

I, therefore, would recommend that as a practical, sensible, working basis for medical reciprocity, state medical boards should:

1. Establish a definition of medicine.

2. Demand that all who practice the art of healing—absolutely irrespective of means used, from prayer to pills, should be grounded in the fundamental sciences; anatomy, physiology, pathology, diagnosis, drug pathogenesis, bacteriology, surgery, obstetrics, etc.

3. In the matter of state licensure be censorious and exacting, as to the quantity and quality of a candidate's knowledge, but wholesomely indifferent as to how, or when, or why, or where that knowledge was obtained. To insist that knowledge must be academically gained, to worthily qualify, may well be to bar from public usefulness our potential Abraham Lincolns, and joyfully welcome every son of a millionaire, whose clever tutors may boost him up to a college degree.

4. These matters settled, the question of interstate medical reciprocity could be approached with some show of rational and speedy settlement.

Dr. Hopkins: Concerning the superiority of medical education in Massachusetts, I would like to inquire how many of the forty-one candidates rejected by the State Board of Registration in the last examination were graduates of the medical departments of universities in this state?

I would like to inquire if the State Board, or any board, has the power to revoke licenses issued by it? Is the board able to prosecute the charlatan? and if boards of health accept the death certificates of such unlicensed persons? Are those of Christian Scientists accepted?

Dr. Harvey: Regarding the cancellation of license certificates, I may say that it can be done for two reasons only: when a physician has been convicted of felony, or some crime in the practice of his profession, which may or may not amount to felony, which as you know is a state-prison offense, his license may be revoked. Several licenses have been revoked.

The question asked in regard to the exemption clause in the registration act, is one frequently asked, because on a casual reading its meaning is not perhaps quite clear. You note the law says, its provisions shall not apply to certain classes of persons, such as osteopaths, clairvoyants, etc., provided they do not violate the penalty section, which is that unregistered persons cannot hold themselves out as practitioners of medicine, nor practice medicine in any of its branches. The function, therefore, of the unregistered osteopath, etc., is limited; he cannot legally advertise himself as a physician by an office sign, or in the public print, or by treating patients on his own responsibility. He may however act as a massagist on the patients of physicians who order such treatment, or on persons who diagnose their own troubles and ask for such treatment. Quite a number of so-called osteopaths have passed successfully the State Board examination, and such

persons can of course advertise themselves as physicians and treat their patients by any method seeming best to them.

In reply to the question regarding the large percentage of unsuccessful state examinations, I may say, that recent graduates of the New England schools usually make a good showing before the State Board. The percentage of failures in this class of applicants is small when compared with that of applicants from several of the Baltimore schools and some of the schools further south. The credit of the advance step taken in the medical schools throughout the country for higher equipment of the student, as referred to by a previous speaker, must in part at least, be given to the examining state boards. But for the requirements of the examining boards, there would be to-day just as many diploma mills in the country as ten or fifteen years ago. Fortunately, this class of so-called medical schools has disappeared, not to return. There are, however, some very weak schools, notably in Baltimore and in some of the Southern States. Graduates from these schools are admitted to registration in many of the states by virtue of their diplomas, or by examination on standards much inferior to our own. In my paper, I have already referred to this fact as one of the reasons why the Massachusetts Board does not favor reciprocity.

Mrs. Blackbourne's paper was discussed by Drs. Howard and French.

Adjourned at 10.20 o'clock.

B. T. Loring, *Associate Secretary.*

BOOKS AND READING.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the Gazette Associates, 279 Dartmouth St., Boston.

REFRACTION AND HOW TO REFRACT, INCLUDING SECTIONS ON OPTICS, RETINOSCOPY, THE FITTING OF SPECTACLES AND EYE-GLASSES, ETC. By James Thorington, A.M., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. Third edition. Illus. Philadelphia: P. Blakiston's Son & Co. 1904. pp. 314. Price, $1.50 *net.*

While no considerable changes in the text mark this third edition, some fifteen new illustrations have been added, and a description of several new instruments recently perfected as aids in estimating refractive errors. A systematic and practical schema has been adopted. The student beginning with the consideration of rays of light, is gradually brought to a full understanding of optics, then taught what constitutes the standard eye. There follows a description of ametropic eyes, with a differential diagnosis of each, then instruction in placing lenses in front of ametropic eyes, to make them equal to the standard condition.

The explanations seem to be made in a clear and easily comprehended form, and there is a pleasing conciseness in the statements of facts. The author's experience of the actual needs of beginners is evident from his style, and his elimination of lengthy discussions better suited to works written for the specialist. The illustrations are for the most part newly made for this work. The low price of the book, and its compactness add to its attractiveness.

THE SURGICAL TREATMENT OF BRIGHT'S DISEASE. By George M. Edebohls, A.M., M.D., LL.D., Professor of the Diseases of Women in the New York Post-Graduate Medical School and Hospital, etc. New York: Frank E. Lisiecki. 1904. pp. 327. Price, cloth, $2.00.

This extremely interesting and valuable contribution to the literature of surgery represents pioneer work by Professor Edebohls in relieving and curing chronic nephritis by operative measures. It seems very well established that the credit of denudation of the capsule in this condition belongs to Dr. Edebohls, when the question of priority, in this country, at least, is considered. It is to him preëminently that we are indebted for the widespread knowledge of this means of cure, and for familiarity with its technic. Finally, Dr. Edebohls confers a special favor upon the profession by bringing together his heretofore scattered contributions to current literature, and presenting them in one compact volume containing additionally in detail the histories of seventy-two patients operated upon by him for chronic Bright's disease up to the end of the year 1903.

An analysis of these cases and of results adds much even to the very full presentation of his work in all its phases. This new matter, which has never appeared before in print, occupies nearly three-fifths of the book, and is followed by a complete bibliography of the subject.

The writer also reports two cases of puerperal eclampsia successfully treated by renal decapsulation.

Judging by the results obtained by Dr. Edebohls, it would certainly seem that in his operation for chronic Bright's disease we have a most valuable remedial measure.

The Medical Epitome Series: Toxicology. A manual for students and practitioners. By Edwin Welles Dwight, M.D., Instructor in Legal Medicine, Harvard University. Philadelphia: Lea Brothers & Co. 1904. pp. 298. Price, $1.00 *net.*

There are a surprisingly large number of physicians who do not possess any work on toxicology, and many students who do not feel they can go to the expense of purchasing a large text-book on this subject. But all can possess this little manual, not exhaustive in its scope and not intended to be; but conveying many important facts, and containing many suggestive paragraphs. All the common irritant and neurotic poisons with the depressants, asthenics and ptomaines are described

both as to properties, toxic dose, symptoms, treatment, post-mortem appearances, tests and post-mortem examination methods to be followed.

In addition illustrative cases are freely quoted, making memorizing of distinctive characteristics under each topic exceptionally easy. Questions are appended to each section.

Handbook of the Anatomy and Diseases of the Eye and Ear for Students and Practitioners. By D. B. St. John Roosa, M.D., LL.D., and A. Edward Davis, A.M., M.D. Philadelphia: F. A. Davis Company. 1904. pp. 297. Price, $1.00 *net.*

The purpose of the authors has been to make of this little book an exact and reliable guide to the principles of treatment of the diseases of the eye and ear, offering as a preliminary to this knowledge a rather extensive and minute description of the anatomy of those organs. The book will be peculiarly acceptable as furnishing a running commentary upon cases which may be observed in clinics, and in dispensary or private work. Those who take post-graduate courses in diseases of the eye and ear will find this a handy manual, while practitioners who are not adepts along these lines can use it as a convenient book of reference.

A Philosophy of Therapeutics. By Eldridge C. Price, M.D. Baltimore, Md.: Nunn & Co.1904. pp. 336. Price, $2.00 *net.*

Acting on this premise," the day of dogmatism in medicine is past; what is needed are facts, conditions, and things, that can be demonstrated to all educationally qualified intelligences, and such demonstrations can be made only when investigation is conducted in the spirit of true science," acting on this premise, and that "the time for a rational attitude has come; for the establishment of a platform, a scientific plane upon which all properly educated medical men may stand," Dr. Price endeavors to point out how qualified men of all schools of practice can broaden their therapeutic views, and benefit by fair-minded study of each other's methods. He writes of the laws underlying effects obtained through the use of drugs, and explains the

law of similars, and the law of dissimilars. Several drug studies are cited. It is not a book addressed to any one school, although containing much which intimately concerns homœopathy.

ABSTRACTS FROM BOOKS AND JOURNALS.

Worth Remembering.—The doctor who does not attend the meeting of his local and state medical societies may justly expect what he will get—oblivion.—*Clinical Reporter.*

Fracture of the Neck of the Femur.—In both extracapsular and intracapsular fractures eversion and helplessness of the limb is the rule. The shortening may be very slight at first, so as to deceive the surgeon readily, a "bruise" being too commonly diagnosed. A careful skiagram should be taken of all injuries to the hip, as they are most difficult and obscure. Intracapsular fracture is more often overlooked than perhaps any injury. Shortening, with some lameness, is the ordinary result of fractures of the neck of the thigh bone, even with all care and the best treatment.

Dr. A. M. Sheild in The Clinical Journal.

Medical Treatment of Appendicitis.—Absolute quiet in bed; adhere strictly to a light diet; wire coil or apply cold to seat of trouble; avoid opiates and cathartics, and administer such remedies as the following, which have rendered me great service, viz.: Aconite, belladonna, arsenicum album, nux vomica, bryonia, rhus tox., echinacea, hepar sulphur. When fermentative disturbances cause colic and diarrhea, I usually give boroseptol, glyco-thymol, etc. This is my general plan. In the treatment following operations, the use of medicines is highly recommended, especially arsenicum album, echinacea, rhus tox., lachesis, tarantula, if septic symptoms occur. Drugs will aid in the absorption of the exudate, and assist in resolution.

Dr. E. Chapin in North American Journal of Homœopathy.

Apis in Bowel Troubles.—Sensation as if stool were coming on, urgency, pressure, tenesmus, great uneasiness just before stool. Every morning, soft stool, light yellow. Diarrhea, yellow, watery, slimy, without pain, especially in the morning. Offensive diarrhea, tenesmus, blood, also mucus, heat and throbbing in the rectum. This yellow stool with the greatest prostration and weakness. The stools pass with every motion of the body. Some of the most brilliant results I have ever witnessed from home medication have been in those cases of severe cholera infantum, where apis was given as the indicated remedy. In those severe cases where the discharges are serous, watery, yellow, especially in the morning, accompanied by great prostration, and almost painless, apis is as near a specific as anything in the materia medica.

Progress.

Peroxide of Zinc in Surgery.—Peroxide of hydrogen is not durable, and after the oxygen has been liberated nothing remains but water, and water is destructive to the cells. Peroxide of zinc combines all the advantages of peroxide of hydrogen with none of its drawbacks. It has the same properties as zinc oxide, but with an additional molecule of oxygen, which it yields readily, especially in contact with the tissues. The author has applied it to recent and old wounds, burns and torpid lesions. Gauze medicated with it aids in healing, at the same time suppressing odor, as he found in ten cases in which it was used as a dressing after colpotomy. It has always been found an energetic antiseptic, neither irritating nor toxic, keeping well and easily sterilized.

Chaput in Presse Medicale.

Gonorrhea.—First: The pathology of the disease must be understood in order to treat it scientifically. Second: The gonococcus must be destroyed in its abiding places, which is in the submucous tissue. Third: In order to reach these localities, one of the silver salts must be used. Fourth:

The most efficient silver salt, in my experience, is protargol. Fifth: If, by microscopical examination, the gonococci have disappeared, we should change to an astringent. Sixth: That the urethral mucous membrane is damaged by the inflammation, and treatment should be directed toward this altered condition. Seventh: Constant microscopical examination is indispensable in following the course of a gonorrhea. Eighth: Treatment should be instituted as soon as the diagnosis is made. Ninth: Before our patients are permitted to leave our care we should use provocative tests.

Dr. Louis Gross in The Pacific Medical Journal.

Atrophic Pharyngitis.—The idea of the local treatment in the atrophic form will be to stimulate the membranes, and perhaps an oily spray will be best adapted, and after cleansing the throat with one of the foregoing antiseptic solutions, a spray of alboline with camphor and menthol will be found quite agreeable. Electricity is also advocated for the treatment of atrophic pharyngitis using either the galvanic or faradic currents. One electrode should be applied to the pharynx, moving it about from place to place while the other electrode is applied to the back or side of the neck. In the acute cases a gargle of equal parts H_2O_2 and witch-hazel, 3 drs. to a half a cup of hot water, used as often as the throat feels dry and hot, will often give prompt relief.

The Medical Visitor.

Cream for the Home Modification of Milk.—Cream for infant feeding may be obtained by a centrifugal process siphonage, dipping it off the top, or pouring it off. The latter has been used by the writer for a number of years with excellent results. Its simplicity recommends it, as no instruments are required. It is sufficiently accurate for ordinary purposes. There is quite a seasonal variation of the percentage of fat contained in the upper eight ounces of milk which has stood for eight hours, but the milk from a good dairy presents from

day to day very little variation. After standing eight hours, the upper three ounces contains twenty-two per cent. of cream, the upper six ounces fourteen per cent, the upper eight ounces ten per cent, and the upper sixteen ounces six per cent. The variation in the requirements of infants is such that no higher degree of accuracy in percentage feeding than that furnished by the gravity cream method is required.

Dr. Townsend in Boston Medical and Surgical Journal.

Eucalyptus in Coryza: Case.—Mrs. A. E., aged thirty-five, consulted me first on Sept. 3, 1902, for constantly recurring "cold in the head." The symptoms came on very suddenly and apparently without cause. They were the usual symptoms of a severe attack of coryza—copious and continuous nasal discharge, sometimes thin, and sometimes thick and muco-purulent, frontal headache, etc., etc. An attack always followed nervous excitement or worry. A peculiar aversion to eucalyptus was manifested by the patient, insomuch that the faintest whiff of eucalyptus would bring on a most violent attack of "cold in the head." After trying the various homœopathic remedies for the condition with but indifferent success, I was led by the above symptoms to give eucalyptus a trial.

I ordered eucalyptus 6c in five-grain doses twice daily, and after the second dose there was improvement. In three weeks the patient was entirely free from the coryza, which, with very short intervals, has troubled her for nearly thirty years. Since then returning symptoms have been speedily checked by one or two five-grain powders of eucalyptus 6c.

Dr. F. G. Stacey in The Homœopathic World, London.

PERSONAL AND GENERAL ITEMS.

Dr. G. W. Roberts of 170 West 59th Street, New York City, announces his resignation of the secretaryship of the faculty of the New York Homœopathic Medical College and Hospital, owing to the increasing demands of his surgical work.

Wanted.—Position, afternoon, in office of physician or dentist, by experienced woman employed in forenoon; understands bookkeeping, stenography and typewriting; best references. Address A. B. C., 98 Dana Avenue, Hyde Park.

For Sale.—Unopposed Practice of $3,500 per annum in Massachusetts town of 13,000; property valued at $7,000, on part payment. Do not write unless you can make payment. Address A. B., care of New England Medical Gazette.

For Sale.—Strong-Ovington Static Induction and High-frequency Electric Apparatus, bought of Otis Clapp & Son, used one month, sold for no fault; price, $2.50. Address High Frequency, care of New England Medical Gazette.

The *Medical Century* offers $100 in prizes for the three essays which shall best present to the general public the claims of the homœopathic method of treatment. The terms of the competition were published in the July number. Jan. 1, 1905, is the time limit.

Dr. George R. Southwick has resumed practice at his office, 31 Massachusetts Avenue, Boston. While abroad this summer he passed the examinations of the Royal College of Physicians, London, and of the Royal College of Surgeons, receiving the diplomas of L.R.C.P. and M.R.C.S.

The training school for nurses of the Massachusetts General Hospital has been in existence thirty-one years, and now has a staff of one hundred and seven nurses and four superintendents. An appeal has recently been made for $50,000 to place the work on a firmer basis.

Boston University School of Medicine is in receipt of applications from towns in Maine, Vermont, Western Massachusetts and from a suburb of Boston for physicians practicing homœopathy. Inquiries may be sent to the college, and should be accompanied by a stamped, addressed envelope.

The Civil Service Commission of Greater New York has ruled that the commission of medical experts, appointed last year by the city authorities to investigate pneumonia and its causes, cannot employ assistants in other cities unless the physicians so employed first come to New York and undergo a municipal civil service examination.

H. Wilmont Johnson, an osteopath, with an office in Worcester, was fined $100 Nov. 21, for violation of the law pertaining to the registration of physicians. He advertised extensively under the title of "doctor." He claimed that as he and brother osteopaths interpreted the law, he had a perfect right to call himself "Dr." as long as he did not prescribe medicine. An appeal was taken.

A recent number of one of the leading journals of Melbourne, Australia, describes the opening, early last October, of a fine new operating theater, and casualty and waiting rooms at the Melbourne Homœopathic Hospital. Dr. W. K. Bouton, Boston University School of Medicine, '85, is the leading honorary surgeon, and the most modern surgical appliances for use in the new addition have been obtained through his able efforts.

The annual report of the asylums committee of the London County Council for the year ending March 31, 1904, has just been issued. The figures given for London alone show a total of nearly 20,000 lunatics on the first day of the current year. This, compared with the three previous years, shows an annual increase of from 700 to nearly 1,000, and a total increase during the past year of 996 lunatics (so called), the largest annual increase on record.

By the will of the late Ednah D. Cheney of Boston, the Massachusetts Homœopathic Hospital will receive $5,500, and the New England Hospital for Women and Children $8,000 for the training school for nurses, and $8,000 for general purposes. The hospital first mentioned will also receive, under the will of Charles E. French, drug merchant, $1,000. Is it not about time for many to generously remember in their wills, if not before, Boston University School of Medicine, which is doing such an admirable work in and for the city of Boston, and, indeed, the whole country?

Apropos of the recent deaths in New York City from disguised wood alcohol sold in low saloons under the name of whiskey, and the subsequent investigations, it has been discovered by the experts that rectifiers are, in a majority of cases, using the following to make "compound" whiskey:

1. Pure alcohol, neutral spirits, cologne spirits and velvet spirits.
2. Caramel and various kinds of burned wood, aniline coloring matter and essential oils.
3. Certain ethers manufactured by chemists.
4. Artificial aging and beading oils and chemical flavoring, from which the "rye," "bourbon," and "Scotch" tastes are imparted to liquors.
5. Prune juice, cheap sherry or madeira.

A Western journal, some time since, contained this pregnant statement:

"With twenty-one colleges scattered from the Atlantic to the Pacific, we should have enough physicians graduated each year to meet all requests, besides to keep well filled the ranks made vacant by natural causes. And this can be accomplished if every practicing homœopathic physician will make an effort to induce at least one person to make a careful investigation into the merits of homœopathy. If this were done, it would be but a few years until there would be a revelation of what Hahnemann only dreamed of, namely, the universal

acceptance of the law of similars by all schools of medicine. It would then be a case of absorbing instead of being absorbed."

It may be added that at present the demand for graduates of first-class homœopathic colleges is in excess of the supply. The faculty of Boston University School of Medicine, at least, is abundantly able to testify to this.

Collector Stranahan, at the port of New York, has assumed the aggressive for the government in its attitude toward the enforcement of the pure food law, with especial reference to the labeling of all imported products with a formula noting the use of coloring or preserving substances of whatever kind, such as sulphate of copper, boracic acid, glucose, etc. That the authorities have decided to show no more leniency toward importers and foreign manufacturers failing to comply with the law is evidenced by the fact that a large quantity of "egg-white"—a pasty preparation used extensively by bakers and confectioners, found to contain a dangerous amount of boracic acid, was ordered transshipped to France.

Hereafter little or no attention is to be paid to the analysis furnished by importers themselves or those attested by officials of other governments; but a sample of the goods will be analyzed by the bureau of chemistry of the department of agriculture.

This action is but a proper safeguarding of the health of consumers in all parts of the country.