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EDITORIAL.

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AN INTERNATIONAL ASPECT OF MEDICAL EDUCATION.

The sharp and crying need there is of reform in methods of American medical education, is very intimately brought home to us, as homœopathists, by a happening at the recent session of the British Homœopathic Congress. We cannot more graphically and interestingly present the matter to our readers, than by quoting, *in extenso*, as follows, from the *Monthly Homœopathic Review:*

UNREGISTERED PRACTITIONERS.

"Dr. Dyce Brown asked the opinion of the Congress upon certain action which he had taken as Honorary Secretary. He had a letter from a gentleman, formerly a member of a firm of homœopathic chemists, asking whether it would be open to him to attend the Congress. The gentlemen in question had taken some years ago a single winter session of anatomy at Charing Cross Hospital. That was all the medical education he had received. About a year ago he wished to have a diploma, and applied to a well known Homœopathic Medical College in the United States. In reply, he was informed that if he would come out, stay six months, and pass the examinations, he would get the the degree.. He did so, and came home with an M.D. In this country, of course, it was requisite that a registered practitioner should have gone through a thorough course of medical training at one or other of the medical schools. He received a letter from this gentleman saying that he had not received a circular,

and would like to attend. In reply he (the Secretary) wrote that the Congress was supposed to consist of registered practitioners only (applause), and as his correspondent's diploma was not registerable in this country, he had not sent him a circular. He then received a letter in which this gentleman said that he should like to know on what authority he had made his statement. Personally, he said, he had no desire whatever to attend. (A laugh). He was asked by the editor of an American homœopathic medical journal to go and send him a full report, and in consequence of the reply he had received, had written to say that he was not eligible to attend. He would not do so on sufferance, especially when he knew that chemists were to be at the meeting. As to the American degree giving no qualification in Great Britain, the letter pointed out that the Medical Act of 1886 stated that the *Medical Register* would now contain separate lists of foreign and colonial practitioners; only such colonial and foreign corporations would be included as offered to registered practitioners of the United Kingdom such privileges of practising as might seem just. The United States allowed Englishmen to practice all over the States; therefore the American degree, according to the Act, was registerable. In reply to this letter, he (the Secretary) stated that he would bring the matter before the Congress, and added, as to chemists being at the meeting, that they would be there, if at all, as guests.

Mr. Gerald Smith. — Has the diploma been registered? (No.)

Dr. Dyce Brown also mentioned cases of ladies who had obtained American degrees in a similar manner. One, who went to Cleveland for six months and came home with an M.D., had undergone no previous training whatever, except that she had attended the lectures of the Homœopathic Hospital on the practice of medicine and materia medica. If one in his correspondent's position were eligible these would be also.

Dr. Gibbs-Blake said he had had a great deal of trouble, when he was secretary, over a similar matter. The members were quite unanimous that it would not do to open the Society to men who only had degrees that were not registerable.

Mr. Harris thought the Congress had no alternative but to

endorse the action of its Secretary. Although they might not all of them acknowledge the justice of the law at present in force with regard to the holders of American diplomas, whilst it was the law he thought they were bound to obey it. If they once relaxed their rule with regard to registered practitioners they would open the door to some who would be no credit to their body. (Hear, hear). He sympathized very much indeed with any Englishman or Englishwoman who had gone out to the United States and had passed through the whole of the medical curriculum there provided, and obtained a diploma in a fair and legitimate manner. He sympathized with them in that they were not able to be registered here, and consequently could not take part in their proceedings. But in this case they learned that the holder of this diploma had obtained it on certain insufficient — according to their idea — medical training. (Hear, hear). It was, therefore, specially a case in which they should not relax their rules. He accordingly moved that the Congress endorse the action of its Secretary in this matter (Hear, hear).

Dr. Burford seconded, and said a man who took one winter course of anatomy, and sought to supplement it by six months residence abroad, had no claim upon their suffrages, and in a case of this kind the most tender susceptibilities of their American brethren could not be offended by the action they proposed to take. Did they reject men who had qualified in the usual way, and then simply changed the *locale* of their practice, such action would, perhaps, be unjust as well as ungenerous. But this was not a case of that kind.

Dr. Jagielski referred to the practice in Berlin, Paris, Vienna, and other foreign medical schools, and pointed out that it would be unjust to make exceptions.

Dr. Madden thought there were far too many of these American Medical Colleges that were willing to grant degrees on quite insufficient evidence of training and qualifications, and anything they could do to put a spoke in their wheel they should do. They ought not to accept such a degree, or recognize it in any way whatever.

Dr. Wolston quite endorsed what had been said. He was

going to suggest that the Secretary write to this institution and point out the incongruity and unfairness of granting degrees under such circumstances.

The action of the Secretary was accordingly unanimously con firmed and the matter dropped."

The foregoing report of facts speaks for itself more eloquently than any comment upon it, can speak.

It has been our boast, as homœopathists, for a goodly number of years past, that whereas there might once have been a certain justice in the charge that homœopathic practitioners were too illy-equipped in the matter of education, to make association with duly educated physicians possible to them, no such charge could now justly be made. By the happening above chronicled, we learn that a far graver, a far more humiliating charge can to-day be, and is to-day made, and with solid and most discreditable fact as its basis, namely, that American homœopathic medical colleges grant degrees of so little worth, degrees which are so little a matter of qualification and earning, and so much a matter of cheap, outright purchase, that these degrees do not qualify their possessors for honorable association in professional societies, with their British fellow-workers. To be refused professional association by partisan and prejudiced rivals and antagonists is no great thing to meet; like refusal, and on just grounds, by one's own friendly-minded *confrères* is another and infinitely greater and more significant thing. American homœopathy is inescapably and deeply shamed that this thing was possible. American homœopathists the length and breadth of the land should ponder upon it, and having pondered, act.

In authoritative and representative assemblies, such as the American Institute, such a happening should receive full investigation; and once proved, censure, whose voice has no note of compromise, should be passed on any homœopathic college which, for the sake of swelling its treasury, can so far betray its trust to the interests and honor of homœopathy, and to the safety and welfare of the public at large, as to confer its diploma under conditions such as those of the happening which is our text. While the diplomas of any college identified with homœ-

opathy can be shown to be thus grossly purchasable by incompetency, homœopathy can ask but with faltering voice for the public rights which should belong to educated and honorable practitioners. A college guilty, as the college in question was guilty, should, whatever its nominal standing, on no plea escape exposure and rebuke. Our most dangerous foes are of our own household.

EDITORIAL NOTES AND COMMENTS.

—:o:—

AN ADVANCE STEP IN SANITARY SCIENCE was taken a short time ago by the Michigan state board of health, in placing consumption on its list of infectious diseases, and requiring notice of all cases of consumption, these being qualified as "dangerous and communicable," to be sent to the board of health. A lay contemporary thus sets forth the action of the board.

"The board also made a new rule making it practically a criminal offense for immigrants from any infected ports to enter the state of Michigan without permission of the state inspector.

It has been apparent from the statistics gathered by the state of Michigan during the past twenty-five years that consumption has been the cause of more deaths than any other disease, and reports show this to be equally true of the whole United States. Dr. H. B. Baker, secretary of the Michigan board, has for the past twenty-three years devoted his entire time to public health work, and has carefully scrutinized the statistics with reference to that disease. It has been demonstrated from observations of cases and by its mode of spreading that it is a communicable disease, therefore a preventable one. It has also been demonstrated that the disease is not hereditary and that only a predisposition to the disease can be transmitted from parent to child.

The disease is the same in animals and man, and they mutually infect each other. Animals infect human beings through their flesh, and animals are infected through the sputa of human consumption. Apartments previously occupied by consumptives, where care has not been taken to destroy the sputa are infected and liable to convey the disease to occupants. Such apartments can be and should be thoroughly disinfected with preventives.

The disease is not communicable until the breaking down of tissues begins, when it is readily recognized by physicians from the bacilli discoverable in the sputa under the microscope; and by non-professional people by the wasting of the system, the cough, and the matter which the victim raises. This makes it practicable to report the disease to the health authorities as it reaches the stage dangerous to the public, and gives opportunity for the proper precautions to be taken.

The reporting of other dangerous diseases has enabled the Michigan board to place pamphlets of instruction as to how to restrict each disease, where they would do the most good, and at a time when they would be read. The statistics gathered prove that this method has been the means of great reductions in the death rate, especially from scarlet fever, which has been reduced one-half. Consumption is to be reported in the same way and dealt with in a similar manner, and it is expected that the death rate can be greatly reduced.

The educational campaign will begin with the consumptive persons, who will have instructions how to avoid communicating it to others, and those in contact how to prevent contracting it. The most important action will be the destruction or disinfection of all the sputa, which contain the germs of the disease. The Michigan board is probably the first to take this action requiring notification of every case of consumption to local health officers so that prompt action can be taken for its restriction."

Possibly the more conservative medical reader may add a grain of salt to some things thus dogmatically set forth as having been "demonstrated"; but there can be no question in any mind, however conservative, of the sound wisdom of the precautions indicated. It is worthy of the energy and courage of the West to make these precautions matters of state insistence and control.

A HINT FOR SANITARIANS is found in the following report on "Purification by Electricity," quoted from *Le Génie Sanitaire* by the *Dietetic Gazette*. *Le Génie Sanitaire* contains an extensive description, illustrated, of the Hermitte system of purification, which is in actual operation at present in the Saint

François district (11,000 inhabitants) of the city of Havre.

"The Hermitte system of purification is based upon the employment of a disinfectant liquid of very energetic power, obtained by the electrolysis of sea-water, or of a solution of a convenient mixture of sodium chloride and magnesium chloride, in a special machine called an electrolyser.

"The magnesium chloride alone is decomposed, and the sodium chloride serves as conductor. The disinfectant principle is an oxygenated compound of chlorine. The disinfectant liquid is almost inodorous; it leaves no residue when it is used in washing, and it is inoffensive.

"Sulphurated hydrogen, sulphydrate of ammonia and all microbes are destroyed by this liquid. Fœcal matter is destroyed instantly when it is mixed with the electrolytic disinfectant liquid; there remains only a cloudiness without odor, unfermentable, and containing only the phosphates, the ammonia salts, and the salts of the disinfectant.

"This system comprises the establishment of a cental station, producing the disinfectant liquid; the distribution of the latter through a system of pipes in all the streets, as with water and gas."

The author enters into long details to demonstrate that by this system the question of "everything into the sewers" is solved, since by it the inhabitants contribute to the cleansing of the sewers instead of infecting them.

A Point on Vaccination, — not, in this case, synonymous with a vaccine point, — which is of some interest in these days when a threatened epidemic of variola is bringing about an actual epidemic, so to speak, of preventive vaccination, — is suggested by one of the excellent illustrations of the pamphlet on "Variola and Vaccinia," recently published by the New England Vaccine Company. The illustration shows two pustules, with, beside each, a reproduction of the size of the vaccinating puncture which produced it. The smaller puncture has produced a typical, satisfactory, "protecting" pustule, with no very serious accompanying inflammation of the surrounding tissues; the larger puncture has produced a shocking sort of arm, with wide-

spread inflammation and many blisters. The obvious moral of the matter is that it is the character of the puncture made, and of the resulting pustule, and not the extent of cutaneous surface disturbed, nor the violence of the resulting inflammation, which makes a thoroughly satisfactory vaccination. An adequate and typical pustule is protective; therefore the smaller the puncture, consistent with this result, the happier the patient. An odd instance bearing on this general point has come to the GAZETTE'S cognizance. A zealous amateur vaccinator made a puncture upwards of an inch long, in the arm of a confiding subject. The result was a disturbance, local and constitutional, which handsomely rivalled the devastations of actual variola. *Pas trop de zèle* would seem to be as safe a motto for the vaccinator as for most of the world's workers.

THE CALCUTTA HOMŒOPATHIC DISPENSARY, — for which quaint, picturesque and very genuinely useful "infant institution" we confess to an especial kindness, — sends to our table its annual story of helpful work done. As is the case, we fancy, with almost every balance-sheet of this unlucky year, that of the little Dispensary leans somewhat, though not very heavily, to the bad. More's the pity that an American friend or two can't lend it a hand, — and not only a hand, but some of those queer coins — *pice*, *reis* and *annas* — that read like a page out of Kipling. In the past twelvemonth, it has gone on its simple, kindly way, dealing out wholesome medicines, advice as wholesome, and not infrequently the daily bread, without which even the best medicine must fail of use, to the needy of whatever color and race; Hindu, Mahometan or Christian. Its known cures have numbered about fifty-two per cent of the applicants for treatment; with a safe presumptive increase of twenty per cent. more, for the patients who did not report after the first prescription. How wisely the prescriptions are made, and how promptly the beneficent homœopathic principle acts in far-off, strangely-conditioned India, as it does everywhere else, is instanced in the following report of a typical case:

"CASE No. 1129 of 1892-93. G. D. B——, aged 40; of very fair color, thin stature, by occupation teacher. Admitted in the

Charitable Dispensary on the 6th of December last, suffering from colic with calculi of the size of *maskalai*, the urine passing with painful pressure in drops; there was also pain in the kidney. Hard calculi are passed in the urine every morning; this was of a deep brownish hue. I prescribed Podo. 3x. After four days he reported "I did not feel any pain during micturition although I passed these small stones;" after six days he reported that he had no other complaint, and wanted to have medicine for four days more for his satisfaction. Then on the 20th idem he returned his ticket, perfectly cured, with blessings on the Dispensary. The cause as I ascertained, was the predominance of lithic deposit with dyspepsia; of which there are many cases here with teachers and clerks who generally pass their days sitting. In this case I have directed him to avoid taking sweets, acids, spices and other substances which are heat givers, and to take pure water, well-cooked vegetables, as figs, etc., rice and bread prepared from Attā in the evening. The patient was thus cured in a week to his deep satisfaction."

COMMUNICATIONS.

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HOMŒOPATHY IN ACUTELY PAINFUL DISEASES.

BY CONRAD WESSELHOEFT, M.D., BOSTON.

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

The element of pain in disease has been and is that for which physicians are most frequently consulted, and in which they have failed to reach their ideal. Most persons will bear a certain degree of discomfort or distress without seeking for immediate relief, but there are cases of acute intolerable pain concerning the treatment of which there seems to be a tacit agreement among doctors, but in regard to which something is yet to be said in both prevalent schools of medicine.

In painless cases, the doctor is confident, he takes time which the patient willingly grants him to seek his remedies. But let him have to face a case of agonizing pain, and things are very different; he will then have to show what he is made of. Surgeons are very calm when the patient is etherized and quiet, but will not even attempt the most insignificant incision in which expression of pain would give trouble, and we must retrospectively admire the heroism of older surgeons who without anæsthetics

even amputated a shoulder or hip-joint, or performed laparotomy (Cæserean section).

It is this courage combined with skill which I would invoke in the treatment of cases characterized by the symptom of intolerable pain. Many of you will ask why I raise this question, since the matter has long ago been settled, and you may ask why not do as others do and give opium at once or some other anodyne? This requires no courage, and is common sense treatment.

I say, what we need is courage and uncommon sense. Everybody has common sense but not uncommon sense and courage; and in this respect we shall all have to plead guilty unless there are medical saints among us.

From a higher medical point of view the matter is not as simple as time and habit have taught us to believe. Let us look at the subject, and see if we can take a different view leading to better practice.

First let us see what needs to be cured of pain, then let us examine our means to that end. First as to diseases: Few of them, acute or chronic, are actually painful. A person may be very low with typhus fever or pneumonia without actual pain. This is a symptom peculiar to and characteristic of some acute diseases such as all the neuralgias, the various forms of rheumatism, etc., while in other acute and chronic affections it is incidental. This is common knowledge, and needs no special discussion; but for convenience's sake I will include some painful cases of both curable and incurable diseases in which pain is the prominent and most distressing symptom. As I hope to show, the treatment adopted in each variety will make a great difference in the result. Thus we may treat an incurable case of painful agony by specific homœopathic treatment with much greater success than if we treated a curable though very painful case with violent remedies as if it were a hopeless case. This is a mistake often made, and it is made for want of courage rather than from lack of diagnostic discrimination.

Just to moralize a little more, it is much easier to do what everybody does though no good ever comes of it, than to dare to do according to the dictates of our individual conscience and reason, irrespective of custom. Let us examine a few ordinary cases, to see what their usual treatment is, and also whether any improvement in the method is possible.

There are, for example, cases of meningitis in which there is much pain, the headache often assuming an extremely painful degree, which the patient expresses by cries and distortion of his countenance, until the intervening stupor puts an end to these signs of agony, while we do not always know whether the

patient continues to be conscious of pain. The pressure brought to bear on the doctor will be expressed in the question, can't something be done to stop this pain, or more forcibly, something must be done to stop this pain.

Notwithstanding the advice of the better class of text-books, the doctor of the dominant school will do what the rest do, give opium. The homœopathic doctor, on the other hand, knowing that thereby he cuts off the last chance of recovery, advises waiting to try the effects of indicated remedies, aware at the same time that unless quickly successful, he will have to contend with the impatience of friends. Here is where courage comes in; not violent expression, but calm determination will work wonders in the interval of suspense while watching for the effects of belladonna, or better its derivative atropia or its salt. Wait, do not allow anxiety of the patient's friends, nor even the fear of dismissal disturb you, least of all the last, but wait firmly in the conviction that the pain is not the disease, and that the patient will bear it a little longer and perhaps recover, which he would not do under the influence of the powerful pain-killer, opium, which destroys the vital restorative process in order to allay the pain.

But in the dangers of pneumonia would it not be wise to resort to "anodynes" when the patient is sleepless, and as sometimes happens, suffers severe neuralgic pains? Should he not have brandy to keep up his strength? If you are afraid of dismissal, then use these means and add to the old-school large percentage (20%) of deaths in pneumonia. But if you have the courage to act up to your conviction, that you can by prompt selection of a simple single homœopathic remedy, often check such pains, sometimes at once, sometimes after considerable waiting, you will not use the powerful sedative effect of opium or the stimulating whip of alcohol. If you have never had the courage to try it, you cannot appreciate the relief to be obtained by the pneumonic patient, and the delightful satisfaction there is in curing severe distress by a simple, single remedy assisted by rational antiphlegistic measures.

You find the patient hot to the hand and to the thermometer which indicates a temperature of 104° The heat is greatest in the dorsal region, the patient restless, thirsty, and of short breath, with shooting intercostal pains. Rhus and a cool, wet compress will soon change all this. How soon? Well, in two or three hours, during which it is better to endure the pain than to suppress it, by suppressing the vitality of the patient.

If he comes into your hands from those of the dominant school or some timid homœopath, remove the ice-bags, mustard plasters, opium and whiskey. If you can not persuade the doc-

tor who put them there to try these things upon himself, do you try them as I have done, and then realize the agony your pneumonic patient must have suffered from a barbarity which you can not endure in robust health.

The same applies not only to actual pain, but to very distressing symptoms, such as violent cough. It is better that the patient should cough or suffer the pain, till we have at least had an opportunity to find a mild specific for it, than to suppress it, that is stop the annoying noise of the cough that nurse and friends may sleep, while the cause of the cough or pain remains unaffected.

There is, of course, a limit to this, to which I shall allude later, time permitting.

But how of the agony of gastralgia or enteralgia of the neuralgic variety? Whether you have known your patient long or see him for the first time, it will most likely be during one of those agonizing attacks which torments the patient and frightens the whole household, which, upon hurried arrival, you find redolent with camphor and hamamelis, whiskey and turpentine, while the bed is steaming with hot compresses, hot water-bags on top of mustard poultices, and other filth and nonsense wherein popular medicine and the dominant school so well agree. This is supposed to be all right and not to be changed, for you are only called to administer the hypodermic syringeful of morphia, as in olden times you would have been expected to bleed the patient.

If you have the courage, you will do neither. Nor will you scold and fume, but with quiet decision, remove dampness, pungent odors, blistering mustard or turpentine, and while this is being done, and your patient placed in a position of cleanly comfort, have your single glass of water ready, drop in your single simple medicine, not too high, not too low, and administer the first spoonful; another in five, another in ten, another in fifteen minutes. In many such cases your patient will be quietly asleep in less than half an hour; do not wake him, he will probably do so on the return of another pain. Administer another dose from time to time, and in an hour you can go home and sleep quietly with a good conscience and no fear of the night-bell.

But what shall we give him to do all this? Giving medicine will do no good till cleanliness and quiet have been restored. Often the painful onsets of gastric and enteric pains result from agitation imparted to the patient by alarm and bustling friends. As many of you must have done, I have seen throes of agony subside in this way quite often. I have not always attributed it to the medicine given, for there is not a homœopathic pre-

scriber who would dare to avow that his selection must have been absolutely correct; the quiet and repose of restored confidence must be credited with a share of the result. Yet it would be unreasonable to suppose that an attack of this kind would subside in a few minutes, when, according to the history of the case, it generally lasts for hours. Hence give the medicine its due also.

But what medicine? Why, if it is a colocynth case, give it. The case described above was one out of several. I need not give you the indications for colocynth, for you know them, or know where to find them. If not a case for colocynth, it may be one for cuprum, belladonna, nux vomica, veratrum, chamomilla; somewhere from the first decimal trit. or dilution to the fifth, always well diluted. Only avoid the custom of giving all of them at once alternately, unless that in your experience is the best practice. Homœopathy demands one single, simple remedy at a time. If you fear this is bad practice, let nothing in the world pursuade you to make use of it; or go on with your opium, brandy and mustard plaster if you think this leads to better results. Only remember that the dominant school will not thank you for swelling its overfull ranks. They will despise you for a recreant homœopath; far better that they should hate you for maintaining a free and independent spirit.

Peritonitic pains are often very violent and call for immediate relief. Hence it is not unusual to meet with cases of great distress intensified by the consternation of the patient's friends. Irrespective of the cause, which in this form of inflammation may be various, the symptom of pain needs to be combated and allayed. Then, also, the question as to the best, safest and gentlest measures confronts us. If it is safe and the best for the patient, keep him subdued by opium so that he ceases to complain of his pain. It is very rarely that a patient under the influence of opium admits that his pain is not there, he only ceases to talk about it, because his brain is sleepy, but not unconscious of the constant presence of the pain.

But if we are right in our estimation of opium and the modern anodynes, the mere suppression of pain by arrested sensation is not the best and safest way. The heart's action is enfeebled, the temperature lowered, not by subsidence of inflammatory action, but by nervous depression; digestion is retarded or arrested, as seen in the cessation of peristalsis, and hence nutrition, that is the whole metobolic process is disturbed. Recovery cannot take place with nutrition arrested, especially if, as is witnessed in not a few cases, the patient is nearly flayed alive by turpentine.

If it is a case of peritonitis localized or diffuse, cases gene-

rally dependent on some predisposing cause, which is not appendicitis or peri-typhitic abscess, the painful attack is usually easily disposed of if you have the courage to avoid the traditional harsh measures of opium, ice, turpentine or mustard, which are barbaric monstrosities compared with the lately abandoned leech, now rejoicing in his liberty in the ponds and brooks of distant Spain.

To the quick not very frequent pulse, the exquisite tenderness of the abdominal walls, when even the slight jarring of the bed by the tread of a person walking in the room, is intolerable, what remedy is there equal to bryonia, assisted by a cool, wet compress, the coolness being only a few degrees below the registered temperature of the body? If the pain is grasping, and the sensation that of rawness, use belladonna instead of bryonia, and assist it by the cool compress.

If you are timid, and fear that such means are not incisive enough, and you think to hurry matters by giving bryonia, belladonna and aconite in alternation, assisted by a quarter of a grain of morphia at night, try it, but try the first-named also, and see the difference. I am too well aware that the milder way requires courage, sorely tested by the popular demand for harsh, visible methods, but it is a courage only to be acquired by experience in faithful trials.

The only question is: What is best for the patient? If opium and stimulants, use them. If you find that the courageous use of the selected simple homœopathic remedy is the best, be consistent and use that.

The frequent occurrence of neuritis in the form of neuralgia frequently tries the courage and patience of the doctor to the utmost, especially the spasmodic facial neuralgia which appears in the course of the facial nerve, keeps the patient in agony for a half a minute, and then subsides completely, only to return again at short intervals night or day. Even in a practice of a life-time a physician will meet with but few such cases. He will not forget them, and he is fortunate if they were so managed that he will be gratefully remembered by the patient. I can recall four exquisite cases of that kind in fifteen years. One of these ended in cerebral degeneration (dementia), taking a very chronic course; it began more than twenty-five years ago, but was under my treatment only for a short time. It was unsuccessful. It may have been because I was not using the right medicine, it may have been that I did not give the right potency or not enough medicine; it may have been incurable.

The first of the other cases was a woman of eighty-two, who had this form of neuralgia starting from the site of an extracted stump of a tooth. The attacks were paroxysmal, chiefly bad in

the night, depriving the aged patient of sleep much of the time for three weeks. She has been taking opium in moderate quantities, this was now losing its effect. Bellad. relieved some; but arnica 3x., ten drops in a half tumbler of water, two teaspoonfuls every two hours during the day was followed by relief, so that in a week the patient was well enough to sleep all night.

In another case occurring in a woman of fifty, the paroxysmal face-ache had become chronic for more than a year, that is it came on in periods of weeks, disappearing wholly or partially for a time, but only to reappear after colds, care and exertion. It was a genuine case; the pain coming on with intense anguish expressed in the patient's features while it lasted; it was possible to observe the decline of the pain by the relaxation of the expression of pain. Talking or motion of the jaw immediately brought it back. It acted like a short, intense spasm, though there was no muscular cramp.

Cuprum came into my mind, which I had used with success in a few cases of angina pectoris, characterized by a short painful contraction of the heart muscle, during which this organ seemed to stand nearly still. This patient now had copper for her face-ache; this metal was given in the third decimal trituration, tablets of one grain each. She lives in another State and came here only three times in a fortnight. At her last visit the paroxysms were quite severe when they appeared, but the free intervals were much longer, sometimes lasting half a day; she could talk longer without bringing on an attack. She received more cuprum to be taken each night and morning for five days, then to omit for five days; coffee and tea which she took strong and in superabundance, were also to be omitted, but this advice was most reluctantly and negligently followed up to this time, and probably afterwards. The patient did not come again, but nearly a year later another patient from the same town appeared, and stated that Mrs. —— was quite well and has had no more neuralgia, nor had she tried any other doctor or treatment. Why didn't she write me, knowing how anxious I was to know the result? "Well, probably she didn't think it worth while," was the reply.

Last year a man of sixty called with facial neuralgia of three weeks duration, presenting precisely the same characteristics as the former cases. He had been exposed to cold, and had some rise of temperature. Aconite, rhus or bell. gave no very observable relief, except perhaps in abating the febrile symptoms. These being disposed of, copper was immediately prescribed. The patient being a wilful, sturdy mechanic, was extremely impatient, but by great moral force was kept from all sorts of use-

less interference, so that on the fifth day he could sit for nearly an hour without pain; but when an attack reappeared, it discouraged him completeiy, although he could now sleep all night.

It seems from this that moderately large favors are not always well received; still he consented to take another prescription of eight tablets of the 3d trit. of copper. Two days after this, I met the patient wheeling a heavy load of wood on a wheelbarrow, and looking quite cheerful. At the same time he cheerfully stated that as the pain hadn't gone off fast enough, he had rubbed some kerosene oil on his face the day before, and thought that had cured his pain entirely.

I think I shall take dire revenge on an ungrateful world by rubbing kerosene oil on the next patient that comes with prosopalgia. At all events, it would be well to let patients exhaust all their own vast resources before prescribing intelligently for them.

Of course I can not avow positively that my prescription cured these cases, nor do I know whether future prescriptions of copper will prove its efficacy more clearly in other cases; but of one thing I am certain, and that is that it is far easier and more satisfactory to avoid opium and desultory local applications. They work delightfully even the first day, less the second, scarcely any on the third, and then worst of all they block the way for the action of any specific pointed out by the symptoms as clearly as copper or arnica were. It takes patience and endurance to fight the ignorance and superstition of some people. Those who can not resist or combat it, had better not try homœopathic treatment: out with your hypodermic syringe — fizz, — and you are one of a numerous band of brothers who look down complacently on a much enduring, toiling minority, of which I have the honor to be one with you.

As stated before in this article, I have a word to say about opium and other anodynes, of their uses and limitations as anodynes simply, but must for want of time refer it to another opportunity.

RELATION OF SYMPATHETIC NERVES TO UTERINE DISORDERS.

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

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

The knowledge possessed by the profession in general, regarding the distribution and functions of the sympathetic nerves and their relation to both cause and effect of uterine and other disorders has been too vague and indefinite to afford

much aid in ascertaining and explaining the one or relieving and curing the other.

It was my privilege during my summer vacation to attend a course of lectures on the "Sympathetic Nervous System"—demonstrated upon a very excellent dissection which Professor Robinson had succeeded in making—and what was of far greater value to me, seeing in clinical work, the practical application of the knowledge to be derived from the study of the anatomy, physiology and pathology of these nerves; and while I cannot give any adequate report of all this, I will endeavor to present some of the more important and interesting points.

All the viscera are found to receive their nerve supply chiefly from the sympathetic system, those of the pelvis, especially the uterus and rectum, being very liberally supplied by branches from the hypogastric plexus, every blood or nutrient vessel, to the extreme capillary divisions, is accompanied by one of these nerves or enclosed in a network of its filaments; every gland and duct, of secretion or excretion, is supplied from the same source, and many of those exclusively so, *e. g.* the kidneys, which have no cerebro-spinal, but an abundant supply of sympathetic nerves.

Physiologically, this system presides over and governs nutrition, secretion and circulation; it is the source of all that automatic clock-work, which, sleeping or waking, regardless of will power or cerebral consciousness, controls the vegetative functions of all animal life. The chief or prominent characteristics of its physiology are rhythm or peristalsis, and reflex action. Of the vast importance of this system, in its physiological action and the manifold and serious consequences of its disturbance by pathological conditions or changes as related to life and health in general; I cannot here and now give even a cursory consideration; but in studying the relations of the pelvic organs and sympathetic nerves, we necessarily find the laws and characteristics, which are of general application, and so present in miniature, what a full consideration would greatly magnify.

It must be apparent that blood-supply, which in excess becomes congestion or inflammation, being under the control of the vaso-motor nerves, must be increased or decreased by irritation or stimulation of these nerves, and it is found that the point of irritation need not be at the seat of congestion, which will present at the point of least resistance. Hence inflammatory changes in the uterine organs must have their primary cause in some disturbance or irritation of the sympathetic nerves, either within these organs, or at some more distant point; while as a result of engorgement or inflammatory action, the increase of pressure is felt by the nerves included in the

affected part, and this irritation being conveyed back to the ganglia, is or may be reflected out upon other organs producing symptoms apparently unrelated to the uterine disorder but really directly dependent upon it. We have all come to recognize this latter fact, but the former or nerve origin of all such derangements, is not so generally realized; yet it seems to me quite as important, as it demands that we look beyond or behind the local manifestations for the cause. This will be recognized as in perfect accord with the observations and teachings of Hahnemann, his "vital force" differing little from our sympathetic nerve force, except that in the latter we have a definite material thing with which we can deal, and through which we may work.

Another fact for us to remember is that only where there is vascular atomy, enfeebled circulation, malnutrition, can disease find a place, whether in the individual, the organ or the tissue; and that perfect nutrition, normal circulation, vascular tone, can only be maintained by the undisturbed, rhythmical action and flow of the sympathetic nerve force; and this cannot exist when any part or branch of this sensitive tissue is suffering through compression or friction, and its forces being misdirected or run to waste. The recognition of this principle is of the greatest importance clinically, and through it we can better understand the workings of our remedies as well as of our mechanical and surgical operations.

The action of aconite, for instance, is not by effecting any chemical change in the blood or tissues, but by its stimulation or partial paralysis of the sympathetic vaso-motor nerves (depending upon the amount or strength of the dosage) causing dilatation and increased blood pressure in capillaries or contraction with decrease of blood pressure. So of colocynthis, its action is very clearly understood when we learn that the little ganglia in the muscular coat of the intestines, called Auerbach's plexus, which govern and induce all muscular or peristaltic action in the intestines, when unduly stimulated produce excessive or irregular muscular action with colic, while insufficient stimulation results in atomy and consequent constipation. Colocynth unquestionably acts directly upon these ganglia, as only so could its effects be so speedily felt. In the uterus the automatic rhythmical action of the muscular coats is entirely dependent upon the sympathetic ganglia with which it is abundantly supplied, and here as in the intestines, over stimulation with irregular contractions result in colic, and here we learn whereby cimicifuga, colocynth, magnesia, phos., etc., afford more or less relief in such cases. On the other hand the cervix, which is chiefly under control of spinal nerves is held in quies-

cence, as spinal nerves prohibit or inhibit rhythmical action. Hence secale coruntum, acting upon the uterine ganglia, and causing excessive stimulation, must overcome and tire out the nerves in control of the cervix, as does the violent action of the uterus during parturition, before the passage of the contents will be allowed.

The automatic menstrual ganglia have been demonstrated to be located along the Fallopian tubes and body of the uterus, and by a monthly rhythm which sinks to a minimum and rises to a maximum every four weeks, produces by explosion, the menstrual flow. The action of manganese binoxide, caulophyllum, guiacum, puls., sepia and other remedies should be studied with a view to their influence upon these ganglia, as by stimulating or depressing their activity the important function of menstruation may be regulated. Our interest in the new insight afforded by observations from the sympathetic standpoint, is by no means limited to the sphere of medicinal action; for physical or gymnastic exercise, massage, and especially electricity find vastly increased possibilities and means of usefulness when their application is based upon a just appreciation of the sympathetic nervous system as the chief means of communication with, and influence upon many of the pathological conditions to which these various instrumentalities are applied.

Furthermore, where medicinal aid fails to afford the needed stimulation or soothing of these nervous batteries, when all mechanical measures and even the wonderful powers of electricity in its various forms, fail to restore normal rhythm and consequent circulation and nutrition of all parts of the body, then, if not sooner, should be sought at all available points the cause of disturbance, *i. e.* the thing or the condition which is clogging the wheels or obstructing the swing of the pendulum of the complex human clock; and in cases where such cause is evident or probable, the search should not be deferred for the trial of these uncertain measures.

A moment's consideration of the anatomical location and distribution, will make it clear that from their situation the chain of larger ganglias and nerve trunks are in very little danger of being injured, and are beyond inspection or palpation, and that only where mucous surfaces, which are largely supplied with sympathetic nerves, are within our reach, can we look for injuries or irritation of this system of nerves.

Fortunately these are the parts most liable to disturbance and because of their greater comparative exposure to external influences and injuries. It must then be in the various openings or orifices of the anatomy we are to seek the causes of trouble, and they are to be found in all of these with varying

degrees of frequency. Cases are on record in which relieving nerve or muscle strain in the eye has also cured nervous prostration, cardiac disturbances and general malnutrition, which were thus proved to be purely reflex from the eye strain.

Quite as remarkable instances are recorded in which irritable points or pinched nerves being removed from the nasal passages, also corrected like reflex disturbances which seemed out of all proportion to the local cause. But it is in the uterus and rectum in a vastly larger proportion of cases that the difficulty is to be found; and for two distinct reasons. First they are more largely supplied with sympathetic nerve filaments, and they are much more subject to injury and pathological changes.

It is in this way, and only so, that injuries to the cervix, which result in a deposit of cicatricial tissue, which includes in its vise-like grasp more or less sympathetic nerve fibres, cause such serious and wide-spread disturbances, and by the removal of this tissue, and the consequent release of the nerves, that the equilibrium of automatic nerve forces is to be restored. In like manner, uterine fibroids, by undue pressure upon surrounding tissues, erosions or ulcerations of the cervix, and endometritis all by subjecting or exposing nerve fibres to friction or irritation are attended by and are responsible for various reflex troubles, which are generally treated as independent diseases, and are therefore found very difficult to overcome, but which may be quickly cured by removing the prime cause. Hence it must be recognized that surgery is the key to a very considerable proportion of cases in which malnutrition, functional derangements and nervous prostration are but the manifestations of interference at some point with the normal working of the sympathetic nervous forces. I will not allow myself to go further into this great subject at this time though so much remains untouched that I fear the little I have presented may be unsatisfactory both to you, who have patiently listened, and to myself, whose sole desire is to awaken an interest in, and prompt my hearers to an honest investigation of this all important subject.

PROFESSIONAL NEGLECT OF OBSTETRICAL TRAUMATISM.

BY D. B. WHITTIER, M.D., FITCHBURG, MASS.

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

It is a subject for congratulation that the present is an age of intense professional activity and research. This advance upon former periods must be largely accredited to our greatly improved clinical opportunities. The men who do, rather than those who merely write, who give the instruction their experi-

ence confirms, the master workman, and not the theorist are the promoters of the advance. This is especially manifest in surgical gynæcology. It is well that we laud the progressive surgeon when crises come, which he meets with skill and ingenuity; but we should not forget that this renown is secured too frequently at the expense of the reputation of the general practitioner. Have we wrought so well that we can afford this loss, and complacently think, if not aver, that it is no concern of ours? I have no expectation of presenting any novel facts or even suggestions on the subject of this paper, since others have treated it so ably and exhaustively, demonstrating from clinical experience and scientific investigation the dangerous consequences inevitable, thus emphasizing its importance to the profession. But the alarmingly frequent discovery of obsterical tears, in my practice of the last decade, convinces me that the knowledge gained from teaching and experience has been ignored in a way to reflect upon the physician's skill and tarnish his reputation. One of the most damaging reflections comes from the painful surprise of the patient when informed of her condition, usually years after the occurrence of the laceration, it being the first intimation that her suffering proceeded from this, and its subsequent neglect. I have no reason to suspect that my observation has been exceptional to that of any painstaking practitioner, and yet this subject has so forced itself upon my consideration of late, as to preclude any other contribution to this meeting. Women constitute the great army of sufferers, and it is through impoverished reproductive organs, by heredity, impaired physical development, hardship and disease, that functional and nervous bankruptcy ensues. When these conditions are associated with pelvic traumatism she is carried beyond the domain of medication, and enters that of surgery. It is an occasion for alarm, however, that she comes under the care of the specialist, frequently at so late a date that traumatism has reached a serious stage. This is largely due to a want of proper clinical equipment in the average physicians. He encounters these conditions long before he makes a rational diagnosis of them, consequently his efforts at mitigation are a venture, an experiment, and often a delusion. Too often there is an entire neglect of surgical procedure known to be necessary, but the patient's knowledge of it should evoke deserved censure.* Such conduct is not confined to the inexperienced physician. We are fully aware that the foundation

*My observation leads me to suspect that many physicians are at ease because a large proportion of labor is normal; and should accidents occur, surgeons stand ready to repair the injury, or they can take refuge in silence. Professional duty and legal responsibility tolerate no such slackness, but demand as great assiduity as if concealment were impossible, and the surgeon an unknown quantity.

of some cervical laceration is laid in the life of woman previous to child-bearing, for which the physician will not be accountable, if he has had no previous care of the patient. Cervical inflammation and deviations frequently obtain in girlhood, and when neglected or not completely cured, are sure to cause some degree of traumatism at childbirth. I need only to remind you that simple inflammation of the lining membrane of the generative tract, if neglected, because the subject is a maiden, may pass to its legitimate sequence, as surely as if the subjective symptoms were more intense and distressing. The maladies of this class of patients receive too little attention, either from a modesty false and inexcusable, or from the fallacious expectation that subsequent physical development will eradicate them. A primipara with diseases incident to her condition, is likely to receive better professional attention, but it is to be regretted that she fails to appreciate the seriousness of her condition and is self-neglectful. I would relieve the profession of all responsibility justly possible, for the lot is hard and exacting enough under most favorable circumstances, but there are times when the physician must stand alone, chargeable for the ills that befall his patients.

The common and slight tears are inconsequential and require neither notice nor treatment. But those that result from diseased cervices and unyielding perinea should be more frequently prevented than they are. It is claimed that when the finger is used for dilatation it may come in contact with and tear the very thin edge of the os, and thus prepare the way for an extensive tear during the passage of the head and shoulders. But that digital dilatation properly conducted is a source of laceration I do not admit. I have discovered no logical or mechanical ground for the assumption. It has fallen to my lot to attend an average number of labors requiring manual aid, and the combined digital and abdominal pressure, stimulating and reinforcing uterine efforts, have saved me from many instrumental cases, and left no reason for self-accusation. One or two fingers inserted up beyond the os, and gentle, persistent or intermittent dilatation made as the parts are healthy or diseased, accords with my view of properly aiding delivery, and is not meddlesome midwifery. I have had reason many times to know that the passage of the shoulders and even the hips have been productive of cervical lacerations, as they often are of perineal. Any practical method that will prevent them, will save the attendant gnawing reflections, and the surgical gynæcologist a large share of his practice. The rupture of diseased cervices is more formidable, if not more frequent, since the sequelæ are more immediate and disastrous than those occur-

ring in the normal cervix. But contrasted with their seriousness, early treatment is most satisfactory.

Prolonged inflammation of the cervix causes permanent disease in the superficial and deep tissues, involving the glandular structures, mucosa, and deep follicles, and an induration of the cervix, that parturition is sure to lacerate if preventive treatment is not employed. In the majority of cervical lacerations, ample time has elapsed to establish deep-seated degenerative changes before they are discovered. The most progressive and pernicious among them are sub-involution, cervical hypertrophy, endometritis, erosion, traumatic neuroses, intermittent hemorrhage, hyperplasia, cystic degeneration, fungoid growths, and in the last stage carcinoma. Distressing reflexes awaken apprehension and alarm in the patient, but through the knowledge of these, the location af the disease often becomes plain to the gynæcologist. In many cases, despair and desperation has seized the patient, and life becomes almost intolerable.

Through ignorance or inexcusable neglect, complications have so increased the risk that operative interference is a menace to life. Primarily, the chances of cure were 99 in 100, now the ratio is reversed. Lest you think my statement overdrawn, I will cite a case embracing many of the above aggravated conditions.

Mrs. ——, aged, 42, mother of two children. Since her last confinement, twelve years ago, her health had so materially failed as to incapicitate her for social and domestic duties. Her face bore evidence to her suffering. She had been treated by two physicians for heart disease, and with some reason, as there were sounds simulating trouble with the aortic valves, but these disappeared when the patient was quiet, and when breathing was suspended. A specialist had diagnosed her case as liver disease, and she consulted me, with no expectation of a change in diagnosis, but because of her discouragement on account of increasing weakness. Her painful symptoms were in the legs, shoulders and side, with occasional sick headache, an occipital menstrual headache, and a deeply-sallow complexion approaching cancerous cachexia. A remarkable paucity of subjective symptoms considering the objective soon to be named. A study of her case led me to pronounce her disease of uterine origin. Reluctantly she allowed me to verify my conviction. Examination disclosed an extensive lateral cervical tear, uterus enlarged, heavy and prolapsed, cervix enlarged three-fold, indurated, granulated, bled easily at touch, cystoid degeneration, and presented the characteristics of carcinoma. I strongly objected to treating the case, and advised her to go immediately to a hospital, where hysterectomy would probably be advised.

She was so surprised at this announcement that she strongly demurred, and insisted that I should attempt to arrest the progress of her disease, and save her from an operation. This, I finally consented to do, informing her at the outset that delay was hazardous, that treatment would be tediously prolonged, and securing from her the promise to seek surgical aid should efforts, after all, prove futile. Depletion to the amount of an ounce or more, by deep punctures in the cervix weekly, was the first measure employed; the cysts were emptied when discovered. Glyceroles of iodine comp. tinct. were applied biweekly for about three months, and hot borax water injections between. Internally, ars. 2x was administered for the uterine disease, strych. phos., 4x for a defective appetite with Clapp's Malt and Oil Compound to aid nutrition. Perhaps all that could be claimed after three months treatment, was that, to appearance, the disease did not progress, and her strength was improved. At this point hydrastin 2x and arsenic 2x was prescribed internally, with hydrastin crude, locally, since which time a slow but continuous improvement has been visible. At the present time, after nine months' treatment, the cervix has healed, reduced in size, and presents a decidedly healthy look and touch, with improved general health. Still the fear of a retrograde haunts me. All post-puerperal complications do not eventuate so seriously, but all are a source of suffering, and an effectual barrier to usefulness and happiness.

When women recoil from their pains in the first stage of labor because their suffering is extreme, or there are reflexes, such as violent diarrhœa, pains in the epigastrium, cramps in the legs and feet, or a distress in the head not due to albumenuria, it is quite certain that some cervical abnormality rather than that supersensitiveness of the nervous system is the cause. Illustrating this, I had a case recently taken with pelvic distress at near term, occasionally varied by pains and cramps in legs and feet, or a neurosis at the stomach. At every occurrence of the phenomena a profuse watery and intractable diarrhœa or vomiting followed, with pains simulating those of labor in regularity and sensation, but with only slight dilating effect on the os. Two days of this nonsense elapsed, when I concluded that the trouble lay at the gateway of the uterus. I applied my remedy to the os, and within an hour, with bimanual aid expulsive efforts were permitted, effecting a cessation of the reflexes and a rapid delivery. This patient was suffering from a remote extensive cervical tear, endo-cervicitis, hypertrophy, and a consequent erosion and eversion of the lips.

In extensive rupture of the perineum the pelvic organs are deprived of a chief support. Prolapse of the uterus and vagina

are common sequences, with sometimes ovarian prolapse, uterine versions and flexions, vaginal pouching, troublesome defication, and a host of reflexes co-exist to complete the wretchedness. Those that do not extend through the sphincter muscles are often left to the repair nature is kindly supposed to make(?). This is not to be desired, however, for the very limited service rendered is cicatricial and productive of as much discomfort as if the rupture had remained intact.

With this brief mention of some causes and effects, I come to an important part, practically, of what I wish to emphasize. Physicians should strive to have their lying-in patients conform to a system of pre-engagement, that they may be able with considerable certainty to prescribe what treatment is required before confinement. In cases where chronic inflammation has left its mark, the cervical tissue thickened hard, nodular and unyielding, the danger of rupture may be lessened, if not prevented, by the application of tampons of wool, saturated with vaseline, at a temperature as hot as can be borne. I believe this agent far superior to the oils in common use. Should the attendant, debarred this opportunity, be called at labor, and find similar existing conditions, much may still be accomplished by the same treatment towards relief of suffering and advance of labor.

It is claimed that touch alone can determine the existence and nature of ruptures. As results do not always substantiate this claim, an inspection is demanded as the only criterion. If perineal rupture is discovered an operation for immediate repair is imperative. When the cervix is the seat of accident, the cause and threatened peril should be explained, and the pressing necessity for repair urged within a period of six months. Whatever the traumatism or its cause, accidental, or by inattention or want of skill on the part of the accoucheur, he should ascertain the nature and locality, acquaint the patient and her friends frankly and fully of the trouble, and the possible and probable results. Physicians not sufficiently conscientious to conform to this positive requirement of professional duty, should retire from attendance on accouchements. The natural horror that women have of hospital operations and their incident exposure, nerves them to endure their sufferings in defiance of advice, and nothing but the fear of direct consequences, or the expectation of great benefit induces them to enter these institutions, in which remains their only hope of relief. This should be an added and most urgent incentive to physicians to save them from this extremity. It is an oft-expressed conviction that surgical gynæcologist are too largely "in the swim." They themselves are aroused that so great necessity exists for

their specialty, and while they would gladly shield the practitioner rather than expose his ignorance or neglect, they demand of him a more careful recognition and cure of the diseases of women, with an early discovery and repair of the accidents that befall them. So fruitful are these abnormalities of physical and mental degeneracy, attended by long years of suffering and sometimes resulting in death, that neglect is culpable in the highest degree and merits severe condemnation. Too few of us are competent surgeons, and since none are competent without large experience, it behooves us to do the best possible in the line of preventive and curative work, to lessen the large and mournful procession of victims that from necessity yield to the surgeon's knife.

A MODIFIED GRADUATED TENOTOMY FOR INSUFFIENCY OF THE OCULAR MUSCLES.

BY G. A. SUFFA, M.D., BOSTON.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

In demonstrating the modified operation, I will first describe the open method for complete tenotomy, and the graduated or Stephen's method, to more clearly define the position occupied by the modified operation, and because it borrows part of the technique of each.

I will not enter into the preliminaries relative to preparing the field for operation, further than to state that aseptic principles are observed, and a boracic acid solution used as an antiseptic. After introducing the speculum, a fold of the conjunctiva is seized with a pair of mouse-toothed forceps, over the central portion of the insertion of the muscle. A transverse incision is made in the conjunctiva, the subconjunctival tissue is separated over the muscle beyond its lateral borders, the amount of separation depending on the degree of strabismus; at the same time Tenon's capsule is incised, a hook is introduced picking up the muscle, and with a pair of curved scissors it is severed from its attachment to the sclerotic.

In Stephens' method the conjunctiva is seized with a pair of delicate mouse-toothed forceps, over the central portion of the tendinous attachment of the muscle to the sclerotic, and with a pair of curved-pointed scissors, a transverse incision made in the conjunctiva large enough to pass the delicate mouse-toothed forceps and grasp the muscle in the centre, just posterior to its attachment; an incision made in the muscle down to the sclerotic, then with the central portion still in the grasp of the forceps, one blade of the scissors is passed beneath the muscle, the other blade over the muscle under the conjunctiva, and

with a succession of snips, one-half of the attachment is divided; then the other half of the muscle is treated in a similar manner, the amount of cutting depending on the degree of insufficiency. The effect of the operation can be increased by cautiously snipping beyond the muscle, if on examination with the phorometer it is found that only a partial correction has been obtained.

In the modified operation the conjunctiva is seized just anterior to the tendinous attachment of the muscle, a transverse incision made slightly larger than in the Stephens' method, the subconjunctival tissue divided over the muscle, extending just beyond the lateral borders of the muscle, and its tendinous attachment. The amount of separation must be governed by the degree of insufficiency. Then the muscle is seized, as in the Stephens' method, and a button-hole incision made down to the sclerotic; then the small hook is passed into the opening beneath one-half the muscle close to its attachment; the forceps removed, the scissors passed one blade beneath the muscle and hook, close to the sclerotic, the other blade over the muscle, under the conjunctiva, previously separated from the muscle, and that half of its attachment severed. The other half is taken up on the hook, and severed from the sclerotic. If not sufficiently corrected, lateral fibres are sought for, and, if found, divided, and if necessary the subconjunctival separation may be cautiously extended. In case of an overcorrection, a stitch may be taken in the conjunctiva, lessening the effect of the operation.

You will, perhaps, wish to know my reason for departing from the beaten path, and what advantages the modified operation has over the graduated. My experience with the graduated tenotomy has been very disappointing. For some reason or other there has been a return of the insufficiency, even after an overcorrection was manifest immediately after the operation, calling for a second operation; this tendency, together with the necessity for a second operation, caused me to seek a method giving better results, and judging by the following cases my expectation has been fully realized.

On Oct. 28, 1892, I operated on Case No. 1, for an esophoria or insufficiency of the external muscles of 24°; immediately after the operation, examination showed a correction of 17°; the following day a correction of 12°; Nov. 4th, a correction of 12°; Nov. 11th, a correction of 12°; Nov. 18th, a correction of 14°; December, 14°; May 15th, 16°; leaving a remaining esophoria of 8°, or one-third of the original amount.

The gain of 2° since December may be ascribed to prism exercise. I advised training, not that there was any call for such measures as far as troublesome symptoms were concerned, for

there were none present. The operation gave complete relief from constant headache, which, before the operation, was very severe, and was accompanied by vertigo when using the eyes for near work. I mention the prism exercise, because I do not want to claim more for the operation than it is entitled to.

Nov. 28th, 1893, operated on Case No. 2, for an esophoria of 35°, removing 25°. Nov. 29th, test showed a correction of 21°; Dec. 12th, test showed a correction of 20°; Jan. 21st, test showed a correction of 24°; Feb. 13th, test showed a correction of 24°; April 29th, test showed a correction of 28°. In this case there is a remaining esophoria of 7°. As in the former case complete relief followed the operation, although the young lady continued her studies, languages, with renewed force, the second day following the operation.

By analyzing these cases we see that there has been a contraction or return of some of the esophoria during the first two weeks following the operation, and our increase in the effect of the operation after the second week, or, as we may term it, the period of contraction or healing, until at the present time there is a result in Case No. 1, 1° less than test showed immediately after the operation, and in Case No. 2, 3° more than immediately after the operation.

Although but six months have passed since the operations, I think it is evident that better results have been obtained by the modified operation than by the Stephens' method. I hope to be able to prove by time and other cases the permanency of these results. Both patients continued using their eyes more than before their operation, in no way favoring either their eyes or themselves, after the third day following the operation, so that no part of the result, relating either to the relative position of the eyes or the relief from distressing symptoms, can be credited to anything but the operation.

THE TREATMENT OF ACUTE NEPHRITIS.

BY P. JOUSSET, PARIS, FRANCE.

[*Translated by F. H. Pritchard, M.D., from L'Art Médicale, Nov. 8, 1893.*]

Besides Bright's disease and interstitial nephritis there is no essential nephritis; but symptomatic affections which terminate in suppuration, and deserve the name of suppurative nephritis. It may be divided into four classes: that form developing after traumatism of the kidney, which is very rare; a second variety, due to pyelitis, from stone in the kidney, which is the most frequent; a third division dependent upon propagation of inflammation from the urethra and bladder into the pelvis of the

organ and the kidney itself, which form is the most dangerous of all, as it affects both kidneys at the same time. It is caused by an affection of the prostate gland, or bladder, a stricture of the urethra, a simple gonorrhœa and, in preantiseptic times it was known to follow any operations upon the urethra and bladder. Finally, and fourthly, there remains to be mentioned metastatic abscess of the kidney, which constitutes one of the symptoms of the purulent diathesis. It is easy to comprehend that a disease of so different a nature and origin should not present the same symptoms.

In abscess of the kidney, due to a calculous pyelitis, a febrile movement with an initial chill, intense pain in the region of the kidney, which is increased by pressure, is observed. The urine remains profuse enough, for, as a rule, only one kidney is affected, and the other is sufficient to carry on the functions of the other. Sometimes the urine is turbid, contains pus, blood or gravel, or is ammoniacal, which augments the danger of the disease. The abscess may lead to a permephritis, and evacuate itself outward or into the intestine or even into the lung. In fortunate cases evacuation takes place into the ureters. The violence of the febrile movement and the inflammation may bring about a fatal termination, most frequently with uremic symptoms. In other cases, if the suppuration becomes chronic the abscess is incompletely emptied, the patient becomes weaker from day to day, the febrile movement assumes the character of a hectic fever, œdema, diarrhœa appears, and the patient dies from exhaustion. This coudition has been called renal phthisis, an expression which ought to be reserved for that state dependent upon localization of tuberculosis in the pelves of the kidneys and the organs themselves.

Nephritis, after suppurative process in the bladder or following an operation upon the urethra, catherization, etc., presents characteristics of the purulent diathesis. The patient is seized with fever, accompanied by violent chills, the temperature rises to quite a height, and is followed by profuse sweats. Prostration becomes quite marked, and the patient succumbs, sooner or later, to the seizures. The danger in such cases is the greater when both kidneys are affected simultaneously, for the amount of urine is decreased, and uremic symptoms are added to those of the purulent fever.

Treatment. — The treatment of suppurative inflammation of the kidney is, in general, badly understood. Yet there are quite formal indications. When the totality of the symptoms indicate the existence of the purulent diathesis, or, as we say today, of pyemia, two drugs are positively indicated ; aconite and the sulphate of quinine.

Aconite is indicated when there is high temperature, fever, violent fever with anxiety, agitation and thirst.

Sulphate of quinine should be employed when the fever is periodic and, from its beginning, is marked by severe chills, and its decline by profuse sweating. It is to be given at the end of an attack, and may be alternated with aconite, giving the latter at the beginning and during the height of the fever, and the former at its decline. In this particular form of nephritis the remedies must be administered in large doses; aconite in the mother tincture, two or three drops every two hours, and the sulphate of quinine, in a dose of twenty grains, in three portions, with intervals of half an hour. We have gone into the details of this form at some length, for treatment will often be followed by successful results and the complications of which we are about to speak, be prevented. In the other forms and stages of suppurative nephritis, other drugs are indicated, of which the principal ones are: mercurius corrosivus, kali nitricum, cantharis, belladonna and camphor.

Mercurius Corrosivus. This salt of mercury in its toxic action produces the lesions of parenchymatous nephritis, with injection of the glomeruli and desquamation of the epithelium. The symptoms produced by it are: pains in the kidneys, the urine mixed with blood or pus. The first three dilutions in such cases, six drops in six to seven ounces of water and a teaspoonful every two hours.

Kali Nitricum. Hughes recommends nitre as one of the principal remedies in suppurative nephritis, as this preparation will produce, in toxic doses, suppuration of the kidneys. He does not state the size of the dose.

Cantharis. This drug as well as mercurius corrosivus will cause acute inflammation of the kidneys, tenesmus, strangury and bloody and purulent urine. Considerable care is to be taken in the administration of this drug in acute nephritis, for fear that quite an aggravation may be produced. From the fourth to the sixth dilutions are generally sufficient, and if these are inactive, descend to the lower attenuations.

Camphor. This drug is only indicated in nephritis from poisoning by cantharis. It is to be prescribed in the mother tincture, on sugar or in water, taking care to shake the mixture each time that a dose is taken. The diet should be that of acute diseases, plenty of fluid is to be drunk, yet it must contain no irritant nor alcoholic principles. Pure milk or barley water are the best drinks.

THE first Mohammedan woman to practice medicine has recently been given a position under the Russian government. Her name is Miss Bibi-Radya-Koudlouiarow.

THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF NATHANIEL W. EMERSON, M.D., FOR THE QUARTER ENDING SEPTEMBER 30th, 1893.

The present report embraces the work of the summer term of 1893. The methods employed were similar to those previously detailed. Constant endeavor was made to preserve the strictest asepsis wherever applicable; and antiseptics were freely employed whenever necessary. All capital cases were carefully prepared the evening before the operation. The patient was first given a thorough warm or hot bath; then the field of operation was scrubbed with soap and water, copiously flushed with boiled hot water, dried, then cleansed with either alcohol or ether; flushed again with a solution of mercury, one to 2000; and finally covered with aseptic gauze, a thick layer of cotton, and a bandage snugly applied. This was maintained in place until the patient was on the operating table, when the whole dressing was removed by one of the assistants whose hands did not come in contact with the field of operation either before, during, or after the operation. The field of operation was then surrounded with dry towels which had been made aseptic that morning. In all abdominal cases especial care was taken that no one's hands, except those of the operator and of one assistant, should touch the wound or its immediate surroundings. Every detail of preparation was thoroughly looked after. The instruments were most carefully sterilized the morning of the operation, and a different set used for each particular case, when more than one patient was treated on the same day. The dressings were also asepticised the morning of the operation, while catgut, silk worm, etc., were frequently freshly prepared and kept in proper solutions. Pledgets of gauze were used in place of sponges, with free use in the abdominal cavity of strips of gauze, which were employed but once and then discarded. Drainage of the abdominal cavity was practised less than formerly; the writer believing that the breaking-up of extensive adhesions in the abdomen results in insignificant oozing after the abdomen is closed, and seldom calls for drainage. Where an excessive secretion of serum was anticipated after the operation, drainage was provided by whatever means seemed to answer the needs of each individual case.

It is especially desired to again emphasize the fact that hot weather does not counter-indicate satisfactory results, nor is any difficulty found in maintaining asepsis, nor in counteracting sepsis. The shock is less than in cold weather, while the ability to have an unlimited supply of fresh air appears to be a decided benefit to the patient. In aseptic cases the first dressings were not disturbed for seven, eight or nine days,

with the quite uniform result of finding the wound united when they were removed. Only once or twice was there any trouble because of improperly prepared material; but on two or three occasions the catgut was evidently impaired, with the consequence that the wound did not heal by first intention. When this was so, the catgut was prepared anew, and no further trouble was experienced. In two instances bone drainage tubes were improperly decalcified, and consequently were not absorbed, so that it was necessary to remove them. This only delayed the final success of the case but did not otherwise interfere with it.

The only death was caused by a serious burn. The clothing of a domestic became ignited while she was endeavoring to extinguish a brush fire. With remarkable presence of mind she threw herself on the ground in the hope of putting out the flames. Before assistance arrived, however, she was extensively and fatally burned. She was immediately brought to the Hospital, but never rallied from the shock, dying within forty-eight hours.

Most cases indicated in the summary as remaining in the Hospital, have since been discharged, and in one of them only has death occurred. A case of carcinoma mammæ has died since leaving the Hospital, and since the end of the quarter. The case was hopeless, and the operation was undertaken for palliation only.

Among many interesting cases, two of empyema are noteworthy, and are an encouragement to give whatever benefit is possible in such cases, even when they seem most unpromising. One was a case under treatment on the medical side, where there had been a rapid development of pus in the lower part of the right pleural cavity. For two days her symptoms had increased in importance. The temperature the evening before reached 102 4-5°, the highest point. Her pulse had been about 100. The respiration, having been as high as 40 per minute, went to 48 and 49. The woman undoubtedly owes her life to the prompt and efficient action of Dr. Batchelder. Symptoms of the utmost urgency rapidly developed; respiration increased to 72, pulse, 120, temperature to 102 2-5°, while from the character of the expectoration, which was quite insufficient to give her relief, there was evident perforation of the lungs. She was practically moribund. Dr. Batchelder aspirated between the 8th and 9th ribs behind, and drew off over a pint of foulest smelling pus. She immediately reacted, was most carefully attended and stimulated; a few hours later the aspiration was repeated, and again over a pint of pus was withdrawn. Improvement was marked. The temperature descended to 99 2-5° in the morning, and was as low as 100 3-5° in the evening; the

pulse went down to 94, the respiration to 36. She made corresponding improvement in all other ways. Aspiration was repeated several times, always affording relief when the symptoms became urgent. A marked and important symptom always preceding the need of aspiration was an increasing bad taste evidently caused by the escape of gas from the pus cavity through the lungs. A daily consultation was held by Drs. Sutherland, Batchelder and Emerson, to determine the most favorable time for making a free opening by the resection of a portion of a rib; the operation was deferred just so long as any improvement was maintained. On the fifth day after the first aspiration, the urgent symptoms again became prominent, the respiration reaching 60, with evident signs of collapse; so it was decided best to operate, although her condition was far from favorable. Anæsthesia by chloroform allowed a resection of an inch and a half of the 8th rib at the point of election, and the opening in the thickened plura was enlarged by removing from it a section sufficiently large to allow the easy introduction of two fingers. There was a free discharge of foul-smelling, bloody pus. Exploration revealed a perforation of the lung, into which the fingers easily entered. The lung tissue was broken down, much softened, and very ragged. The pus cavity was not disturbed by further manipulation, nor was it washed out at this time. The shock of the operation was slight; she made an immediate rally, and continued to improve so rapidly that forty eight hours afterwards the morning temperature was normal, the pulse, 80, and the respiration, 25. In less than a month she was treated as an out-patient, and, finally, made an excellent recovery.

The second case was a lad, 17 years of age, who had been in excellent health until about four months before his entrance into the Hospital. He had an attack of pleurisy of the right side, since which he has been very weak and prostrated; some cough, but no expectoration. Ten days before we saw him, a swelling had begun on the front of the right side of the chest. For two weeks he had had a profuse diarrhœa. Excessively emaciated. On entrance the swelling extended from just beneath the clavicle to the lower border of the ribs, and laterally from the margin of the sternum to the axillary line. Fluctuation marked. Flatness on percussion all over front of right chest. Respiration heard posteriorly over lower part of lung. Apex-beat displaced to the left of the left nipple. Right leg œdematous. Could lie only on the right side. Temperature, 101°; pulse, 140; respiration, 35.

An incision was made above the right nipple, and an enormous amount of pus evacuated. This was allowed to passively escape, and as the patient was nearly moribund from collapse

nothing more was done at this time. Under free stimulation he reacted, and by evening he was much relieved, being able to lie on his back as well as breathe easier. During the following days he did not improve, as he was several times in collapse, with a temperature as low as 96 4-5°. His temperature was sub-normal most of the time, and he was in a very precarious condition. This continued for ten days, when it was determined to try to enlarge the opening and give freer drainage. The exiginal incision was accordingly enlarged, embracing the opening through the chest wall. This latter was between the third and fourth ribs just outside of the sternum. This was dilated sufficiently to put in a double drainage tube. He made little apparent improvement, and became so homesick that we decided to send him home, believing he could not survive.

The subsequent history is satisfactory, however, as he immediately grew better, and, finally, made periodical visits to the Hospital to show how well he was doing. He now is out and about in a fairly good condition of health, and the diseased part promises a permanent healing.

Below is appended a summary of all cases treated during the quarter divided into two classes, non-operative and operative.

SUMMARY. — NON-OPERATIVE CASES.

DIAGNOSIS	TREATMENT.	No. of Cases.	Cured.	Improved.	Not Improved.	Died.	Remaining.
Anteflexion uteri	Rest Treatment	1		1			
" "	Not treated	1			1		
Burn		1				1	
Carcinoma uteri	Not treated	1			1		
Cyst adenoma mammæ	Subsequently operated upon	1					1
Cystitis	Lavage of bladder	2		2			
Eczema of groin	Transferred to Medical side	1			1		
Endometritis; ruptured perineum	Subsequently operat'd upon	1					1
Enlargement of both ovaries	" " "	1					1
Ephithelioma of ear	Not treated	1			1		
" uteri	" "	1			1		
Fibroma uteri	" "	1			1		
Fistula in ano	Operation not advisable	1			1		
Hemorrhoids	Subsequently operated upon	1					1
Incised wound of hand	Dressed	1	1				
Indirect inguinal hernia	Fitted with truss	1		1			
Lumbar curvature of the spine	Rest treatment	1					1
Lacerated cervix; ruptured perineum	Operation not advisable	1			1		
Necrosis of femur	Rest treatment	1	1				
No diagnosis	Transferred to Medical side	4			4		
Pregnancy		1					1
Purulent vaginitis	Local and general treatment	1		1			
Right latero-flexion uteri; enlargement of right ovary	Not treated	1			1		
Specific ulcers	General treatment	2		1			1
Traumatism from fall	Rest treatment	1	1				
" of knee	" "	1	1				
" retro-peritoneal inflammation	" "	1	1				

One death in cases not operated upon.

OPERATIVE CASES.

DIAGNOSIS.	OPERATIONS PERFORMED.	No. Cases.	Cured.	Improved.	Not Improved.	Remaining.
Abscess, septic of cheek	Opened and curetted	1	1			
" iliac, post-peritoneal	" curetted and drained	1	1			
" mammæ	" " "	1	1			
" " tubercular	" and curetted	1	1			
" " "	Extirpation	1	1			
" of thigh	Opened and curetted	1	1			
" " phlegmonous	Curretted	1				1
" urethræ	Opened and curetted	3				1
Coeliotomy for						
Cystic degeneration of both ovaries	Extirpation	2	1			1
" " " left ovary	"	1	1			
Cyst of left ovary	"	1		1		
Epithelioma uteri	Coelio-hysterectomy	1	1			
Fibroma uteri	"	1	1			
Hernia, congenital indirect inguinal	Radical operation	1				1
" strangulated femoral	" "	1	1			
Ovarian cysts	Extirpation	2	2			
Pyo-salpinx, double	"	1				1
Retroversion uteri; enlargement of ovaries	Breaking up of adhesions	1				1
Parovarian cyst	Extirpation	1				1
Pyo-salpinx right side, abcess of left ovary	"	1				1
Deviation of septum nasi	Forcibly straightened	1	1			
Endometritis	Curretted	3	2			1
Empyema	Opened and curetted	2		1		
" perforation of lung	Resection of rib	1				
Felon	Opened and curetted	1	1			
Fissure in ano	Excision	1	1			
Fistula in ano, external incomplete	Opened and curetted	4	1			1
" " urethram	Curetted	1				1
" " vaginum	Opened and curetted	1				1
Foreign body in bladder	Urethteomy; removal	1	1			
Fracture of coccyx	Coccygectomy	1	1			
Fracture, compound, of ulnar and radius	Fixation in splints	1	1			
" of femur	Extension and fixation	1				1
" " intra-capsular	" " "	1				1
" " os calcis	Fixation in splints	1	1			
Hare lip	Cheiloplasty	1	1			
Hemorrhoids	Excision	1				1
"	Whitehead's operation	6	3			3
Hydrocele	Extirpation of sack	3	2			1
" congenital	"	2	1			1
Hypospadias, penile	Division of septum	1		1		
Imperforate hymen	Rapid divulsion	1	1			
Ingrowing toe nail	Extirpation of half of nail	1	1			
Irritable sphincter ani	Dilatation	1	1			
Lipoma of inguinal region	Extirpation	1				1
Necrosis of inferior maxilla	Curetted	2				1
" " os calcis and astragalus	Amputation of foot	1	1			
" " phalanx	Curetted.	1	1			
" " skull	"	1				1
Phimosis	Dilatation	2	2			
Prepuce adherent to clitoris	Rupture of adhesions	1	1			
Rectal pockets	Opened	1				1
Septic wound of hand	Opened, curetted and drained	1				1
Stenosis vaginal	Rapid divulsion	2	2			
Traumatic laceration of finger	Amputation of finger	1				1
" periostitis	Incision	1	1			
Traumatism of finger	Excision of eschar	1	1			
Tubercular cervical glands	Opened, curetted and drained	3	2			1
Tuberculosis of cheek	Extirpation	1	1			
" " hand and elbow	Opened and curetted Amputation of hand	2 1	1			
" " metatarsus	Opened and curetted	2				1
Tumors:						
Carcinoma mammæ	Extirpation, with axillary glands	2	1		1	
Scirrhus "	" " " "	2	2			

OPERATIVE CASES. — CONTINUED.

DIAGNOSIS.	OPERATIONS PERFORMED.	No. of Cases.	Cured.	Improved.	Not Improved.	Remaining.
Ulcer of knee	Curetted	1		1		
" " radius	"	1		1		
Varicocele	Extirpation of veins	1	1			
Varicose ulcer of leg	Curetted	2				1
Wens of scalp	Extirpation	2	2			
Urethral caruncle	Removed	1				1
Women, diseases of						
Cystocele	Anterior Colporrhaphy	1	1			
Lacerated cervix	Trachelorrhaphy	15	9			6
Retained placenta	Curetting of uterus	1	1			
Ruptured perineum	Perineorrhaphy	9	8			1
" " complete	"	2	1			
Sub-mucous fibroid uteri	Extirpation by enucleation	1	1			

Total number of cases treated	160
" " " operations performed	128
No deaths in cases operated upon during this quarter.	
Rate of mortality to total number of cases treated	$\frac{44}{100}$ of 1 %

ODE.

(*Read by N. W. Rand, M.D., at the Banquet of the Worcester County Homœopathic Medical Society, Nov. 8th, 1893.*)

I.

I wish I might bring you the song you invite,
But really don't see how I can;
The fastidious muse
Is so sure to refuse
The suit of a medical man.

She likes men of leisure, of culture, and means,
The *litterateurs* and their clan;
But her shoulders she shrugs
At the smell of the drugs
That clings to the medical man.

She dotes upon diadems, banners, and swords,
Agleam on the front of the van;
But there's scorn in the glances
She casts at the lances
And probes of the medical man.

She's a lover of music in mountain or sea,
Cathedral or gilded divan;
But she shrinks from the moanings,
The shrieks and the groanings,
That surge round the medical man.

For she loves only pleasure, and will not consent
To abide with a doctor, because
He has nothing to share
But interminate care,
And his door-bell at night she abhors.

"But she smiled on a Holland, and Holmes," do you say?
Well — now let me tell you, the fact is
She smiled upon neither,
Nor listened to either,
Till he'd said a good-bye to his practice.

And since 'tis her way to make such display
Of abhorrence for doctors about her,
Let us try for awhile
The chagrin to beguile,
And get on to-day, friends, without her.

II.

We are the sons of Hahnemann,
And of Hippocrates;
We boast a royal heritage
Alike from both of these;
We brook no limit to the means
We use to heal disease;

For we are the sons of Hahnemann,
And of Hippocrates.

No grander line of heraldry
Was ever known to man;
For with Apollo's noblest son
Our lineage began.
Apollo's son,
On Pelion,
In Chiron's mystic cave,
With all the gods in council met,
And planned the art to save.
And since that glad, auspicious day,
Physicians of renown,
From age to age the priceless boon
To us have handed down.
Their deeds are written everywhere
The thought of man is rife —
In earth, in ocean, and in air,
And in each form of life.
Our very frames
With deathless names
On tablets fit are stored,
From great Herophilus's press
Down to Achilles' cord.
We own them all — the glorious host,
In spite of schools or sects,—
Our Mortons, Harveys, Jenners, Kochs,
Our Listers, and Lænnces.
We rise above each petty feud
Our better natures ban,
And claim a royal brotherhood
With every worthy man.
To any one
Who well has done
We'll honor not refuse,
From Celsus down to Sydenham,
From Sydenham to Hughes.
And here we raise
A song of praise
To all who heal disease;
For they are kin to Hahnemann,
And to Hippocrates.

III.

Great Nature was their mother,
Their teacher, and their friend;
And we upon no other
Authority depend.
Books writ by men
Of cunning pen
'Tis ours to compare
With her great book, and disregard
All found unwritten there.
It is ours to seek the relation
Of life to her changeless plan,
And apply the interpretation
Of her laws to the weal of man.

To ask of the winds of heaven:
'What secrets have ye to tell
Of the climes of earth ye have traversed,
Of ocean, or mount, or dell,
Of forest, or fen, or fountain,
That can make our brothers well?"

To say to the rocks beneath us,
The sea, and the mountain ore:
"What treasures can ye bequeath us,
From your exhaustless store,
What mystical powers of matter,
O tell us, we implore,
That may bring a balm to sickness,
And strength to the weak restore?"

To question the herbs and grasses
That in the mould have birth,
And the trees, and vines, and mosses,
That drink of the milk of earth:
"What anodynes, what tonics,
Do your alembics know
That may strength impart
To a fainting heart,
Or quiet a fevered brow?"

To call to the myriad creatures
That throng the land and sea,
And the very air above us:
"What medicines have ye
From the elements selected
That may of service be
In bringing relief
To the pain and grief
Of frail humanity?"

Then to the mind immortal
'Tis ours to appeal,
That the touch of the spirit's sceptre
Defects of the flesh may heal:
"Ye forces within and around us,
Mysteriously given,
Intangible, invisible,
Invincible as heaven,
Say, what can ye do for a soul distraught,
For a system of nerves unstrung,
For a heart oppressed, or a brain o'erwrought,
Or a body with anguish wrung —
Say, what can ye do where strength is naught,
And hope to the winds is flung?"

Thus do we queston Nature,
Question, at every turn,
While she, with marvellous patience,
Still bids us trust and learn;
For O! she is kind to her children
And if we could only know,
She holds a relief
For every grief,
And a balm for every woe.

If only we knew the secrets
That lurk in her hidden power,
We could baffle death
Till the latest breath
Of age's frosty hour ;
And then as fall the autumn leaves,
Or petals of the rose,
Mankind, content
With days full-spent,
Would welcome death's repose.
But we are only children
Gathered around the knees
Of Nature — wondrous teacher ! —
Conning our A, B, C's ;
And now she bids us onward
To grander things than these,
For we are sons of Hahnemann,
And of Hippocrates.

IV

Ah ! woe to him who rests secure
In a little knowledge gained,
Who heeds not the fathomless height
and depth,
Who heeds not the measureless length
and breadth,
Of the vast unattained !
And woe ! if we
Content should be
With the trifles we comprehend ;
Since life, with all that one can see
Of its stupendous mystery —
Of things that are, and things to be —
Is ours to defend, —
Ours its two great portals,
Swinging to chime and knell ;
Ours the primal welcome,
Ours the last farewell !

V.

O ! the changes man will see
When Truth shall come !
Doctors then will all agree,
Nurses teachable will be,
Patients uncomplainingly
Bide whate'er the fates decree.

There will be no selfish scheming
When Truth shall come !
There will be no fruitless dreaming,
No seductive, empty seeming,
No deceit, nor disesteeming
When Truth shall come.

Theories the wisps may take
When Truth shall come.
Facts will base of action make,
Facts — however tenets shake,
Thrones decline, or altars break —
Men will hold and ne'er forsake
When Truth shall come.

Wisdom, purity, and love,
Every link of thought will prove,
Every line of conduct move,
As within the home above
When Truth shall come.

And she's coming. E'en now, lo !
Yonder skies begin to glow.
Nay, 'tis not the boreal light
Streaming from its Arctic height ;
That were not so clear and white.
List ! O list ! A song ! A song
Thrills the track she sweeps along !
List ! The voice doth seem to say : —

" Sons of earth, prepare the way,
I come !
Wreathe the laurel ! Bind the bay
I come ! I come !
From the realms of peace supernal,
From the throne of the Eternal,
Downward where the earth's diurnal
Darkling walk is called a day —
Where the people grope in darkness,
Grope, and call the darkness day —
Lo, I come !
And my progress none shall stay ;
Haste, O earth ! Prepare the way,
I come ! I come !

O the rapture of the flight
As I come —
From the empyrean height,
Out of radiance into night,
Swiftly come !
Onward, onward now I fly,
Till methinks I can descry,
Through the gloom,
Shadowings of the nether sky ;
And ten thousand voices cry
From the worlds I'm sweeping by :
' Hail ! The dawn to earth draws nigh !
The truth is come ! "

SIR ANDREW CLARK'S WILL. — The will of Sir Andrew Clark, who died a few weeks ago, disposes of a property worth $1,021,000. A legacy of $2,500 is to be used in founding a medical scholarship at the London Hospital. The rest is to be distributed in the family. Sir Andrew started life as a poor boy, and died a millionaire. His income for many years was very large, yet it is difficult to believe that any physician can earn a million of dollars by professional work alone.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society met at the College building, East Concord Street, Thursday evening, Dec. 7, 1893, at 7.45 o'clock.

The president and vice-presidents being absent, Dr. I. T. Talbot was elected chairman.

Upon motion of the Secretary, the reading of the records of the previous meeting was dispensed with.

The following physicians were elected to membership: Frank E. Allard, M.D.; Augustine A. Haub, M.D., of Boston; Isabelle P. Gibby, M.D., of Waltham, and Alice M. Patterson, M.D., of Salem.

Dr. Homer Clark, of Wollaston, was proposed for active membership. Prof. John A. Rockwell was proposed as a corresponding member.

It was voted that the executive committee be appointed as a nominating committee to present names as candidates for officers the ensuing year.

SCIENTIFIC SESSION — SECTION OF OPHTHALMOLOGY, OTOLOGY, AND LARYNGOLOGY.

Howard P. Bellows, M.D., Chairman; Thomas M. Strong, M.D., Secretary; J. H. Payne, M.D., Treasurer.

The papers were presented in the following order.

1. "Heterophoria, or Insufficiencies of the Ocular Muscles," by L. H. Kimball, M.D., of Boston.

2. "Catarrh of the Middle Ear," by I. B. Hines, M.D., of Boston.

3. "Constriction of Œsophagus," illustrated by a case, by D. G. Woodvine, M.D., of Boston.

4. "The Differential Diagnosis of Acute Catarrhal Conjunctivitis and Plastic Iritis," by G. A. Suffa, M.D., of Boston.

5. "Chronic Acid and Bi-Chromate of Potash in Aural and Naso-Pharyngeal Disease," by S. A. Sylvester, M.D., of Newton Centre.

6. "Asthma as a Symptom of Nasal Disease," by George B. Rice, M.D., of Boston.

7. "Belladonna in Its Relations to Progressive Myopia and Its Attending Symptoms," by John H. Payne, M.D., of Boston. (Dr. Payne being absent, paper was read by Dr. Bellows.)

8. "The Treatment of Diphtheritis," by James Krauss, M.D., of Malden.

DISCUSSION.

The last paper read, "Treatment of Diphtheritis," by James

Krauss, M.D., was the subject of an animated discussion in which the following physicians took part.

Drs. D. G. Woodvine, S. H. Spalding, E. A. Carpenter, L. A. Phillips, S. A. Sylvester, I. B. Hines, I. T. Talbot, George H. Earl, A. H. Powers and James Krauss.

Dr. Woodvine gave the Society a very pleasant diversion from the usual written paper, by presenting to the Society a patient with strictures of the Œsophagus, and illustrating upon the young man the treatment by dilatation. After passing four sizes of bougies, he proceeded to place within the œsophagus at the point of stricture a suppository of calendula and cocoa-butter. This was accomplished by means of his recently devised instrument consisting of a left handed screw, which is attached to the end of the whalebone bougie carrier, and this screwed into the suppository. It is carried in this manner to the desired point in the œsophagus, and there released by turning the carrier to the right. J. EMMONS BRIGGS, M.D., *Sec.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY:—MATERIA MEDICA SECTION.

The Materia Medica Section of the Boston Homœopathic Medical Society met at the College Building, Thursday evening, Dec. 21st.

The meeting was called to order at eight o'clock by Dr. J. P. Sutherland, chairman.

The first paper read was "Homœopathic Usage of Certain Drugs by the Old School," by Mary F. Cushman, M.D. This showed much thought and careful study.

This paper was followed by one by Prof. J. Heber Smith. Subject, "The Characteristic Action of Berberis and Belladonna Upon the Kidneys." This was, as Dr. Sutherland expressed it, a perfect little gem in the way of practical suggestion.

Dr. W. T. Talbot then read his paper, "A Materia Medica Museum and Its Uses."

Discussion was opened by Dr. I. T. Talbot, who thought the paper and illustrations of materia medica suggestive of methods, which if they can be carried out will prove of great addition to our resources for the study of materia medica.

Prof. J. Heber Smith thought Dr. Talbot's paper "a step in advance." It gives a roundness to the education of a student of drugs. He would like to have Dr. Talbot put this in practical working order. A knowledge of drugs makes it a pleasure to use them as taught by Hahnemann. Hahnemann was a most learned physician of his day in materia medica. A thorough chemist. Hahnemann's provings cannot be improved

upon. Capsicum for instance is complete in every respect. He would advise reading Hahnemann's Chronic Diseases.

Dr. Smith was much interested in the drug caffeine as brought out in Dr. Cushman's paper. Its use in sunstroke. Referred to a case of poisoning by drinking a large quantity of iced coffee. The symptoms simulated sunstroke.

Dr. Rockwell believes in practical instruction and the application of practical methods to get an idea of drugs.

Dr. Conrad Wesselhœft supports every word in Dr. Talbot's paper. It is a step in the right direction. Students' eyes should be trained in the study. Photographs of the most familiar plants used in homœopathic practice should be framed and hung on the walls. Much has been written about trituration and dilution, but the physician knows but little about it. There should be a certain number of preparations to illustrate the process of trituration. The incredible divisibility of trituration should be looked into, and different grades illustrated to explain to students by photographs.

Dr. Sutherland believed the Materia Medica Section should take hold of it and moved that a committee of three be chosen to devise ways and means for work for the section. Prof. J. Heber Smith, Dr. Winthrop Talbot, and the Secretary were appointed.

The meeting adjourned at ten o'clock.

MARY H. BAYNUM, M.D.
Secretary Materia Medica Section.

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The annual meeting of the Massachusetts Surgical and Gynæcological Society was held at Hotel Clarendon, Boston, Wednesday, Dec. 13, 1893, the President, Sarah E. Sherman, M.D., in the chair. The following physicians, recommended by the executive committee were elected to membership: Alice M. Patterson, M.D., Boston; J. Emmons Briggs, M.D., Boston; A. W. Brown, M.D., Boston; F. W. Abbott, M.D., Taunton; G. F. Martin, M.D., Lowell; C. A. Eastman, M.D., East Milton; L. D. Lippitt, M.D., Providence; H. M. Sanger, M.D., Providence; F. R Warren, M.D., Worcester; E. R. Utley, M.D., Newton; Martha S. Champlin, M.D., Brookline; and to honorary membership, M. O. Terry, M.D., Utica, N. Y.; George W. Roberts, M.D., New York City.

The amendments presented at the last meeting were defeated by a decisive vote.

Officers for the ensuing year were elected as follows: President, W. H. Tobey, M.D., Boston; 1st Vice President, C. R.

Hunt, M.D., New Bedford; 2nd Vice President, Charles Lloyd, M.D., Cambridge; Secretary, L. A. Phillips, M.D., Boston; Assistant Secretary, Frederick W. Elliott, M.D., Boston; Treasurer, J. H. Sherman, M.D., So. Boston.

Among the welcome guests of the Society were Prof. W. O. Macdonald and Dr. George W. Roberts, of New York.

The Secretary read a paper from Dr. E. M. Hale, of Chicago, upon "Intra-Uterine Injections of Tincture of Iodine in Endometritis with Hæmorrhage." The author's modification of Battles's intra-uterine spray syringe was recommended. The instillations may be made once in five days if necessary. The dosage should not exceed ten drops. By this means many cases were cured which under curetting and other measures, both medical and surgical, had proven intractable.

The President's Address urged the necessity of reporting failures: most published cases were "blazing successes" of medical or surgical art. We learn much from the mistakes of ourselves and others. To have never met with failure argues a small practice and a very limited experience.

Dr. Kate G. Mudge presented a scholarly report on "Progress in Gynecology," emphasizing the importance of preventive medicine, and advising conservative treatment of ovarian disease.

The report on "Progress in Surgery" was read by Dr. N. W. Emerson. He preferred tracheotomy to intubation in diphtheria. Tracheotomy is only used as a last resort. Doubtless many cases of intubation would have made spontaneous recovery, hence statistics are misleading.

Wyeth's bloodless amputation at the hip fully justifies the strong commendation formerly expressed, as it shows a death-rate of only 22% as compared with 47% by other methods in civil practice.

The report urged the necessity of greatest conservatism in both ovariotomy and the more recent operation of hysterectomy: the former has been largely disrated, the latter may be. Careful surgery should not be sacrificed to the fashion of the hour which seems now to favor the amputation of the uterus, as a few years ago it did the removal of the ovaries. He did not envy a surgeon who could admit that he feared that he had performed an unnecessary ovariotomy.

The high injection of water after Forrest's method was worthy of trial before resorting to corliotomy in cases of intussusception. The reservoir of the fountain syringe should be gradually raised to the height of twelve or fourteen feet. This treatment is indicated within thirty-six hours of the onset of the attack.

No case of appendicitis should be allowed to die without an

effort to save it by operative means. It is now universally conceded that the presence of pus in the abdomen always demands an operation. If the appendicitis is diseased, it should be removed and better at some time other than during the acute attack.

In the discussion, Prof. Macdonald alluded to curretting, a measure first suggested by Dr. Scudder, of Boston, when after intubation or tracheotomy the lumen was occluded by obstructive membrane, as a useful expedient in critical cases.

Dr. Sherman questioned the utility of this treatment as the raw surfaces thus exposed certainly increased the danger of septic absorption.

Prof. Macdonald held that there was by no means unanimous consent that pus in the abdomen called for an operation. Many eminent physicians dissented from this view, advised expectant treatment and reported numerous cures. A more exact diagnosis and definition of appendicitis was necessary. The following seemed a useful working classification.

1st. Appendicitis pure and simple.

2nd. Adhesive appendicitis.

3rd. Appendicitis with circumscribed suppurative peritonitis.

4th. Appendicitis with diffused suppurative peritonitis.

Classes one and two recover without operation.

In class three, operate with a fair prospect of relief.

In class four, operate. This the only hope, but recovery is rare.

Dr. Morse had met with success in many cases of intussusception treated by high injections together with the Sitz bath.

The report was also discussed by Drs. Lougee, Southwick and Tower.

Dr. Phillips read a paper from Dr. O. S. Runnels, of Indianapolis, on "The Physiological Basis of Orificial Surgery." This was an able presentation of a subject which has excited much interest in the West, by a surgeon of national reputation and well-known conservatism. The papers gave emphasis to Hahnemann's wisdom in formulating that sweeping injunction "In morbid conditions first remove the *causa occasionalis*." In chronic diseases not amenable to other treatment, remarkable results have attended the use of orificial methods. These aim first to stop nerve-waste, then to complete the cure by appropriate medication. Dr. Runnels stated that personally his attitude was at first one of profound incredulity. The assumptions of the orificial school seemed like "the fabrications of a mind swept from its moorings, and carried beyond the bounds of safe and continent thinking." Investigation and trial had produced a complete change in his views. He had put the question to

test in hundreds of instances and with brilliant success in scores of cases in which cures by any and all other means had long been unattainable. He now held that orificial surgery was an indispensable adjunct in the treatment of the greater proportion of chronic ailments It is not a cure-all, but it is worthy to occupy first rank in every physician's armamentarium. These positions were illustrated and defended by the citation of numerous successful cases.

A spirited discussion followed.

Dr. Halsey said that the time was past to put the specialist on the defensive as regards the influence of reflexes in the causation of disease. The eye, ear and nose, as well as the pelvic organs must be considered in treating general morbid conditions. He was not quite so sanguine or enthusiastic as certain Western surgeons, but did not doubt but that the removal of rectal irritation would often have a salutary effect upon general disturbances of a chronic nature. He failed, however, to perceive the peculiar advantages of Pratt's operation over the one more generally chosen, that introduced by Whitehead.

Dr. Fuller reported a case of melancholia of long standing benefited by the American operation. Another case in which forcible dilatation of the sphincter ani, resuscitated a patient apparently dead upon the operating table.

Dr. Packard had met with rather indifferent success with the operation. The mucous membrane and the skin are liable to retract, leaving an interval to be filled in with cicatrical tissue and giving only a fairly good result; another common complication is ectropium of the anus. As to this new so-called rectal philosophy, it is an assumption pure and simple, and is entirely out of harmony with the progressive surgery of to-day.

Dr. Phillips had seen the operation performed scores of times by its originator, a surgeon of the first rank, in his private hospital in Chicago. No man who had not seen and personally studied these methods and results, was competent to pass judgment upon them. Dr. Phillips had performed the American operation twenty times within the last two months. In no case had he failed to secure union by first intention and a smooth anus. In cases of obstinate eczema, neurasthenia, in beginning paresis, and in the early stages of locomotor ataxia, and in very many chronic diseases, the American operation has done what no other remedial measure has been able to accomplish.

Dr. Richardson did not antagonize orificial surgery, nor did he question the worth of many of the claims of orificial surgeons. He deprecated, however, undue haste in resorting to any surgical operation in nervous diseases. A morbid, nervous

condition has many sources, and to look upon irritation in the orifices of the body as the sole cause is irrational.

Dr. Hunt has spent considerable time at the Lincoln Sanitarium, studying Dr. Pratt's methods. He believed they were a great advance over those in general use. The American operation differs essentially from the Whitehead operation in technique, safety, rapidity, freedom from hemorrhage, both primary and secondary, and in results, and the difference was entirely to the advantage of the former. It should not be overlooked that Dr. Pratt's operation includes the removal of irritation, not from the rectum alone but from all the orifices of the body. Dr. Hunt had met with excellent success in several cases which he had been unable to benefit by other means.

A vote of thanks was passed to Drs. Hale and Runnels for their able and instructive papers.

Prof. Macdonald read a paper discussing the history and present status of "Nitrous Oxide Anæsthesia." He was followed by Dr. Roberts, who demonstrated the methods of its administration, and gave a resumé of his personal experience with the new agent. Nitrous Oxide is much used in New York for prolonged anæsthesia. Public and surgical interest in it has been stimulated by its choice as the safest anæsthetic in the recent operation upon President Cleveland. It possesses decided advantages over ether or chloroform in many cases.

Ease and rapidity with which unconsciousness is produced.

Freedom from nausea and vomiting.

It is not disagreeable to the patient.

It can be used in those diseases, as of the heart, lungs or kidneys, in which other anæsthetics are contra-indicated.

It can be administered indefinitely without endangering the patient.

Recovery is rapid, and no shock or other bad after effects have been observed.

Dr. Colton, with his assistants, has used it for a period of fifty years in 176,000 cases without a single failure. It is practically impossible to kill with nitrous oxide anæsthesia.

Dr. Powers questioned whether it had been employed in a sufficient number of cases demanding prolonged anæsthesia to justify conclusions as to its safety.

The subject was also discussed by Drs. Walters, Krauss, Emerson, Briggs and Winn.

The Society passed a unanimous vote of thanks to Drs. Macdonald and Roberts for the papers and demonstration which awakened profound interest.

Dr. G. H. Earl presented several cases of talipes which he had treated successfully by new and original orthopedic appliances.

A paper was read by Dr. James Krauss, upon "Injuries to the Back." A patient was shown suffering from the "Railway Spine." The application of a plaster bandage enveloping the entire trunk had brought a marked relief of the acute symptoms.

Banquet at 6.30. Plates were laid for 77. Attendance, 106. Adjourned at 10.30.

L. A. PHILLIPS, M.D., *Sec'y.*
FREDERICK W. ELLIOTT, M.D., *Asst. Sec'y.*

REVIEWS AND NOTICES OF BOOKS.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. Playfair, M.D., LL. D.. F.R.C.P. Sixth American, from the Eighth English Edition. With notes by Robert P. Harris, A.M., M.D. Phila.: Lea Bros. & Co. 697 pp.

A new edition of a classic — and as such Playfair's Midwifery unquestionably ranks,— is always an event of interest to the medical world. Very sanguine claims are made by the author and by his American editor, as to the advances made in obstetrical science since the last edition of this work was issued; advances especially marked in the direction of improved Cæsarian section and symphyseotomy, procedures which, as they grow in favor, are doing away with craniotomy almost altogether, as a needless waste of infant life. The book has been most carefully revised, and brought into line with the best accepted modern usage. Many new illustrations have been added. The familiar and honored classic holds its place as among the most up-to-date as well as the most dependable of authorities in its chosen field.

A MANUAL OF PRACTICAL HYGIENE. By W. M. L. Coplin, M.D., and D. Bevan, M.D. Phila.: P. Blakiston, Son & Co. 456 pp.

The aim of the authors has been to furnish to the American medical student a practical treatise on disease-production and disease-prevention. The subject is straightforwardly approached, conveniently sub-divided, and treated with clear intelligence, in a thoroughly modern manner. Individual or Personal Hygiene is first discussed, and Clothing, Food, Habitations, Water, Air, Sewage, Soil, Climate and The Disposal of the Dead are dealt with, separately and exhaustively, from the standpoint of the most enlightened sanitation. A most valuable chapter gives original colored illustrations of the bacilli of various contagious diseases. Apropos of the disposal of the dead, cremation is strongly advocated, or failing this, the habitual

employment of some powerful agent to hasten the dissolution of the cadaver. When treating of food, exceedingly valuable facts are given concerning food-adulterations, and means for their detection. The volume is enriched with one hundred and forty illustrations, most of them from entirely original drawings, and many of them printed in color. As a text-book of "practical and applicable" teaching on preventive medicine it cannot fail to become a valued counsellor, and an authority in its chosen field.

INTERNATIONAL CLINICS. Vol. III. Third Series. 356 pp. Phila.: J. B. Lippincott Co.

Among the famous clinicians whose experiences and conclusions therefrom the present volume of this admirable and popular series permits us to share, are Drs. John Ashhurst, Jr., I. N. Danforth, John B. Hamilton, Paul F. Mundè, James Tyson and Alexander J. C. Skene. Among the most interesting and practically suggestive of the many informal clinical talks here chronicled, is one on "The Hygiene of Early Infancy," by Dr. Frank Parsons, of Boston, in which are many sensible suggestions as to the best methods of washing the new-born babe, the dress most safe and suitable for it, and kindred matters. Dr. Henry O. Piffard talks suggestively on "Syphilitic Skin-Lesions," and their differential diagnosis from scrofulous and other affections of the skin. "The simple ulcer is characterized by a sloping margin, the syphilitic ulcer by a punched-out margin, the scrofulous ulcer by an overhanging margin," is one of his excellently terse summaries. Other maladies discussed from a clinical standpoint are Pernicious Anæmia, Diabetes, Hysterical Trembling, Stammering and Mutism, and Chronic Urethritis.

The old proverb says that one of the most precious privileges vouchsafed to man is to share the wisdom of the wise. This privilege, as the practical physician has long ago discovered, is open, in rich measure, to the student of "International Clinics."

ASIATIC CHOLERA. By John A. Benson. Chicago: The J. Harrison White Co. 248 pp.

This little volume is made up of a course of lectures delivered by its author before the College of Physicians and Surgeons of Chicago. It is an exhaustive study of one of the most dreaded maladies of modern times, giving the history of cholera through its many epidemics, its prophylaxis, etiology, pathology and treatment. The latter chapters comprise all of moment that the "old school" has adopted in the treatment of cholera; an amazing number of pages of "favorite prescriptions." A novel

feature is a number of full-page illustrations as to the best methods of giving baths, performing transfusion of blood, etc.

Among the articles of especial interest in the POPULAR SCIENCE MONTHLY for December, are papers on "How Old is the Earth?" by Prof. Warren Upham; "Modern War Vessels of the United States Navy," by W. A. Dobson, M.S.N.A., (Illustrated by C. C. Dodge); "Evolution and Ethics," by Prof. T. H. Huxley; "Evolutionary Ethics," by Robert Mathews; "State Interference in Social Affairs," by Joseph S. Nicholson;" "Criminal Woman," by Miss Helen Zimmern and "Ethics and the Struggle for Existence," by Leslie Stephen. New York: D. Appleton & Co.

The complete novel in the January number of LIPPINCOTT'S MAGAZINE is "The Colonel," by Harry Willard French; Gilbert Parker supplies the opening chapters of a serial story, "The Trespasser," which will run through six numbers of the magazine. It deals with a Canadian of high family, who comes from a wild and wandering life to take his rightful place in England, and is of uncommon force and interest; "The Peninsula of Lower California," by James Knapp Reeve, gives valuable information concerning that little-known region, and corrects sundry errors of the "Encyclopædia Britannica" and other received accounts; Mrs. Sherwood's "Recollections" of Rachel, Fanny Kemble, and Charlotte Cushman will interest many; under the heading, "A Juvenile Revival," Thomas Chalmers celebrates the "Christian Endeavor" era; and Charles Morris anticipates "The Twentieth Century." Philadelphia: J. B. Lippincott Co.

MISCELLANY.

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ANTIDOTE FOR CARBOLIC ACID.— An Italian tailor swallowed by mistake thirty grammes of carbolic acid. Dr. Moreit, of Ancona, using a rubber catheter, immediately introduced by slow degrees into the patient's stomach a strong solution of sulphate of soda, which forms with carbolic acid a harmless mixture. In an hour's time the patient, who had been in a most critical condition, began to revive. Inhalations of ammonia were then used to hasten the process, and little by little the poisoned man rallied so that an emetic, followed by a dose of lime water, finished the cure.—*Med. Times.*

AN EARLY SIGN OF PNEUMONIA.—Morison (*Lancet*, No. 3656, p. 746), in several cases presenting the general symptoms of pneumonia in the absence of the ordinary physicial signs, has observed a jerky expiration over a limited area, in which he subsequently found developed the usual signs of pneumonia. This jerky expiration is believed to be the first physical sign developed, and can be heard soon, if not immediately, after the rigor, before dulness or crepitation appears. The sign is more distinct in children, but has also been observed in adults. It is suggested that the phenomenon may be due either to the primary congestion interfering with the elasticity of the lung or to the better propagation of the heart-beats through a more readily conducting medium than the healthy lung.

MICROBES AND ARROW POISON. — A French naval surgeon, Dr. Le Dantec, has examined the arrow-poison used by the natives of the New Hebrides. The results of his investigation have been published in the "Annales de l'Institut Pasteur." The New Hebrideans employ for this purpose, earth from marshy places; it contains both the septic vibrio and the tetanus bacillus. From experiments on animals, it was found that when the poison was old, they died from tetanus; when fresh, from septicæmia. In the case of man, tetanus has always been observed. The practical outcome of all this is: wounds inflicted by poisoned arrows should be treated with every antiseptic precaution, and freely enlarged, if necessary, so as to remove all foreign bodies. The observations of Dr. Le Dantec are against the equine theory of tetanus, for there never have been horses in the New Hebrides. The author also draws attention to the fact that the Pacific Island savages were the first, and probably the only ones to make use of "microbes in the art of war." — *Medical Magazine.*

FIRST QUACK. — Here is a letter it would hardly do for us to publish. A man writes: "I have just taken my first bottle of your medicine, and I — "

SECOND QUACK. — Well?

FIRST QUACK. — There it breaks off short, and is signed in another handwriting "per executor." — *Brooklyn Life.*

THE PUNISHMENT FOR THE CRIME OF PRODUCING ABORTION. — In England and Ireland the punishment is penal servitude for life, or a less term. Should the mother die the crime becomes murder, which may be punished by death. In Scotland the punishment is arbitrary; in France, Spain, the German Empire, Austria, Hungary, Italy, Russia, Norway, Sweden and Denmark — in short throughout the whole of Europe — the crime is punished with imprisonment for from six months to twenty years, or for life. In Sweden the penalty is death if the mother dies; and in Russia the mother, if a consenting party, may be exiled to Siberia; in the Dominion of Canada the penalty is imprisonment for life; in Nova Scotia, Quebec, Ontario, British Columbia, and in Prince Edward Island it varies from imprisonment for two years to for life; in New Brunswick the penalty is death; in Australia and New Zealand the punishment is very severe, ranging from two years' imprisonment to penal servitude for life; in the United States it is punished with fines ranging from $100 to $5,000, with imprisonment for long periods and with death. — *Ex.*

PERSONAL AND NEWS ITEMS.

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DR. ROLAND A. DAVIS, B. U. S. M., class of '93, has settled at 290 Columbus Ave., Boston.

DR. W. N. EMERY has removed from East Boston to 749 Main St., Waltham, Mass. His office hours are from 2 to 4 and 7 to 8 P. M.

DR. W. H. SAWYER has removed from 314 Warren St. to Hotel Gladstone, 677 Dudley St., Roxbury. Office hours, until 9 A. M.; 2 to 3 and 6 to 7 P. M.

DR. ELLIS S. LE LACHEUR, B. U. S. M., class of '93, is delivering a course of lectures on anatomy and physiology before the pupils of the Howard Seminary, of West Bridgewater.

DR. BUSHROD W. JAMES' pleasant descriptive verses, under the title "Alaskana," has achieved such popularity that a second edition is demanded and will shortly be issued. It will contain several additional legends.

BEGINNING Jan. 6th, 1894, a course of lectures on chemical and regional surgery will be given in the amphitheatre of the Massachusetts Homœopathic Hospital, adapted to advanced students and post graduates, Saturdays at 10 A. M.

FOR SALE.— A practice in a town of 10,000 to 12,000 inhabitants within a few minutes' ride from Boston. Collections about $4,000 per year. Has been located twenty years. Good reasons given for offering for sale. A very desirable opportunity for the right party.

Address "X. Z. N.," care OTIS CLAPP & SON, 10 Park Square, Boston, Mass.

OBITUARY.

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LUCY W. ABELL, M.D.

DR. LUCY W. ABELL, long known and honored in Boston and elsewhere as one of the pioneers of homœopathy, and of women in medicine, died at Needham, Mass., Dec. 3, 1893, after an illness of two weeks, in the 86th year of her age. She began the study of medicine at the age of 49, in 1856, being a student in the first instance of the New England Female Medical College in Boston; subsequently with others, following Prof. Wm. Symington Brown, who established the Woman's Medical Academy also in Boston. She graduated, however, from the Pennsylvania Medical University, of Philadelphia, April 1860, receiving its diploma.

Thus Dr. Abell was one of the pioneers of her sex in the medical profession, and was among the first women, if not the first woman, who practised homœopathy in Boston, and, indeed, in New England. She actively practised her profession until the year 1875, when she went abroad. Returning in 1878, she resumed practice, but in Washington, D. C., and continued in it until 1882, when she to a great extent gave up active professional work.

Dr. Abell's conscientious devotion to her work, kind heart and shrewd good sense, made her much trusted and loved by a large circle of friends and patients. She will be sincerely mourned.

ELIJAH UTLEY JONES, M.D.

THE well-known and much-esteemed practitioner of homœopathy, Dr. Elijah U. Jones, died at his home at Taunton, Mass., Nov. 26, 1893.

Dr. Jones was born in Augusta, Me., on May 2, 1826, and at his death was in his sixty-eighth year. In early life he struggled with great energy to secure an education, which he accomplished at Waterville, Me., Bates College. He taught school for some years, spent two years at the Bowdoin Medical School and graduated at the Homœopathic Medical College of Pennsylvania in 1854. In September of that year he located in Taunton, where he had a large and successful practice till within a short time of his death. Aside from a devoted enthusiasm to homœopathy and its institutions, he took a special interest in sanitary science and public health. He was a member of the American Public Health Association and took an active interest in its affairs. He made valuable investigation in ozone and climatic influences on disease. He edited with ability several volumes of the State Homœopathic Society's publications, frequently contributed to the medical journals and published several valuable articles. He was an influential member of his church, the Broadway Congregational, and was first vice-president of the Congregational Club. He was also deeply interested in educational matters, serving on school committees, etc., and was treasurer of the Old Colony Historical Society. In 1854, he married Mrs. Sarah Crofoot, daughter of Theodore Stone of East Douglass, who died some four years ago. He had no children, but an adopted daughter, Mrs. E. P. Washburn, of Taunton, survives him.

Dr. Jones was appointed by Gov. Robinson, in 1886, a member of the State Board of Health, and re-appointed to that position by Gov. Russell, in 1892. He did excellent service to the State, and reflected much credit upon homœopathy.

Dr. Jones was deeply esteemed by his professional brethren, very many of whom were present at his funeral. He will be much missed, not least from the Boston University School of Medicine, of whose teaching force he was a valued and efficient member.

THE

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

EDITORIAL.

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THE LATE INTERNATIONAL UNPLEASANTNESS.

It is a thousand pities when any question of widespread interest is relegated from the standpoint of principle to that of personality. To do this, is always to raise about the question a dust and smother that disguise its true outlines and color, past recognition. This is what has been done with the question which last month, following the admirable example of journalistic courtesy and temperance set by *The Monthly Homœopathic Review*, we discussed, without mention of names, either of persons or colleges. The question was then one of the value of a medical degree granted after a certain amount and character of study. Indirectly, it was a question of the right of any given country to decide what should constitute claims to full professional fellowship in that country. It has now become, thanks to per-fervid personal recrimination and appeal, a question of attack on the worth of American medical degrees in general, and of the honor of certain colleges in particular; and great is the outcry, and unsparing the condemnations used. Up to date, neither the British Congress nor its worthy spokesman, the *Review*, has shown any indication of rescinding the action taken and the position assumed with regard to the gentleman about whom so mighty a strife has arisen. It would, therefore, appear that there remains between the great majority of English practitioners of homœopathy and their American *confrères*, a radical and serious difference of opinion on the merits of

this particular case. Is not an impartial glance at the case from both standpoints, made in a spirit of kindliness, worth while, therefore?

In taking that glance, let us earnestly endeavor to rid ourselves of what Dickens christened our Elijah Pogramism. Let us not begin with Mr. Pogram's assumption that America, right or wrong, is always right. Let us avoid his insistence that what is good enough for America is good enough for the world. While loyally holding to our right to make whatever standards we please for our own guidance, let us not assume that the world, in all its quarters, must be equally satisfied to abide by our standards, however these be at odds with their own. Only so can we arrive at anything like that broad-minded appreciation each of the other's position, which shall make possible agreement to disagree. And good-humored agreement to disagree seems, at present, altogether the most fortunate issue to be hoped for, in this very unfortunate international misunderstanding.

The position of the British Homœopathic Congress in this matter seems to us precisely analogous to that of a householder who declines to accept as a member of his household a gentleman who, had he come as a guest merely, would have been received with all gentle courtesy and good will. The simile is an every-day one; we should have no difficulty in grasping it. For instance, some one comes into our home as a guest, bearing letters of introduction from an esteemed mutual friend. As a guest we receive him, in all cordiality, on the strength of these letters alone; we never dream of questioning him as to his antecedents or present status; our friend's recommendation on these points is all-sufficient to secure welcome and entertainment for the candidate for our hospitality, so long as it may please him to remain with us. Exactly analagous to this is the attitude of our British *confrères* toward any American fellow-homœopathist coming to them as a guest. No questions are asked as to antecedent qualifications; enough that he comes from those whom the *Review*, with gracious courtesy, calls "not our cousins but our brethren"; he is welcomed with right English heartiness, made free of societies and hospitals, delight-

fully entertained. To this, hundreds of our practitioners can gratefully testify.

But now what of the case, when instead of seeking to come as a guest, someone seeks to come as a permanent inmate of our household? Seeks to make our life his life, to share our work, to help to make our history, to stand as an integral part of ourselves before a world which will judge us by him, in having accepted and standing sponsor for him and his doings, present and past? Is there no difference here? Are we still to accept him without question on the vouching of a mutual friend? We would do nothing of the sort. Nothing but the most rigid personal inquiry into his fitness to be one of ourselves would satisfy us, or would have any right to satisfy us. What though our friend pronounce him worthy and desirable? Our friend's standards may not be ours. We may not challenge them, we may not count him less our friend because they honestly satisfy him. But we distinctly refuse to have them foisted upon us as our standards; and when a newcomer seeks to be of ourselves, and identified with us, it is by our own standards and not those of our friend that we claim right to test his fitness and his congeniality. And if, finding that he does not conform to our standards, though he may to those of our friend, we thereupon decline him as a member of our household, our friend's good sense must see that we have but acted within our rights; unless indeed our friend be Mr. Elijah Pogram.

Precisely analogous again is our British *confrères'* position. The gentleman in so much question was not an American; he did not come among them as a guest from over the seas. He was an Englishman like themselves; like themselves a practitioner of England. Their right was therefore indisputable to demand of him, before welcoming him to attendance at their Congress, the qualifications which they have decided on as their standard for admission to the Congress. The fact that one American college or a dozen American colleges had pronounced him fit has nothing whatever to do with the case. To claim that it has, is to assert the right of American homœopathic colleges to set the standards of the world. That were, indeed, an odd assertion, when we are daily accepting, without any outcry at

all, the fact that American homœopathic colleges,—or American medical colleges of any therapeutic bias, for that matter!—are not recognized as deciding who is or is not fit to practise medicine in many influential American States! The leading medical college of America, allopathic or homœopathic, may pronounce by its degree, its conviction that such and such a gentleman is fit to practise medicine in New York or Illinois. Do the State governments of Illinois and New York accept this *pronunciamento* as all-sufficient, and welcome the gentlemen to practise within their borders? Not a bit of it. They smiling put his diploma by, and proceed to test his fitness by standards entirely of their own establishing. In a word they do exactly what our British brethren did, yet there is no cry of insult to the colleges that have issued degrees to the gentlemen undergoing examination. Why then this cry, in view of the attitude of our British *confrères* toward the gentleman of their own nationality, entirely familiar with their standards, and having for reasons of his own failed to comply with them? Can any broad-minded reasoner seriously claim, on mature consideration, that our British *confrères* owe us an apology for refusing to substitute our standards for their own, in the case of one of their own number? That is the question, and that is the only question. In a country whose chief boast is respect for the right to private opinion it would seem that there can be but one answer.

It is not a question as to which standards are the higher. It is only, we repeat, a question as to the right to different standards. By the standards of the time-honored old college that has figured in this controversy, thousands all over our country loyally and affectionately stand willing to abide. Its very name stands sponsor for the validity of those standards, and that name once mentioned in what at first statement, seemed a doubtful case, must make the case, from American standards, doubtful no longer. From AMERICAN standards: but there must not American judgment and dictation in justice end? Investigation has shown the case to be distinctly not one of a purchased diploma, but simply of a diploma granted on what to the majority of American practitioners, accepting in hearty

good faith the judgment of a representative American college, seems sufficient qualification. To the majority of British practitioners, investigating the case, (after the fashion of, say, the New York State government,) entirely on its own individual merits, these qualifications do not seem sufficient. Very well. Here is a difference of standard and of opinion. What, in reason remains, but to hold to our own opinion, and leave unquestioned to our British *confrères* the right to hold by theirs, and banish Mr. Elijah Pogram from our counsels forever with the — to him and to his ilk — paralyzing statement that America has advanced sufficiently, since Dickens' day, toward adult estate, to realize that there exist, and have a right to exist, standards other than American.

Thus would we summarize the mooted question. And in conclusion, we take great pleasure in presenting the following summary of it, from the British standpoint, lately given in the *Homœopathic Review*: "In thus taking up this position, our right-thinking American colleagues can take no offence. They ought rather to support us as aiding them to raise the standard of education and the value of the degree. *A fortiori*, when a diploma of M.D. is given by an American College in a large and influential city to a gentleman, a homœopathic chemist, whose sole medical training, besides private study, consisted in attendance at the Lectures on Materia Medica and on Practice of Medicine at the London School of Homœopathy, and who never left England at all, do our remarks as to professional intercourse apply. In England we must be careful as to the professional status of our practitioners, as there actually are ignorant people who have asked us once and again if homœopaths have had a proper training, and are legally qualified! And even such a usually well informed paper as the *Standard*, in a leading article in the issue of Nov. 23rd, says: 'There is certainly no indication that the Faculty are anxious to become members of a State Medical Establishment. Endowment might have its charms, but there is an uncomfortable sense that the livings would be very lean, and that a liberationist movement of homœopaths and faith-curers, of bone-setters and herbalists and hypnotists, would soon be at work in the effort to se-

cure equality with the possessors of orthodox diplomas and degrees.' When such gross statements as the above appear in a newspaper of the high position of the *Standard*, suggesting that homœopaths are not 'the possessors of orthodox diplomas and degrees,' we cannot afford to have stones thrown at us by sanctioning by our acts the professional status of those who, having no British diploma, have obtained an American M.D., on what, according to our laws, we take leave to consider insufficient medical training. We pen these remarks in order to make our position clear to our American colleagues, to offend whom we should be the very last."

EDITORIAL NOTES AND COMMENTS.

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IOWA AND A NEW HOSPITAL is the subject of a communication recently received from Dr. N. Emmons Paine, which seems to us of such interest and moment as well to merit the prominence of editorial setting. Dr. Paine says:

"The fight has broken out in Iowa. The members of our school have put on their armor and are now battling for a state homœopathic hospital for the insane.

It appears from the lately issued reports of the Independence and Mt. Pleasant Hospitals that they are overcrowded, and that another institution is needed. At present there are three hospitals in Iowa; one at Independence for the northeastern portion of the state, one at Mt. Pleasant for the southeastern, and one at Clarinda for the southwestern. The superintendents, Dr. Hill, of Independence and Dr. Gilman, of Mt. Pleasant, recommend, each one in the report of his own institution, that a new hospital be established in the northwestern portion of the state. One of them says the northwest is an unsettled part of the state (and a map shows that very plainly) but that it will not remain uninhabited, as the land is being taken rapidly.

It is greatly to the credit of our homœopathic brethren in Iowa, that they have already recognized the need of another hospital, and have taken the first steps toward obtaining control of it. There are enough of them, if they will work together,

to secure the prize. The last edition of *Polk's Medical and Surgical Register* contains the names of three hundred and five homœopathic physicians in that state. We gain much information from a letter written by A. P. Hanchett, M.D., President of the Hahnemann Medical Association of Iowa, on the first of December, 1893, in which he says, 'We are in the field. . . . Papers are in the hands of every physician of our school in the state, upon which the names of influential patrons are secured, petitioning the establishment of a homœopathic hospital for the insane in Iowa, and then, with this, we expect to do personal work among members.' The last of the sentence is very suggestive of success, if they will explain their wants, with their names, to the individual members of the legislature.

If our friends succeed, and it would be very remarkable if they did win the fight at the first charge, it will be a pity for their hospital to be located in a sparsely settled country. It would be most fortunate if they could select a site near a city like Des Moines, or near a homœopathic medical college, as at Iowa City. A hospital will be more influential, it will receive a larger number, and it will have more patients of the private class, if in the neighborhood of a large city. In addition, a hospital for the insane might be made of very great value to a medical college if in working distance of each other.

We send our Iowa fellow-workers our greeting and our wishes for their success."

A POINT FOR ANTI-VACCINISTS to ponder, is the fact that during the present mild and limited epidemic of smallpox in Boston, — less than forty cases in all having been, up to date, removed to the hospital, — of the cases proving fatal, not one patient had been vaccinated; while of the patients who had been vaccinated, not one has died. This is but a repetition of familiar history; yet it is well to chronicle and to dwell upon all such repetitions so long as there remains one opponent of the practice of vaccination. It seems incredible that in our day and time, and in face of all that vaccination has been shown to accomplish, such opposition should still exist. Yet its voice has been heard in our midst, since the outbreak of the disease among us, this present season.

One of the very limited number of good ends served by the anti-vaccination crusade wherever it is practised, is to make supporters of vaccination carefully guard against all the actual risks which may attend vaccination, and whose evils are so grossly exaggerated by the crusaders in question. Thus we cannot exercise too close supervision of what may be called wholesale vaccination, done under municipal direction; we must be sure it is not so roughly done in the matter of size and depth of incision as to cause unnecessarily painful consequences, —a result which has obtained rather too often, this year; also that no such mistaken and perilous economy as the employing of one point for several vaccinations is permitted. Whenever these things are done, the outcry of the anti-vaccinationists may resound to good purpose. But to discontinue the thrice-blessed and saving practice of vaccination itself in obedience to such outcry, would be like prohibiting the use of all edge tools, lest an occasional child should injure himself or his fellows by mishandling them.

A SUCCESSFUL AND SIGNIFICANT YEAR FOR THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL has been the one just closed. At the request of the GAZETTE, Dr. T. M. Strong, the Hospital's resident superintendent, has kindly furnished the following summary of the year's accomplishment:

"The year 1893 has been a memorable one in the history of the Hospital, and has clearly shown the wisdom of those who urged that we should build larger. The largest number of patients ever received marks its record of a total of 1,097 under treatment, or 308 more than in 1892. Deducting the out-patients and transfers, we have 1,031 admitted to and cared for within the Hospital. Of this number 169 were pay patients and 342 free patients. Of the free patients, 224 were from the city, and 118 from the state at large. The *per capita* cost has been $1.40 *per diem*, and the death rate 3.37%. The highest daily average of patients has been 101; the lowest, 57; the highest average of all inmates, 185; the lowest, 140. There have been 775 surgical patients with 812 operations, 276 more than in 1892; and 322 medical cases, 107 increase. The daily average census of free patients has been 31.3, and the Trustees

have planned to increase this number by furnishing two large wards not hitherto in use. The average cost of furnishing a bed in these wards will be $60., and any one donating such an amount may name a bed and have the name placed upon it.

The cost of maintenance for the Hospital, outside of several large repair accounts which have been incurred during the year, as the result of twenty years of wear and tear on the buildings, was $45,639.19; the receipts, $46,089.52. The latter amount includes $25,358.09 received from patients, $3,187 received from extra nursing and incidentals, and $17,150, drafts on the Treasurer to meet current expenses, leaving a balance of $450.33.

The increased facilities enable the Hospital to give prompt aid to the those acutely sick, which includes now medical cases as well as surgical. So far as possible physicians should refrain from urging the admittance of chronic cases, although there can be no dispute that these cases need treatment. The Hospital, however, is not designed for their care, and the Executive Committee have ordered that the three months' limit be strenuously enforced in the future."

An Amazing Instance of Command of Mind over Body was furnished by Hermann, the well-known necromancer, during his recent visit to Boston. In a personal chat with a physician, he mentioned that in the course of his investigations into hypnotism, auto-suggestion and other mental phenomena, he had acquired the power of suspending absolutely, at will, the pulsations of his own heart. Seeing, perhaps, a not unnatural expression of incredulity on the face of his interlocutor, Hermann held out his wrist. "Feel my pulse, Doctor!" It was found to be a strong and steady one. "When you are ready, Doctor, say to my pulse, — Stop!" — after a second or two of study of the pulse-rhythm, the physician said abruptly — "Stop!" — Instantly the pulse-beat ceased, absolutely and utterly; for a few seconds — naturally seeming a much longer time, — the great magician's wrist remained in the physician's grasp absolutely pulseless!

This is by no means the first exhibition by Hermann of a power even more interesting to scientists than his clever feats

of legerdemain are to the laity. That such control of what we are wont to regard as an absolutely involuntary function is possible, is a fact highly suggestive to the student of mental pathology or of mental therapeutics, pointing as it does to vast and unexplored fields in both these branches of study.

COMMUNICATIONS.

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"*IN DUBIIS LIBERTAS.*"

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

It is a maxim calling for no array of proofs and no display of logic that, in matters concerning which there is no unanimity of sentiment, no generally established belief, it is best for those concerned to have full freedom of choice as to ways and means of study and work.

It is best for two reasons; first, because such freedom belongs rightfully to each individual and, second, because it leads more effectually to discovery and improvement. Let it be understood I am speaking now of people and things in a republican country, where personal liberty is inborn and where governmental restraints upon it cannot be tolerated or excused except for the general good.

In the United States personal freedom was the original condition. It was in a measure surrendered necessarily in the creation of colonial government, and yet more in the formation of State government. When the several States formed a union and a constitution the act was ratified by the people, whose surrender of their personal liberties and State prerogatives was for purposes and to an extent clearly specified. At first, the legislative function was exercised in the acts of the individual, the object of the republican fathers being to have only so much government as necessary to protect the citizen where he could not protect himself, on every road and in every enterprise he might venture upon in the pursuit of health, pleasure or profit.

The evil effects of laws promulgated for the benefit of guilds, monopolies and favored teachings in science and religion, had been clearly seen in the countries of the old world. But the fathers are gone, and with them much of their tender regard for personal rights, and much of the sterling simplicity of government which was characteristic of the early days of the republic.

The thoughtful observer cannot fail to see and lament the wonderful activity of legislative machinery in this country, turning out laws, as it were, by steam and electricity, from year to

year. Each legislator seems to feel incumbent on him to urge bills for the prevention of every evil and accomplishment of every good under the sun. Individuals and lobbies crowd committee-rooms, urging the enactment of laws which they imagine beneficial to their personal or local or party interests. Fortunately nine-tenths of the bills introduced are consigned to the waste-basket, and many of those enacted into laws are set aside by the courts as unconstitutional, while many others, obnoxious to the people, are swept from the statute books or never enforced. But for the constitutions and the courts, placed between the legislatures and the people of this country, there would soon be left hardly a vestige of personal freedom. In almost every avenue of business and every pursuit of pleasure, in eating, sleeping, going and coming, we would be subjected to the inquisition and dictation of some authorized board.

Every theorist and bigot and fanatic, and every old fogy has his pet measure, his bill, to force something or prevent something, which if once enacted into a law, would make a "heaven on earth!"

Coming to the point aimed at in this writing, I call attention to what has been attempted by way of legislation in reference to the practice of medicine.

In the early days the healing art in America was carried on by men coming from the medical schools of Europe, and by such persons as had, from them or from books and by experience, learned how to care for the sick.

Till 1763 there was no medical school in America. The first was chiefly built by Dr. Benjamin Rush, aided by Benjamin Franklin and his liberal associates in Philadelphia. As might be expected, when such men began a system of medical training, it was on a plan and with a spirit high above political trammels and the dictation of medical guilds.

Dr. Rush, in an introductory to his course of lectures in 1803, speaking of obstacles to medical progress in times past, mentioned as one of the greatest,

"The interference of governments in prohibiting the use of certain remedies and enforcing the use of others by law."

He declared such a governmental policy,

"As hurtful to medicine as a similar practice, with respect to opinions, had been to the Christian religion."

And as another great obstacle he mentioned,

"The conferring of exclusive privileges upon bodies of physicians, and forbidding others of equal talents and knowledge, under severe penalties, from practicing medicine within certain districts of cities and countries."

And he characterized,

"Such institutions, however sanctioned by ancient charters and names, as the Bastilles of medical science."

But Dr. Rush had not been long in his grave when his medical school (University of Pennsylvania) actuated by a different spirit and desiring a monopoly in the education of medical students, prevented the chartering of another school in Philadelphia, and compelled the gentlemen composing its faculty to organize under the charter and take the name of a literary college in Western Pennsylvania (The Jefferson).

The selfishness and pride manifested in that case increased with passing years, and led others in college and society organizations to employ the arm of the civil power to prevent competition and put down innovations.

Boards of medical censors were asked for and obtained in several of the States, endowed with power to say who should practice the healing art and who should not. The court records in Massachusetts, New York, New Jersey, and I know not what other States, show cases in the first half of the present century, where prosecutions were pushed most vigorously against the followers of Samuel Thompson, Samuel Hahnemann and other medical reformers.

The fact finally became so plain to the people that the medical censorship was rather a false pretence, more destructive of personal liberty than promotive of medical progress and the public good, they swept it out of existence.

Medical freedom then reigned till after the great civil war. Surgeons returning to practice in civil fields, finding their old places filled, were impressed with an awful sense of the "great superabundance of doctors." In the journals articles often appeared showing how much greater the number of medical practitioners, in a given population, was in America than in Europe and how less educated. And yet, strange to say, it was never shown nor claimed that, with any particular form of disease, any epidemic like Asiatic cholera, the rate of mortality had been less, or the number of recoveries larger, in countries where the doctors were less plentiful and more educated than in America!

The fact is the army and navy surgeons were impressed with the idea that "examining boards" and plenty of official red-tape, endowed with civil power, would enable those already in the field to keep others out and so lessen competition, and prevent any new modes of healing that the people, in their simplicity, might desire!

The "examining board" fad struck those doctors most favorably whose estimates of themselves were a great deal higher than those put upon them in the communities where they were striving for clients. They circulated petitions "for the protec-

tion of the dear people" and "the elevation of the medical profession," asking legislatures to create boards of censors, etc.

Well, the persistent misrepresentation of the truth as to the "perfection of medical science" and the "great danger in allowing the people to judge of doctors for themselves," has led one State after another to adopt the political regulation method.

Where the homœopaths and eclectics had considerable influence and might prevent the desired legislation, a Trojan horse was introduced to them, in the shape of "places on the board," or some other measure of apparent friendly recognition.

In some cases, where the board idea took deep hold on the fresh subjects, it caused them actually to run far ahead of their leaders so as to secure three separate boards in place of one, much to the disgust of those who had seduced them from the ways of the fathers!

Already the original movers for the regulation of medical practice by special laws and boards and catechisms and red-tape, have lost interest in it; while the entire profession is becoming tired of the sham and show and annoyances of the business.

I confidently predict the time, not far off, when all such laws will, as before the war, be wiped from the statute books of the country. It cannot be that so palpable a violation of the rights of the citizen healer and the citizen sick can long go unchecked in this age of light and this country of freedom.

A great deal more remains to be discovered of the influences affecting man to make him sick, and of the agencies to be employed to make him well, before authoritative medical standards can be erected with which all healers of the sick can be rightly forced to conform or to quit.

The "*dubiis*" is yet vastly greater than the "*certis*," and the need of the "*libertas*" infinitely more pressing and necessary than the "*unitas*."

On with medical colleges, broaden the curriculum, lengthen the term, organize societies, keep up the ethical standard, have compulsory State medical registration, but in the name of all all that is fair and free and progressive, abstain from wielding the civil power to limit human study and human effort in behalf of the sick and the suffering!

MEDICAL SOCIETIES.

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

It has been an unsolved problem how to so conduct our medical societies that they may best meet the wishes and requirements of their members. Especially is this the case in large cities, where the profession has been divided up into a great

many specialties; some physicians devoting themselves to a single subject, while others seek to have a general knowledge of the entire ground covered by medical practitioners. Although the latter may in the end send his case to the specialist, yet he loses caste as well as patients if, on being called in, he sends a very considerable portion of his patrons to the specialist. To such a physician the society is of value just in proportion as it covers the entire medical field, while the specialist wishes to gain instruction, or air his own knowledge, in his particular branch. To do this he needs to meet with others equally interested and equally informed in his specialty. The question is how to make a society valuable to all these different members. If general subjects monopolize the consideration of the society, the specialists drop out; if the specialists, often the brightest among the members, present too frequently their subjects technically, the general practitioner wearies of it and says he can get as much of that as he wants by staying at home and reading the journals. It is not an easy thing to keep up continued interest in a society. It requires a vast amount of work. The ablest members need to be encouraged, solicited, and even strongly urged to present their best thoughts to the society, and the meeting must be made of sufficient interest that members may feel repaid for their time and trouble in attendance. To make the meeting an interesting one requires a great amount of work outside the time of meeting. This is apt to fall largely upon the secretary, and if he is a bright, wide-awake, agreeable, friendly person, who knows how to approach the other members in a pleasant way and secure their coöperation; if he has good judgment to bring real worth to the front and not allow the self-seeking, opinionated and wordy to secure undue prominence; if, moreover, he is full of resources, he may secure for each meeting a sufficient amount of interesting matter, and bring out a large attendance of its members. If the meetings are held frequently — say monthly, as in a city — it is a great drain upon the resources of any single individual to provide subjects of interest for tbese rapidly succeeding meetings; and the secretary is apt to tire of his work and pass it into the hands of another,. If this work is performed in a perfunctory manner, the character of the meetings is changed, the interest in the society gradually diminishes and the association practically becomes dead.

The plan which has been successfully adopted in the past year by the Boston Homœopathic Mecical Society seems to meet many of the difficulties. The society consists of about two hundred members, and holds its meetings on the first Thursday evening of each month, with the exception of July, August and September. This gives nine meetings in all. The officers of

the society are, a president, two vice-presidents, treasurer, general and provisional secretaries, and three censors. These form an executive committee of nine, to whom is entrusted the general arrangements of the meeting and business of the society, and such other matters as the society may expressly delegate to them. This committee holds regular meetings monthly, usually an hour before the time for the society meeting, at which is arranged the special business for that meeting, so as to present it in the clearest possible way to the society at the meeting which is to follow, and also to make general arrangements for the meeting of the succeeding month. The meeting of the society commences at a quarter before eight. The business, such as election of members, proposal of new members, and that pertaining to the general affairs of the society, is quickly dispatched, and pathological specimens, new surgical instruments and apparatus, and rare or interesting clinical cases can be presented to the meeting. Usually by eight o'clock or quarter past the meeting is turned over to one of the sections designated for that evening. The society is divided into nine of these sections, namely: pathology and therapeutics; materia medica; surgery; gynæcology and obstetrics; diseases of children; ophthalmology, otology and laryngology; mental and nervous diseases; electro-therapeutics; sanitary science and public health. Each of these sections has a chairman, a secretary and treasurer, who together form an executive committee for the section to arrange for its meetings, procure and decide upon such papers as may be presented at the meeting in connection with the general society, and to arrange for the exercises of that meeting. Every member of the society may select such section or sections as he feels a special interest in, or chooses to join. To each of these sections is assigned a particular evening for the session in connection with the general society, but they may hold as many or such other special sessions as their executive committee or the section may determine. Thus in materia medica there may be meetings for special work to meet either as committees by themselves, or in conjunction with the section, and thus be left perfectly free to do their work in the manner most congenial to them Thus these nine sections become practically nine separate and distinct societies, while some of the members may belong to several of these sections, and their best work, or that best suited for the general society, can be presented when the section meets with the society. By this means the specialists have not only opportunity of doing all the work they choose in their own sections, but they can also get some of the best from all the other sections. So far the result has been highly gratifying. The monthly

meeting, which before rarely exceeded an attendance of thirty, and sometimes not a third of that, has seldom been less than forty or fifty, and sometimes there have been as many as one hundred and twenty-five members present; while each meeting has seemed to rival the others in the effort to make it interesting and profitable. Of course a plan like this, however perfect theoretically, must depend for its success largely upon the ability and interest of its officers and the amount of work done to secure that interest. But if the responsibility is divided among several persons, and these selected for their fitness for the place, there is much less danger of failure than when it all rests in the hands of one or two persons.

Some of the details of the work, though perhaps not essential, are yet important in giving harmony to the whole. The officers of the society are naturally elected at the annual meeting which occurs in January. A meeting of the various sections was called last year soon after, to elect officers for each section for the year. This, of course, gave a very short time for the section first reporting, while the last one would have nearly a year of preparation. To obviate this it has been suggested that the officers of each section should be elected for the ensuing year at the time when this section meets with the society. This plan would give every one a full year for sectional work, and to prepare for the society meeting. Of course a single year is not sufficient to fully determine, but time will prove whether this method is of practical value in increasing the useful work of our medical societies.

A CASE OF HODGKINS' DISEASE.

BY H. H. BRALEY, M.D., CONCORD, MASS.

R. W., ten years old, brought to me by his father, May 1st, 1892, on his way home from Sabbath school. R. had been breathing rapidly for three weeks, being unable to hurry as he "got out of breath"; otherwise had been well, functions regular. Examination showed pulse, 100; temperature, 99.2°; respiration, 32–36. No cough. Left lung normal. Right lung, on auscultation, showed absence of respiratory sounds over region of nipple and at corresponding portion of back. Above this line sounds were clear; below, they were muffled as though at a distance. Percussion revealed dulness over region mentioned; above that line good resonance; below, fair.

I saw him daily after this, using the stethoscope and hammer at each visit, finding every day a rapidly increasing dulness eventually involving the whole lung area on the right side, and reaching absolute flatness, rendering unmistakable the diagnosis

of fluid in the pleural cavity. Yet he slept well and ate well, and was very cheerful, even wanting to lie on the affected side. About the third day of my calling, he developed a sharp, metallic cough; expectoration white, frothy, scanty, which could have been accounted for by the presence of moist râles in the left lung, although a similar cough appeared at regular intervals afterward, independent of any such lesion. On May 7th, Dr. C. was called in consultation, and we aspirated the fluid. Result, about three pints of serous fluid, little blood, no clots, no pus. Diagnosis, pleuritis with effusion. The possibility of tuberculous origin was spoken of at this time, but as there was no positive evidence of it, it was not mentioned to the parents. Prognosis guarded, but on the whole favorable.

He was tapped fourteen times at periods of six to eight days, the last time at the Massachusetts General Hospital, Aug. 2nd, the day before his death. The history of the operations and the intervals is almost a repetition. The fluid at each tapping, barring the last, of which I have no data, was just like that of the previous one. Of the intervals immediately after operation and for forty-eight hours, marked relief, good appetite, refreshing sleep, then increased frequency of respiration and pulse-beat, temperature varying little, loss of appetite, restless nights, and the hard, metallic cough spoken of above. As time went on, the periods of relief became briefer and those of suffering increased correspondingly. During the early part of June the axillary and inguinal glands upon the right side became enlarged and the right eyelid œdematous.

At this time the consulting physician and myself concurred in the diagnosis of tuberculosis of the pleura. About June 21st he developed arthritis in his left elbow; this yielded to treatment after four days. A little later on, rheumatic pain and stiffness in his neck, which disappeared in a day or two.

Until the middle of June he seemed to hold up well; from that time on his decline was slow but positive, barring the last week, during which he grew rapidly worse.

July 18th, Dr. M., of Chicago, was called in consultation; he concurred in the diagnosis. At this time the question of establishing permanent drainage was discussed. Dr. C. re-iterating his opinion as given me previously, absolutely against it, and Dr. M. agreeing with him. The prognosis given the parents at this time was positively unfavorable.

During the last week in July he was placed under the care of Dr. C., surgeon to Massachusetts General Hospital. He accepted the diagnosis of tuberculous pleura, and recommended the establishment of permanent drainage, giving a guarded prognosis, somewhat favorable as to results after a considerable

period of time should have elapsed. He was removed to the Massachusetts General Hospital, Saturday, the operation to take place the following Monday. I saw the patient at the hospital Monday morning, he had changed rapidly in appearance. The surgeon in charge of the patient in consultation with Dr. G., of the medical board of the same hospital, had changed his view as to the nature of the disease, and had agreed with Dr. G. upon the diagnosis of Hodgkins' disease, — Lympho Sarcoma. The patient was returned to his home where he died the following day.

By the consent and desire of the parents an autopsy was held the morning after death, Dr. G. being present.

Results. — Right lung completely atrophied. In the posterior mediastinum a mass as large as a good-sized fist involving the lymphatics encircling and pressing upon the larger vessels. Upon section this mass was hard and gristly, grating upon the knife. There were upon the parietal pleura several spots of like nature. The lymphatic glands in other regions showed little change, barring the messenteric glands; these were considerably enlarged; soft; color, pale cream; holding their shape; liver, spleen and kidneys enlarged, but otherwise not changed.

Therapeutic measures, internal; — bryonia, hepar. sulph., iodide of lime, iodide of arsenic, arsenic, topical, irritants, canvas jacket.

ERYTHEMA MULTIFORM FOLLOWING VACCINATION.

BY H. C. CLAPP, M.D., BOSTON.

Louisa W., a healthy girl of twelve years, was vaccinated for the first time in her life by one of the city vaccinators at the Franklin School-house on Dec. 28, 1893. For a few days, in about a week's time, she had the expected constitutional disturbance. When this was about over, on the morning of the tenth day after vaccination, appeared an eruption which quickly extended over the whole body and extremities, touching the face only lightly. On the eleventh day, when I was first called on account of the anxiety of the friends because of the strangeness of the eruption, there was no rise of temperature or pulse, or any symptoms whatever except more or less itching. I immediately returned home, got my camera, and took the photographs which accompany this paper. They lack only the intense coloring to give a very fair idea of the eruption. On this day a bright red, it turned on the next to a dull, rich purple, and gradually faded, disappearing altogether in one week. It came out in large, flat papules or elevated macules, some of



them having a depressed central area, which almost suggested umbilication, these spots gradually coalescing so as to form quite extensive and angry-looking patches. This was especially true on the legs, where the eruption was so thick that it was almost impossible to find intermediate patches of healthy skin to form a contrast. Pathologically, erythema multiforme or exsudaturum, as it is sometimes called, is not a variety of erythema simplex, such as often surrounds the vaccine vesicles, but is an entirely different disease.*

* References for eruptions following vaccination: — Radcliffe Crocker, page 323; Shoemaker, page 142; Durhing, page 74; Hyde, page 409; Robinson, page 113; Bulkley on Eczema, pages 87, 121, 158.

THE USE OF STATIC ELECTRICITY IN NEURASTHENIA.

BY WILLIAM L. JACKSON, M.D., BOSTON.

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

Mr. President and Members of the Massachusetts Homœopathic Medical Society: —

Neurasthenia, a disease which we have only recently begun to comprehend, is one which is very commonly met and which taxes the abilities of the physician to the utmost to relieve; and when we come to consider its treatment we find the methods as varied as the names applied to the disease. Although marked improvements have recently been made in this direction still we are all conscious of the great difficulties in the way of obtaining successful results, so that we are ready to welcome any plan which promises a cure or even the amelioration of any of the symptoms. In this paper I shall not attempt to enter into the etiology, diagnosis or symptomatology of neurasthenia, but shall limit myself to a discussion of the efficacy of the static current in this disease.

It is a singular fact that franklinization, — the first form of electricity used in medicine, — should have fallen into disuse and should have remained so long in oblivion until a comparatively recent date when it began to receive the attention it deserved. This change was due in part to improvements in the construction of the machines, but yet more to the demonstration of the usefulness of the static current by such men as Clemens of Germany, Sewanda of Austria, Charcot and Vigouroux at the Salpetrière in Paris, and Morton and Ranney in our country.

Many writers seem to consider that electricity cures only through its effects upon the imagination of the patient; which shows how little understood is this agent, so important in therapeutics. Acting on this supposition, they give it neither when

they should, nor as they should, for they either entrust it to the hands of the patients themselves or undertake to administer it without suitable preparation, theoretical or practical, and without any definite plan. If, as these men claim, it is only through the imagination that electricity cures, does it not seem strange that there should be such uniformity in the results when no other known method will act so favorably, and, moreover, when its effects are noticeable in improvement in conditions which lie outside the control of the will and must therefore be independent of the imagination?

I have had the pleasure of witnessing the methods followed by Vigouroux in his neurological clinic at the Salpetrière. The clinic was an enormous one, — every day over 200 persons were treated. The machine used was composed of several glass plates having a diameter of about 28 inches, although Vigouroux has sometimes used them as large as 38 inches. It is chiefly to the increased size of the plates that he ascribes the recent improvement in results. The plates are enclosed in a case of glass and iron tightly closed, and are revolved by means of an electric motor. The patients are ranged on an insulated bench so long as to allow eight persons to occupy it at the same time. An assistant goes in front of the row and applies an electrode to the parts which the patients indicate as being the seat of their sufferings. After passing down the line in front, he repeats the same process to their backs. It takes about fifteen minutes to make this round, during which time the patients are receiving a charge of electricity.

The essential peculiarities of the static current are its high potential, small quantity, and short duration. It is through its action on the nervous system that this form of electricity produces its satisfactory results. It acts as a regulator, stimulating those whose systems are depressed, to renewed activity, and soothing and quieting those who are excited. Some interesting facts in this connection have been noted at the New York Post-Graduate Medical School. At the clinic the temperature of patients was taken before and after the treatment. Where the temperature was subnormal, it was found to be raised from one-half to one degree, and in those cases where the temperature was above normal it was reduced by the treatment. Another effect of a course of electricity is the increase in the weight of the patient, amounting in one case to fifty pounds in the course of about six months. There is marked improvement in the appetite and repeated examinations of urine show an increase in the amount of the urea and a decrease in the quantity of uric acid. In some cases where the urine showed the presence of sugar or albumen, franklinization has caused a

cessation or a marked diminution in the amount of these substances secreted.

Some of the most brilliant results from franklinization have been obtained in the treatment of neurasthenia. The methods most effective in this disease are those usually employed with this kind of electricity. First and most important is the static insulation, or electric bath, as it is sometimes called. The patient is placed on an insulated stool connected with the negative pole, and is gradually charged and the whole system pervaded by negative electricity. The excess of the current passes off from the hair, skin and clothes of the patient to the surrounding media. This forms the basis and most important part of the treatment.

Second in importance comes the breeze, — the patient being insulated as before becomes the seat of a slow but continuous electrical discharge, which may be localized by means of exciters — that is, an electrode composed of metal or wood when brought within a few inches of the patient, not near enough to cause a spark, but to cause a cool feeling as of a draught of air. It gives a very agreeable sensation, produces a markedly sedative effect, and when directed to the head relieves very quickly that disagreeable sensation of tightness and stricture which is so often found in neurasthenia. A convenient way of making this application when it is desirable to prolong it, is to suspend a metallic crown over the head. The electrodes when brought near the patient always become positive.

Third, we have sparks. These are produced by approximating an electrode composed of a metallic ball within sparking distance of the patient, — that is, from one to three inches according to the power of your generator. This produces a spark which resembles a miniature lightning bolt and causes a sharp, prickling sensation as though a needle had been stuck into the skin. Its effect is to produce marked stimulation of the part to which it is applied; decided muscular contraction will take place if the spark is applied over a motor point or over the course of a motor nerve. No treatment is more efficacious in relieving the spinal pain of which patients so often complain; it is indicated especially in those cases of lax muscular fibre where atony is present or even a partial paresis of the muscles. The muscles of the abdomen are particularly prone to this condition, and a sluggish state results throughout the whole course of the digestive tract, giving rise to symptoms of dyspepsia and constipation. Applications over the abdomen affect not only the muscles of the parietes but of the intestines as well. The sparks cause general stimulation and relieve temporarily the disagreeable sense of exhaustion and muscular weakness. With

this end in view we draw them from the limbs and dorso-lumbar region. An eruption resembling urticaria is produced on delicate skins by these sparks, which may last several hours.

In certain cases where there is a good deal of neuralgia, especially of the face, much benefit may be obtained by applying a pointed electrode, either of wood or metal over the painful spot and about an inch from it. A fine spray or pencil of a purplish blue color is thrown off from the electrode and the patient experiences a warm tingling feeling. This method can be relied upon to give at least temporary relief even in severe cases of neuralgia.

Another form of administering the static current is electro-massage; which has given me very satisfactory results. It is applied by means of a metallic roller which is rolled over the trunk and limbs outside of the clothing. This produces a feeling of warmth and prickling due to the passage of innumerable little sparks through the clothing. It causes a considerable degree of counter-irritation, increasing very markedly the peripheral circulation and so relieving congestions especially of the spinal cord. In paraplegia of the lower extremities there is no more helpful treatment.

One advantage that static electricity has over faradism and galvanism is that it is not necessary to remove the patient's clothing, although the material of which it is made often affects the treatment, as for instance, we find that woolen offers the least resistance to the current, silk next, and cotton forms quite an obstacle.

The first treatment should not exceed ten minutes; and after carefully noting the susceptibility of the patient, its duration may be prolonged to fifteen or twenty minutes. It is usually best to begin with insulation followed by the breeze and ending with sparks to the affected regions and especially to the spine. There is a marked difference in the effects produced by the two poles. In cases of nervous excitement, sedation is produced by the use of negative insulation, and in anæmic, prostrated conditions, we stimulate the system by positive insulation.

The improvement at the beginning is usually prompt and marked, but there are apt to be relapses of which the patients should be forewarned lest they feel at first too much encouraged and then too much depressed by the return of the trouble. These recurrences are very apt to appear from time to time, but as we go on they come less often and are less severe, and, consequently, unless the treatment is followed out with perseverance and method the results will be unsatisfactory.

There are a few counter-indications for franklinization. Applications should be suspended during menstruation in women

subject to menorrhagia; nor should they be given in cases complicated by Basedow's disease, nor in patients past middle life having arthromatous arteries with slow and intermittent pulse and angina pectoris. It is not necessary to give up static electricity in other cases of heart disease, however, for these patients are benefited by it. The prognosis with this treatment is very favorable; provided all the conditions are satisfactory we may expect either positive cure or great alleviation of the symptoms in from one to four months.

Those cases of neurasthenia attended by depression and flatulent dyspepsia are the ones that yield quickest. But when the prominent symptoms are irritability, excitement, insomnia, we have a more difficult task, and the first improvement is slower to show itself.

The derangement of the various functions occurring during the course of this disease require no special treatment unless one is convinced that these various affections, as, for instance, dyspepsia, spermatorrhœa, laceration of the cervix, inflammation of the uterus or its appendages, act as a cause or increase the nervous trouble. If so, they must, of course, then receive special attention. But it is often found that many apparently serious complications will disappear as improvement in the nervous condition take place. If there is engorgement of the uterine organs it may be benefited by intra-uterine faradization; amenorrhœa and dysmenorrhœa due to hyperæsthesia of the uterine nerves, by static sparks to the lumbar and ovarian regions.

In constipation we get good results by drawing sparks as strong as possible from the left inguinal region. This may be supplemented by galvanism and faradism. A complication of hemorrhoids contra-indicates strong applications to the lumbar region.

A frequent complication in neurasthenia is a relaxed state of the abdominal walls, attended with an accumulation of gas, constipation, and tendency to visceral prolapsus. This exceedingly uncomfortable and disfiguring condition can be greatly relieved by electricity, either faradic, galvanic or franklinic.

Insomnia is one of the symptoms which have yielded remarkably well to the static insulation. Many patients have told me while they have been taking the static bath that they could hardly resist the desire for sleep and have said that this effect lasted through the rest of the day. It is desirable to make the treatment of short duration, not more than ten or twelve minutes. For some a static bath of ten minutes is exciting, although usually it has a sedative, calming effect; therefore one must test the susceptibility of the patient.

When sexual weakness seems to be a cause of the nervous

symptoms and is due to congestion of the spinal cord electric friction should be applied to the lower part of the body. If there is insufficiency of some portion of the genito-urinary organs faradization should be used, either percutaneous or urethral.

For seminal emissions electrical massage is beneficial. Sparks are contra-indicated. This condition is an extremely difficult one to relieve; but with static electricity we reach the best results.

BELLADONNA, IN ITS RELATION TO PROGRESSIVE MYOPIA AND ITS ATTENDANT SYMPTOMS.

BY J. H. PAYNE, M.D, BOSTON.

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

There is no remedy in our materia medica that is more often indicated in this malady, and that effects more beneficial results, than belladonna. The disease itself is caused by, or is accompanied by, an intense hyperæmia of the choroid coating, a bulging backwards of the fundus of the eye, even to a tearing away of the choroidal tissue from its attachment around the optic nerve at its point of entrance into the eyeball. It is also accompanied by an increase of the existing myopia in proportion to the amount of the bulging, and by a similarity of subjective symptoms. These latter, in which belladonna has shown its curative power, are well illustrated by the following case taken from my note-book.

Miss H. B. S., a young lady some twenty years of age, consulted me Oct. 30, 1891. She complained of whirling lights before her left eye; photophobia by all lights, but especially worse by artificial; a feeling of irritation and smarting of both eyes that is only relieved by closing them, and pressing upon and rubbing them; and a sensation of heat that was much relieved temporarily by cool water douching.

Opthalmoscopic examination revealed a disseminated choroiditis at the fundus of each eye, a detachment of the choroid around the optic disc (salerectasis posterior) giving the characteristic white crescent around the disc, and over-congested retinal and choroidal veins. She was highly myopic, and was wearing strong concave lenses for the same, that had to be changed from time to time to suit the increase of the near-sightedness, until she had almost to the limit of power possible to grind in glass. This might be in part a result of heredity, as her mother was affiicted by the same thing and was also wearing strong concave lenses, with much diminution of visual acuity. I did not change her glasses, but prescribed merely an addi-

tional pair of smoke tint to be worn over the others when in a brilliant light, and belladonna internally. As a result, the subjective symptoms I have mentioned have gradually disappeared so that she can now use her eyes, and can endure with perfect ease any ordinary light to which she may be exposed. The hyperæmia of the fundus is much less, and her myopia has ceased to increase in degree.

This is a typical case, and is selected from many that have yielded the same result under belladonna because of the uncomplicated nature of the local symptoms. Occasionally, I have found as a prominent symptom in addition to the others a sensation of enlargement of the eye-ball as though too large for its orbit, and this has subsided with the other symptoms.

In reviewing each of several cases, I have found that the special indications calling for the application of belladonna have been the appearance of small, restless lights, either flame-colored or red, before the vision; photophobia by all lights, especially by artificial; and a sensation of heat in the lids and eyeballs, relieved by cold water bathing. Add to this the existence of myopia that has a constant tendency to increase, and a congestion of blood to the head and face on stooping, and you will have the best of reasons to expect the most satisfactory results from the exhibition of the remedy of which I have spoken.

The value of belladonna, in such cases, has been recognized by the practitioners of old-school methods, but in the utilization of its mechanical effects only. Such cases are treated by them by frequent instillations of atropia sulph. in order to secure favorable results by dilatation of the pupil, and temporary paralysis of the ciliary muscle, and consequent rest to the contractions and dilatations of the same that drag too unduly on the choroid. Benefit undoubtedly has resulted from such efforts, though to not the same degree as have rewarded the internal administration of the remedy prepared by our homœopathic methods.

The query has arisen in my mind, as to whether the limited results attained by the local application of the drug, have not been fully as much due to the therapeutic action of it as to the mechanical. Certain it is, that our method of administration is much superior to the other, and that if the remedy is carefully selected according to indications I have cited, we may expect not only a subsidence of the subjective symptoms, but also an arrest of the increase of the myopia, in some cases even a diminution in the degree of it, and a restoration of the eyes to usefulness. On the other hand, should this pathological condition be allowed to progress unchecked, we may have reason to fear a hopeless loss of vision.

A CASE OF PERSISTENT HEADACHE DEPENDENT UPON CHRONIC MIDDLE-EAR SUPPURATION.

BY HOWARD P. BELLOWS, M.D., BOSTON.

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

Five years ago this fall a patient was referred to me by a colleague, to determine, if possible, whether a type of headache of unusual severity and persistency, to which she had long been subject, was in any way connected with a suppurative affection of the ear, which was also of many years' standing. The headaches had received patient and skilful treatment without apparent benefit, and as the doctor had noticed a certain relationship between the severity of the attacks and the aural discharges, it seemed wise to turn the attention for a time primarily to the aural affection.

The patient was a young lady, with clear and fair complexion, whose general health was apparently excellent, under no special strain of any sort, eating and sleeping normally, but afflicted at variable and sometimes short intervals with distressing frontal headaches. To follow her description upon one occasion, the whole head seemed full of pain, a steady pain without any throbbing, which seemed to centre during the first day in and about the right eye, changing its centre on the second day to the left orbital region, and upon the third day extending more generally over the entire head, but still worse immediately over the eyes. The head was not violently heated, nor were the feet very decidedly cold. The eyes presented no bloodshot appearance, but dark circles appeared beneath them, and the lids seemed to swell somewhat, with a feeling of heaviness. Sleep during the continuance of the headache became unusually heavy, and, curiously enough, the appetite and digestion were not in the slightest degree impaired at any time, nor was there any indication of either nausea or dizziness.

Questioned in regard to her ear, she stated that there had been a discharge from the right ear since childhood, and examination revealed a circular perforation in the anterior inferior quadrant of the drum-head, which occupied about one half the area of that quadrant. The discharge, which was usually not very abundant and of bland character, was subject at times to sudden increase when, for several minutes, an oozing of secretion became noticeable, and this was usually found to be of offensive character. These irregularly augmented discharges were followed by relief to the headaches. The throat and nose were found to be only in slight degree catarrhal, but there was a history of quite severe nasal catarrh in years previous. The ear upon the left side was found to be normal, and the hearing

very acute, the watch being heard distinctly at a distance of eight feet.

The patient was directed to keep the ear cleansed as perfectly as possible by the use of dry absorbent cotton, which she was taught to apply properly, immediately after blowing through the perforation by forcible expiration, the good ear being carefully protected from the effects of over-inflation. Several months of treatment by this simple mode of cleansing and by the use of internal remedies produced no result which was satisfactory to me, although the patient herself seemed to perceive improvement enough, both as to to the discharge and the headache, to induce her to continue under my care. Upon the 12th of March, 1889, however, I began the use of silicea, one grain of the sixth decimal trituration being given four times a day. The last measurement of the hearing distance recorded was then twelve inches for the watch, and increased by inflation to twenty inches. At the next visit, April 2nd, the ear seemed perfectly dry for the time and the patient blew easily through the perforation. The hearing distance was sixteen inches, becoming twenty-six inches after inflation. There had been but one headache since the previous visit. April 30th, the hearing distance was twenty-eight inches before, and thirty-one inches after inflation, and the discharge was evidently greatly diminished, but the most noticeable thing was a manifest tendency of the perforation to heal; it seemed to be scarcely more than one-half its original size. The silicea was continued night and morning, but it was directed that should the headache appear the remedy was to be discontined for the time and bell. 6x substituted, that having been previously used during the approach and continuance of headache. On June 3rd, the hearing distance was twenty-nine inches and the drum-head was still trying to repair itself, the perforation being smaller, while only occasional moisture remained of the discharge. One month later, on July 3d, my patient reported no moisture whatever since the previous visit, and the perforation could only be seen with difficulty, although the perforation sound was still distinct upon inflation. The hearing distance that day was twenty-seven inches. Silicea was continued, at night only, till thirty doses more should be taken. Oct, 15th, 1889, the patient made a final report, and the hearing distance was found to be thirty-six inches, the ear continued perfectly dry, no perforation was visible and the headaches had long ceased entirely.

Last month (Sept. 28th, '93) my patient called again after a lapse of nearly four years, during which time there had been no recurrence of the headaches and no trouble whatever with the ear. She came this time, however, with a rather doleful

story of another headache of three days' duration and with the old characteristics, followed by a single discharge from the ear, slight, yellow and offensive, and relief to the headache as of old. Two weeks then passed without trouble, when again the premonition of headache brought her to my office. Again I put her upon bell. 6x till the headache was relieved, and the following day she began another course of silicea. The drum-head is again perforated but no further discharge was apparent at the end of a week, and the hearing distance, which had fallen to fourteen inches, was already increased. I anticipate the same benefit from the silicea which was before experienced, and see in this latest development a confirmation of my view that the headache in this case is definitely associated with the middle-ear suppuration.

A DISEASE, A SYMPTOM, AND AN ACCIDENT.

BY A. E. PERKINS, M.D., SO. ASHBURNHAM, MASS.

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

Diffuse inflammation of the external auditory canal is comparatively a rare disease, occurring not nearly so frequently as inflammatory affections of the middle ear. It may occur as a primary disease, or may be a result of suppurative inflammation of the middle ear. As a primary affection its origin is nearly always local. The extremely bad habit of scraping the canal with hair-pins, tooth-picks, ear-spoons, etc., to remove wax causes many of the cases. Again the practice which many, indeed most lay people have, of dropping stimulating liniments or oils into the auditory canal to cure earache is very prone to set up a diffuse inflammatory process. Probably some cases have previously had an eczematous eruption of the lining skin of the canal, only requiring the proper, or improper, stimulation to develop an acute inflammation. I treated one case caused in a somewhat unusual way. A little girl was noticed holding a small flag close to the right ear "to decorate herself." In marching about, one end of the flag-staff was brought in contact with the walls of the room, and the end held next the ear was forced deeply into the canal, bruising and tearing the tissues in a sorry way. Another patient set up a very painful diffuse inflammation by putting chloroform and sweet oil in the ear to cure earache. Rarely a fungous growth, the aspergillus, may be a cause or an accompaniment of this disease.

When a patient gives a history of itching of the canal aggravated by irritating with some instrument, followed by almost continuous pain and a feeling of heat and fullness in the ear, we should at once examine the canal. If we then find the in-

tegument swollen and red, and possibly the membrana tympani slightly reddened, we may make a diagnosis of diffuse inflammation. Later, suppuration of the skin from many minute points will take place with a serous or sero-sanguinous discharge, quite copious, and very soon becoming purulent. The pain, which in these cases is oftentimes severe, will usually cease with the occurrence of the discharge. Should the suppuration go on, an unhealthy, indolent, granulating surface may result, the granulations assuming the appearance and character even of polypi. The discharge in prolonged or neglected cases will become very offensive. However, as a rule, the complete restoration of the health and functions of the tissues will follow proper treatment.

These cases may be distinguished from furuncles of the canal by the absence of a localized swelling. Inflation of the middle ear will tell us whether the diffuse inflammation be the result of suppurative inflammation of the tympanic cavity. If the primary disease be in the middle ear, of course we will hear the whistling sound of air passing a perforation in the drum membrane; and if the tissues are not swollen so as to forbid, by means of the speculum and proper illumination, we may find pus exuding from the ruptured membrane. Eczema of the canal is sometimes regarded as a modified form of diffuse inflammation, but is much less severe in character and presents much the same appearance as eczema anywhere else, with possibly the exception of a more rapid formation of pustules and scabbing in very large crusts.

In the way of treatment the first thing to do is to gently douche the ear with water as warm as can well be borne. Do not use a syringe unless it be a fountain. Use this several times daily for fifteen or twenty minutes at a time. The canal should always be carefully dried with absorbent cotton afterwards. A few drops of Magendie's solution or of a four per cent. solution of cocaine may be needed to quiet the pain. The water, however, will usually quiet the pain and will always relieve the congestion.

I will mention the application of a poultice to condemn it. Prof. Roosa says: "A poultice should never be applied to or on the ear for more than a few hours. They are almost as dangerous a remedy in aural as in ophthalmic practice, where they have caused the loss of many eyes." The old method of incising the canal is better left undone. When suppuration occurs the ear should be kept clean. This may be done by syringing, and by the use of absorbent cotton. The syringe should be used at least once daily. After thoroughly cleansing and drying the canal sprinkle in boracic acid in impalpable powder. If

there be excessive granulations they will usually disappear as soon as the parts are made and kept clean. Should the inflammation be caused or accompanied by a fungous growth, the following powder recommended by Prof. Chas. Burnett will be found to quickly arrest the growth.

℞. Chinoline Salicilate, . . 3ss.
Boracic Acid, ... 3viiss.

One or two instillations of the powder will usually be found to be sufficient. In some few cases it may be necessary to use some astringent solution to check the discharge; but not often. The indicated remedy must be given throughout the disease, but there is usually no trouble in applying the similimum.

The second division of the title, or the symptom, is inspissated cerumen. This is treated of many times as a disease, but is it a disease? Is it not an occurrence or symptom arising during the course of some other ear affection? The ceruminous glands are similar in structure to the sudoriferous glands, and are mostly located in the subcutaneous tissue of the cartilagenous part of the meatus. Only a very few are located in the inner half of the canal. Consequently, wax will ordinarily be found only in the outer half of the auditory canal. The narrowest part of the canal is the centre and its flow is higher there than at either end, while the skin is supplied with soft hairs growing outwardly. Prof. Randall, in Hare's System of Practical Therapeutics, states that "there is a remarkable activity of growth of the epidermis at the centre of the drum-head, which generally tends to shift the entire lining of the external ear outward." The movements of the lower jaw also tend to move whatever may be in the ear toward the external orifice. It would, therefore, seem that nature had pretty well provided for the outward passage of cerumen but not for the inward. If the orifice of the canal be narrowed by a growth or otherwise, the wax will accumulate. Ordinarily, it falls out in fine scales unnoticed by the individual. Anything which will cause an increased flow of blood to the ceruminous glands will cause an increased secretion for a time, but, later, there will be a reaction and a decrease of this secretion. So any inflammation of tympanum or canal will cause a derangement of this function. The air will absorb, and the increased heat will modify the amount of moisture in the wax, making it somewhat dry and hard. The skin, owing to the higher temperature, will lose some of its hairs, and the exfoliation of epidermal cells will occur more frequently. These hairs and cells will be incorporated, together with whatever dust may find its way into the canal, in the wax. Now if crude efforts for the removal of this hardened substance

are made, or if the patient uses a bit of sponge or the twisted end of a towel to cleanse the ear, the plug is simply driven farther in. Possibly, too, water will be used in overzealous attempts to cleanse the canal; and the cerumen by the absorption of some of this will simply increase in bulk. As the accumulation goes on, there will be more or less hardness of hearing and, perhaps, a sensation of fullness in the ear. If from some sudden jar or movement of the body this collection of hardened wax be driven against the membrana tympani, a physician's services will be wanted because of the sudden pain, vertigo, tinnitus aurium and loss of hearing. With the speculum we will now find a dark brown or almost black substance nearly or quite filling the diameter of the canal.

To remove this, a syringe, plenty of warm water, and a bowl held close against the side of the neck under the auricle, are the safest instruments to use. But these must not be used till the exact position of the wax be made out. If the diameter of the canal be completely filled, a passage should be carefully made along the upper portion of the mass by means of a delicate probe, or the wax may be softened by instilling a few drops of a solution of bicarbonate of soda grs. x to water ℥i, several times during the day. In using the syringe, the auricle should be gently pulled upward and backward to straighten the canal, and the stream of water directed along the upper surface to get behind the mass and force it out. The canal should be examined frequently that the procedure may be stopped as soon as the wax is removed. It is better to complete the removal at one sitting, because the wax by absorption of water will swell and the unpleasant symptoms remain. The patient should be told that sometimes dizziness and faintness result, and to give notice of the presence of these symptoms. Perfect relief of all symptoms will follow the removal of the impacted mass in some cases, in others the result will not be gratifying if the patient has been promised complete restoration of hearing.

Thomas Bryant, F.R.C.S., in his Practice of Surgery, says: "If, in the affected ear, a vibrating tuning-fork placed on one of the incisors or in the middle line of the vertex is not heard better than, or so well as, in the non-affected, you may expect some complication, and the mere removal of the cerumen will not probably be followed by much beneficial result to the deafness."

The accident is a foreign body in the ear. The only question is in regard to its removal. In these cases no harm can be done by "going slow." We must consider the anatomical peculiarities of the canal. "The tortuous form natural to the canal," says Prof. Randall in an article on "Corrosion in the Study of the Ear," (*Am. Journal of the Medical Sciences* of Jan. 1891),

"as shown in some specimens can be largely done away by drawing the auricle up and back; but the extreme obliquity of the drum membrane and the widening of the inner third of the canal to form a pocket close beside it, are anatomical facts too generally unknown. The cases are still numerous where grave injury is done by the surgeon in endeavoring to extract foreign bodies." It may be well to remember that the mere presence of a foreign body, unless it be an insect, will do no harm for a time at least. It is well known that substances have remained in the external ear for a long time, causing the patient no unpleasant symptoms. A case will illustrate this.

Mrs. S. called me on account of sudden deafness. Both ears were filled with a substance which was evidently wax. After syringing one ear for a little time a mass of yellowish fibre was discovered. On carefully grasping this with forceps and drawing it out, it was found to be an old pledget of cotton. Mrs. S. said, "I have not put any cotton in my ears since I had earache seven years ago." Next day the other ear was also found to contain its pledget of cotton. But this is not to encourage a do-nothing sort of practice. The ear should be examined to find and locate the invader. If it be an insect a few drops of oil or the vapor of chloroform will destroy it. If it be inanimate and the tissues are at all bruised or inflamed, it is best to wait till the inflammation subside. In the case of children, owing to the comparatively large extent of the cartilaginous part of the canal, a little movement of the front of the ear similar to that caused by the motions of the jaw in chewing, aided by gravity, will frequently be sufficient to dislodge a slightly impacted body. The best instrument is the syringe. It should be used in the same manner as for impacted cerumen. Any manipulation in the canal can always be better done under full illumination. If the body remain obstinately fixed it is probable that its long axis no longer corresponds to the largest diameter of the canal, and a careful manipulation by means of a small probe may change its relation and dislodge it. The use of the wire loop, curette or forceps should be limited, and no harm to the tissues done by these instruments. Sometimes a brush wet with glue and placed in contact with the intruder will adhere sufficiently to enable both to be drawn out together. If these measures all fail and urgent symptoms appear, the operation to detach the auricle and dissect out the cartilaginous portion of the canal, may be done. Then, the short, bony canal being laid bare, strong efforts at removal may be made. The pushing of the foreign body into the cavity of the tympanum is the great element of danger, and in the fatal cases reported, this has usually been the cause.

*THE EARLY CARE OF THE INFANT.**

BY ANNIE B. TAYLOR, M.D., E. SOMERVILLE, MASS.

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

This is a subject that seems rather neglected by the medical profession, when we consider that infancy and childhood are the most important periods of life, periods of greatest change and greatest functional activity, periods of rapid development both mentally and physically, most interesting to watch, periods when we have most sickness and the largest mortality. What is more helpless at birth than the infant, so dependent on care and watching for health and comfort! How important that the start on life's journey be under as favorable conditions as possible, with the infant's surroundings!

The child at birth. — How shall we care for it? Shall we wash and dress the baby at once?

Warm blanket at once for the baby. After tying the cord and seeing that the child is all right, wash out the eyes carefully; do not leave this to the nurse; it is important that it be well done to avoid sore eyes. Ophthalmia of infants is often due to carelessness or ignorance on part of attendants, to eyes not carefully washed, or to the use of soap. Avoid bright light, either sun or gas light, as baby's eyes are not strong; give a teaspoonful of cold water. I prefer that the child be rubbed with lard or olive oil, instead of washing at once, less danger of chill, less handling of child and easier to wash after being well oiled; less irritation to skin. Dress the cord, put on napkin, and if the child is very active, so that there is danger of getting uncovered, put on canton flannel nightdress, wrap in blanket and put in a warm place. Leave the child for hours before washing and dressing,

Each physician has his or her pet way of following out certain details, that give about the same results. We give directions to the nurse about the child; are we particular enough to ascertain that our directions are followed? I have found that most nurses will bear watching. They are fond of doing things their own way, fond of feeding baby or dosing baby, if at all troublesome. You may find they have given molasses and water, sugar and water, spirits of nitre, laudanum or something else, thus laying the foundation for colic, bowel trouble and many other ills, that with care might be avoided. It pays to keep watch of the baby and nurse, as well as the mother.

How shall the baby be dressed? I always advise the pro-

*We regret exceedingly that, by an inadvertence, the paper on "Essentials in the Early Care of the Infant," published in the October issue of the GAZETTE, was credited to Dr. Taylor. Its author is Dr. J. H. Sherman, of South Boston. Dr. Taylor's paper is published, herewith, with apologies to both authors.

spective mother about the infant's wardrobe. I like the "Mother Gertrude" or "Jenness-Miller" style of dressing the baby. It has many improvements over the old style of baby clothes. They are very simple, aim to clothe the whole body alike; to avoid all bands, are "princess" in style, shirt, skirt and dress after the same pattern, only varying in size and length, clothes all put on at once, thus not so much turning and handling of child in dressing. The only band is the one used in dressing the cord, this is without hem, more comfortable for the child. After the navel is healed, if it is cold weather, we may use the knit bandage for the bowels; this is loose, but keeps the bowels warm, and I believe is beneficial instead of injurious. I detest the old-fashioned way of dressing the baby, so many bands, so many pins needed, and that abominable "pinning blanket," relic of the dark ages. Certainly these little things have much to do with the comfort and welfare of the child. Some children have a very sensitive skin and cannot have flannel next to it. For these children, or for all children, the soft, sleazy canton flannel is very nice for little shirts, and for nightdresses too. I believe in undressing the child every night and putting on the soft warm canton flannel nightdress.

Young mothers need some one to tell them of all these things. Who can advise them better than their physician? It is our duty, as physicians, to instruct the young mother, as far as we can, about the care of the baby. Advise her to get some good book on the care of children. "Tokology" I have found a very valuable book for prospective mothers and to use also for children. So many diseases of infancy are brought on by the ignorance or carelessness of mother or nurse.

How soon shall we feed the baby? This depends upon the condition of mother and child. If a hard labor has obtained and the mother is exhausted, do not put the child to the breast for hours. If the child worries and seems hungry, usually a little warm water will satisfy and quiet him.

If the mother cannot nurse the baby, what food shall we use? What is the best for the baby? That depends upon the baby. We cannot decide without consulting the child, and sometimes it is necessary to have several consultations before arriving at a satisfactory decision. We cannot lay down any set rules about the food for infants. What agrees with one infant may not agree with another. To the question, "Is sterilized milk the best food for infants?" my answer would be, try it and see. It may be for one child and it may not be for another. You might as well ask the question, "Are baked beans the best food for man?" If they are, some of us object to living on them. So do some babies on sterilized milk, they will not take it, it does

not agree with them. We must try different kinds of food till we find what will nourish and agree with the child.

How often shall we feed the baby? Have regular times of feeding the child from the very first. The first two or three days the child seems to need less food; feeding every four hours seems to satisfy and keep the child quiet. After that, generally feed baby every two hours the first month and only twice through the night. After the first month, if possible, let the child go two and one-half hours between feeding, feeding twice at night. Insist on the nurse following out your directions. Impress upon the mind of the mother and nurse that it is best for the child, and you will have but little trouble with the child if you begin that way. You will have far more trouble with the nurse than with the child. She knows so much more than the physician and is determined to have her own way about this. I have been told more than once by the nurse that the doctors that they had nursed for before never interfered, no matter how they fed the baby; they had been nursing sixteen years and they ought to know when a child was hungry. I insist on my directions being followed, knowing how much better it will be for both child and mother to have regular hours for feeding, beginning from the very first.

Never forget that even a little baby may be thirsty as well as hungry. Have the nurse give the baby water every day or twice a day. Children, like plants, need water to make them grow. Many a child cries of thirst when food is given instead of water.

Think of the great mortality among infants. There must be a cause for this. Can we not in some measure lessen this mortality? Do we, as physicians, pay as much attention to each little stranger that comes under our care, as his frailty and helplessness demand? Should we not take the same interest in the child, as in the mother, and not leave him so much to the nurse to feed and dose, as she sees fit?

THE VOICE IN RELATION TO DISEASE.

BY D. G. WOODVINE, M.D., BOSTON.

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

The human voice is a wonderful instrument. No animal is blest with the gift of speech like unto that of man. It is a medium of communication between minds of the lower and higher intelligences. By it we make known our desires to our fellow men, and also learn what are their desires toward us. By means of it we express our wishes and needs to the highest order of intelligence.

The human voice, in a normal state, is a musical instrument, at once agreeable and most pleasing to the party listening, varying in tone to harmonize with the sentiment expressed. The human voice is capable of great modifications according to the will and physical capacity of the subject speaking. At one time expressing something of a funny and entertaining character, at another moment, or almost immediately following, the tone of voice may express something that is very serious and grave in character. The voice may express hilarity, fun, anger, distress, fear, exultation, success, and adversity. In fact the manner of expression through the human voice makes known as a usual thing the condition of mind and character of the person speaking. The speaker has it in his power to deceive by the tone of his voice the audience he is addressing; but a close observer will easily detect that he is a cheat. The human voice is dependent upon a variety of circumstances for its normal tone. The physical condition is all important. A trembling voice may indicate great weakness, and extreme debility may produce aphonia.

The lungs, heart, and chest sustain important relations to the voice. If the lungs are in a normal condition the vocal cords will be furnished with a steady supply of air. Natural breathing, that is, furnishing the system with an abundant supply of oxygen, is not sufficient for proper vocalization. There must be strength of lungs and chest capacity to sustain normal vocalization. In cases of organic disease of the heart there cannot be perfect vocalization, either in ordinary conversation or in singing. We think that it is a fact beyond dispute that it is absolutely essential to have a strong, healthy chest to produce a good clear musical tone of voice. So much for what there is below the larynx and its influence upon the voice.

Let us now consider what has to do with the voice above the larynx. There must be a normal condition of the mouth, pharynx and nose, in order to maintain the normal voice: and yet it would be a difficult thing to do, to find two or more voices precisely alike, yet within a certain limit or range there is a great similarity of tone and it is within this range that the tone is called normal.

The normal tone of the male voice in the young man and the young woman vary from each other, so much that the voice of the female can be easily detected by the ear without seeing the indvidual, and vice versa. A certain range of tone also belongs to the female as well as to the male, and this is what we call normal.

Associated with the normal range of voice for the adult, that it is between youth and extreme age, are certain physical condi-

tions which have to do with the variation of tone. These variations occurring within certain limitations, support or maintain the normal tone. When however, the physical condition of the person throws their voice out of the normal range, the voice may be termed abnormal.

It is quite surprising, that in the examination of large numbers of mouths and throats, there is presented a great variety of surroundings. There are large tongues and small ones. Tongues that are thick and thin, long and short. Tongues that are so loose that they can be easily protruded, which gives a better opportunity to examine the pharynx and larynx. There are tongues that are tied, or in which the frænum linguæ is strong, large, and short which makes it difficult to protrude the tongue and then an examination of the larynx is rendered difficult.

There are pharynges where the pillars of the fauces and the tonsils are very much hypertrophied; also the uvula very much elongated. There are throats where the pharyngeal walls are covered more or less with hypertrophied mucous follicles; where the mucous membrane behind the velum palati has adenoid growths, and where the pharyngeal tonsils are more or less hypertrophied. There are also conditions of the nose where the turbinated bones are hypertrophied. Where polypi develop and obstruct the nasal passages so that it is impossible to breathe through the nose; as a result the voice is seriously effected. The person is obliged to go about with the mouth open more or less to supply the lungs with sufficient air. This gives the patient thus afflicted a simple and awkward appearance and to the voice a peculiar nasal tone. The mouth from its constant exposure to the air becomes very dry and parched during the night and to a greater or less extent during the day. This condition, that is where the several abnormal enlargements occur simultaneously, gives rise to a very disturbed and restless condition of the patient at night, especially as many thus afflicted breathe through the mouth with difficulty; especially where there are hypertrophied tonsils and a similar condition of the turbinated bones. The patient seems to pant for breath and will apparently stop breathing for several moments, meantime toss about on the bed until he finally is awakened by these involuntary physical efforts; then almost immediately falls to sleep again only to repeat the same phenomena. It is a fact that persons, especially children, who are thus affected not only suffer from a suffocating feeling, but are greatly inconvenienced, by not being able to speak plainly, and if at school shrink from public work or exercises because they are so frequently misunderstood that they are discouraged and embarrassed.

The sense of hearing has very much to do with the quality of the voice. The voice of mutes who have been taught to speak by studying the movements of the lips is a good illustration of what we are attempting to explain. The mute thus conversing with one who is able to hear talks in a monotonous tone of voice. The person can be understood fairly well; but there is nothing attractive or entertaining about it. The person who is only partially deaf shows to some extent the defect in the quality of expression. There is a tendency as the deafness increases to fail in pitching the voice properly and to recognize the change of expression which is necessary to correspond to sentiment.

The mind has important relation to vocalization. There must from neccessity be a normal condition of mind to give proper expression to the voice, in other words a person must be sane to produce normal expression. The voice in extreme in fancy and childhood bears important relations to the diseases of that period, and also to the welfare of the child. A few words on the development of voice may add interest to our subject. The new born babe comes into the world with a hearty cry which is always pleasing to the physician, who considers it good evidence of health. The following is practically the infant's language, "Here I am, feed me." For a limited period this is all the language the child possesses. If the child be hungry, cold, suffering from pain or abuse, it cries, and this is its only source of protection. The new born infant knows no difference between a mild or harsh expression; between the report of a pistol, the boom of a cannon, or the blast of a trumpet. They are all the same to the new born infant. If a practical test be applied a month later, there will be evidence of advance in the developmental process which leads to perfect vocalization. In the space of one short month the child recognizes the difference between a kind word or a harsh one. The senses or avenues through which development and modification occur have much to do with the culture of the voice. We recognize in the child a change in the character of the cry, long before it has learned to speak words. There is a peculiar expressive cry of the child for food when it is hungry. When the child cries from pain, the cry is accompanied with a flood of tears. When the cry is the result of anger we do not see many tears; but we hear a spiteful cry, accompanied with kicks and blows. All these phenomena show how much the five senses and the mind have to do with the development of the human voice. Much might be said in regard to the complicated structure of the vocal organs of the human subject in comparison with those of the lower animals in regard to their adaptability to ultimate vocalization; but this is not essential to sustain the object of this paper.

The voice and cough of the child will very quickly inform the observing parent, and especially the physician, that croup, diphtheria, or bronchitis are developing, if not already established. The voice from its peculiar character, to say nothing about the general appearance of the patient, will frequently suggest to the physician, phthisis pulmonalis. Hypertrophic catarrh produces such an effect upon the voice by producing nasal sounds as to suggest a careful examination of the nose anteriorly and posteriorly. A similar effect is produced by adenoids or hypertrophied tonsils. The proper use of the voice is important in regard to the preservation of the general health, as well as regards the production of throat trouble and thus permanent injury to vocalization.

There is a class of persons in all cities and large towns who suffer from hoarseness and roughness of the voice and sometimes aphonia from straining and overtaxing the voice. These persons are known as those who hawk their goods through the streets from door to door. Public speakers are another class who suffer from throat affections of a chronic character. The person who in addressing an audience confines himself to close reading from manuscript or print, puts himself in an unnatural position and cannot speak with ease and comfort to himself, nor with the best results to the audience.

In order to speak in an interesting manner to an audience, the speaker must have his face where he can be seen, and his manuscript must be if possible out of sight. The physical conditions embarrass the vocal organs. The head is necessarily thrown forward, the chin dropped, the thyroid cartilage cramped upon the cricoid cartilage, the arytenoids are thrown forward and the vocal cords are either relaxed to a certain extent, or thrown out of normal position, which gives rise during phonation to an unnatural tone. The voice under such circumstances soon becomes hoarse and the throat dry, necessitating the use of water or some liquid to moisten the throat. We do not intend to convey the impression that all public readers are thus afflicted; because there are those who have their subjects so thoroughly in mind that they speak without much embarrassment to vocalization, because they are not as closely confined to their notes. What we desire to make apparent is that the continual practice of preachers and public lecturers, who confine themselves to manuscript reading, will sooner or later lead to laryngitis. The voice will after a time lose its natural sweetness and musical qualities or in other words will lose its pleasing tones, and there will be roughness, hoarseness and frequent attacks of aphonia. This condition, when developed to an advanced condition, will attract the attention of the public and become a source of un-

pleasant questionings; but by the family physician it should be detected early, and means instituted to prevent such a development. The true stand for educators, and those who intend to become public speakers, is to be so thoroughly prepared by previous instruction and training that they will be able to think while on their feet before an audience. Under such circumstances the speaker elevates his head, which gives freedom of action to the vocal organs. The vocal organs have an opportunity to act without embarrassment. In fact they thus act in normal manner.

The fact is that the expression of the face, the close attention, or lack of interest of the audience, becomes a positive indication for the speaker to change or modify his methods, or to be thus inspired to hold his audience spell bound. There, is however, danger even to the extemporaneous speaker in a too violent or harsh manner of speaking. The effect of the extemporaneous speaker may be such as to move his audience to give applause, and thus he may become inspired to think more efficiently and rise to higher strains of eloquence. The most natural result of such influences is to produce in the speaker an elevated tone of voice, a pitch altogether too high to be sustained with ease or comfort, and which ultimately must result in great strain to the vocal organs and very imperfect vocalization. A voice under such circumstances will very soon become permanently injured.

There is also another class of cases which we shall meet more or less in the course of practice. I refer now to those of a nervous character in which the physician is likely to be deceived. Nervous aphonia is most likely to throw the physician off his guard. The writer had the following experience with a case of nervous aphonia. The patient was sent by a friend for examination. She had not spoken a loud word for about three months. She considered herself hardly able to whisper, and in fact at her second visit she offered her questions in writing, as she considered herself unable even to whisper. An examination of the larynx with the laryngscope revealed the vocal organs to be in a perfect state of health. A plain talk with this patient, explaining the enervated state of the nervous system, and pointing out the danger attending the non-use of the vocal organs induced the patient to at once resume talking. The mind here was evidently the location of the cause of the aphonia. Had this case fallen into the hands of what is called a Christian scientist, it would have proved a great advertising card for them.

Another case of peculiar interest is one speaking in the upper register or what is sometimes called a falsetto tone of voice. I have had two or three such cases during the last

year, but one will do for illustration. This was one of five years' standing, or having existed since the age of puberty. The effect of this was to seclude the patient from society. He declared to me that he would go a mile out of his way rather than meet a stranger. This case was cured in two months by homœopathic remedies and massage of the larynx.

Another case of unusual interest of a nervous character was in a lady who spoke on inhalation, or only while she was inspiring. I will read a line or two to explain the manner of speaking. As you will perceive this is in a very harsh and unpleasant manner of speaking, not only to the patient but also to the listener. This patient had suffered from two attacks with an interval of several years between, and recovered from both attacks. We believe that the significance of the human voice in the detection of disease is of sufficient importance to demand our attention and careful study.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday, Jan. 4, 1894, at 7 o'clock.

The President and Vice-Presidents being absent, the meeting was called to order by the Secretary and Dr. George S. Adams was chosen chairman. Upon the motion of the Secretary the reading of the records of the previous meeting was omitted.

The following physicians having been recommended by the Board of Censors, were elected to membership. Homer Clark, M.D., of Wollaston, and Prof. John A. Rockwell as a corresponding member.

The reports of the Secretary and Treasurer were read and accepted.

The following officers were elected for the ensuing year: President, William L. Jackson, M.D.; Vice-Presidents, A. Howard Powers, M.D., Mary E. Mosher, M.D.; Recording Secretary, J. Emmons Briggs, M.D.; Provisional Secretary, F. P. Batchelder, M.D.; Treasurer, Maurice W. Turner, M.D.; Censors, I. T. Talbot, M.D., Emily A. Bruce, M.D., Wm. J. Winn, M.D.

SCIENTIFIC SESSION — SECTION OF SANITARY SCIENCE AND PUCLIC HEALTH.

I. T. Talbot, M.D, Chairman; J. Heber Smith, M.D., Secretary; D. G. Woodvine, M.D., Treasurer.

The Chairman, Dr. I. T. Talbot, being absent, the section was presided over by Dr. J. Heber Smith, who, after a few

words in which he told the society of the work of the section during the past year, introduced the speaker of the evening, Prof. W. T. Sedgwick of the State Board of Health.

Prof. Sedgwick delivered a lecture upon "Recent Investigations upon the Purification of Public Water Supplies," illustrated by the stereopticon. He spoke especially concerning the water supplies of our large cities and compared them with those of several of the large European cities. He showed by statistics the great dimunition in the death rate from typhoid fever in several cities of the Old World, notably Berlin and Vienna, since the improvement in their water supplies. He then described the special work as conducted by our State Board of Health for the purification of the water supply in the cities bordering on the Merrimac River.

He spoke of the filtering beds at Lawrence which from the lowest layer up are graduated from coarse gravel to a very fine sand, with which the surface is covered to a considerable depth. Sewage matter poured upon this bed filters perfectly clear, losing in its transit myriads of bacteria. Samples of sewage matter thus filtered have been proven to lose 98 to 100 per cent of bacteria.

This method of sand filtration is employed in London, Berlin, and some other European cities. "But to our own State Board of Health is due most of our scientific knowledge of the absorption of harmful bacteria by sand and gravel; what materials make the best agents for this purpose, how best to construct sand beds, and the exact manner in which the absorption is carried on."

Immediately after the lecture, the Society adjourned to the Physiological Laboratory where a social meeting with music and refreshments was held.

J. EMMONS BRIGGS, M.D., *Secretary.*

The Secretary's Report above referred to is herewith appended.

SECRETARY'S REPORT.

The past year has been one of unprecedented prosperity for this Society.

The different sections have each reported at a public meeting. The members have shown an augmented interest in the meetings of the Society, as demonstrated by an increased attendance. This is probably in a large measure due to the work of the individual sections.

The largest attendance was at the November meeting when the Materia Medica Section reported, and 103 were present.

Actual membership Jan. 18, 1893, 181; new members re-

ceived during the year, 40; — total members, 221; resignations, 3; membership, Jan. 4, 1894, 218.

The Society has held 9 regular and 2 special meetings. At these meetings the following papers have been presented; "Two Cases of Mania," George S. Adams, M.D.; "Oxaluric Neuroses," E. P. Colby, M.D.; "Neurasthenia," E. B. Cahill, M.D.; Neuro-Memesis," F. C. Richardson, M.D.; "Cases of Hysteria," E. A. Bruce, M.D.; "Two Cases of Epilepsy," Clara E. Gary, M.D.; "What has Homœopathy done for Gynæcology?" George R. Southwick, M.D.; "Cimicifuga in Pregnancy," I. T. Talbot, M.D.; "What has Homœopathy done for Obstetrics?" H. E. Spalding, M.D.; Remedies in Pregnancy and Labor," Helen S. Childs, M.D.; "Etiology and Pathology of Appendicitis," W. T. Talbot; "Appendicitis with Report of Cases," J. W. Hayward; "Deductions from Personal Experience in the Treatment of Appendicitis," N. W. Emerson, M.D.; Varicocele and Its Surgical Treatment," W. S. Smith, M.D.; "Asepsis and Antisepsis," James Krauss, M.D.; "Dilatation of Cervix Uteri," Carl Crisand, M.D.; "Medical Therapeutics in Surgery," I. T. Talbot, M.D.; "Etiology of Pneumonia," W. T. Talbot, M.D.; "Micrococcus of Pneumonia," Mr. F. F. Strong; "Peculiarities of Pneumonia in Young Children," Charles Sturtevant, M.D.; "Pneumonia followed by Empyema," A. M. Selee, M.D.; "Iodine in Pneumonia," S. Calderwood, M.D.; "Diet in Pneumonia," F. A. Davis, M.D.; "Embolic Pneumonia Preceded by Fracture of the Tibia and Heart Clot. Recovery. H. C. Clapp, M.D.; "Convulsions," M. W. Turner, M.D.; "Dietetic and Other Adjuvant Treatment of Acute Entero-Colitis in Children," G. B. Rice, M.D.; "Electricity in Dysmenorrhœa;" E. B. Cahill, M.D.; "Electricity in Chronic Metritis," Clara E. Gary, M.D.; "Static Electricity in Neurasthenia," W. L. Jackson, M.D.; "Treatment of Insomnia by Electricity," E. A. Bruce, M.D.;" "The Homœopathic Law and Method of Dosage as Applied by the Standard Authorities upon Materia Medica in the Regular School," James R. Cocke, M.D.; "Study of Bromine," J. Heber Smith, M.D.; "Specifics and the Materia Medica," Richard Hughes, M.D.; "Arsenic in Fatty Degeneration of the Heart," H. C. Clapp, M.D.; "Some of the Nervous Effects of Arsenic," E. P. Colby, M.D.; "Analysis of Symptoms of Arsenic Pertaining to the Skin," John L. Coffin, M.D.; "Belladonna in Its Relation to Progressive Myopia, etc." John H. Payne, M.D.; "The Aural Symptoms of Mezereum," A. P. Bellows, M.D.; "A Materia Medica Museum and Its Uses," W. T. Talbot, M.D.; "Hetrophoria or Insufficiency of the Ocular Muscles," L. H. Kimball, M.D.; "Catarrh of the Middle Ear," I. B. Hines, M.D.; "Constriction of the Œsopha-

gus," D. G. Woodvine, M.D.; "Differential Diagnosis of Acute Catarrhal Conjunctivitis and Plastic Iritis," G. A. Suffa, M.D.; "Chromic Acid and Bi-Chromate of Potash in Aural, Nasal and Pharyngeal Disease," S. A. Sylvester, M.D.; "Asthma as a Symptom of Nasal Disease," G. B. Rice, M.D.; "Treatment of Diphtheritis," James Krauss, M.D.

The first special meeting, Feb. 16, 1893, was called for the purpose of electing officers for the various sections.

The second on July 26, 1893, to consider "The Relation of Homœopathic Physicians of Boston to the City Hospital." At this meeting a committee composed of 34 members of the Society was chosen to present to the Trustees of Boston City Hospital, a petition stating that provision ought to be made, whereby patients admitted to said Hospital should have homœopathic treatment if they so desire.

REVIEWS AND NOTICES OF BOOKS.

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A System of Genito-Urinary Diseases, Syphilology and Dermatology. Edited by Prince A. Morrow, M.D. Vol. II. New York: D. Appleton & Co. 917 pp.

An exceedingly complete and graphic view of the very important subject of syphilis is here given to the profession, the entire second volume of this admirable and encyclopædic work being given up to the consideration of it. All branches of the subject are fully and separately discussed, each by a writer competent to speak authoritatively. Thus Dr. Jas. Nevins Hyde writes on the History, General Pathology, etc., of Syphilis; Dr. John Fordyce on its Etiology; Dr. Prince A. Morrow on Syphiloderma; Dr. F. R. Sturgis on Hereditary Spyhilis; and so down a highly interesting list. A point of special significance, just now, is found in the paragraph in Dr. Bulkley's article which treats of the transmission of syphilis by vaccination, which he warns us may be done by using a lancet soiled with the blood of a syphilitic; by moistening the vaccine point with saliva; and in other ways, against all of which the operator cannot too carefully guard. Dr. Samuel Treat Armstrong has a valuable paper on Syphilis in Relation to Public Health. Among its especially interesting statistics are those on the rate of syphilitic men to sound ones, in the American army and navy; showing the disease to be much commoner in the navy than in the army; and comparative statistics which show that in the British army in India, the disease is, especially of late years, prevalent to a horrifying extent. Thus, in 1889, in the American army, the ratio, per thousand, of men admitted to

hospital for treatment of primary syphilis was 7.9; for the same year, the ratio per thousand of men in the Anglo-Indian service 134.3!

What the editor calls "the vast complexus of the pathological relations of syphilis" is very fully dealt with; tracing the influence of the syphilitic poison in diseased conditions apparently remote from such an origin.

The appearance of the third and concluding volume of the work will be eagerly anticipated. The two volumes already issued are invaluable additions to our store of accurate information and helpful suggestion on a subject of vital bearing on public health.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY. Edited by J. M. Baldy, M.D. Phila.: W. B. Saunders. 713 pp.

This is a text-book written by American authors, all of them specialists in the field it covers. It is especially intended for American students; setting forth, as it does, the methods of procedure in gynecology most in vogue in their own country. Its aim is immediate practicality; and this it well accomplishes. For instance anatomical teaching is done, so far as possible, by means of illustrations; the text on this point being as condensed as possible; and abundant illustration, largely from original photographs, facilitates the understanding of the surgical procedures recommended. Gynecology is considered from the standpoint both of the physician and of the surgeon. The chapter on the technique of gynecological operations is a very interesting one; giving in detail, the preparation of the patient, the arrangement of the operating room, antiseptic precautionary measures, and the like. After-treatment passed over but lightly in many works on this subject, here receives very full consideration. With many of the therapeutic measures recommended, the homœopathist does not, of course, find himself in accord; but the suggestions on diet and general hygienic treatment are of universal value. The volume is offered in very handsome shape. Among the contributors to it, are Drs. H. T. Byford, William Goodell, Howard A. Kelley, and Wm. R. Pryor.

THE STUDENT'S DICTIONARY OF MEDICINE. By Alexander Duane, M.D. Phila.: Lea Bros. & Co. 650 pp.

Dr. Duane's dictionary has been put together with excellent and painstaking common sense. It is compact, accurate, practical and modern to a degree. He has, with scant ceremony, cast out very many terms, long obsolete, yet retained in most medical dictionaries, "and to be encountered nowhere else," as Dr. Duane remarks with pleasant irony, and thus has made

room for innumerable new terms, and for very full definitions of important ones. Some of the definitions are, indeed, almost encyclopædic in fulness; thus, under each drug, is given an account of its action and uses, and of all the preparations of it official in the latest editions of the pharmacopœias of Great Britian, Germany and the United States. In every case, the etymology of the term under consideration is fully and clearly given, the most useful aid to intelligent memorizing of its definition. Pronunciation is given according to latest usage, both analogy and formerly accepted authority being occasionally sacrificed to this end. All Latin terms are given their English pronunciation, the exception being the insertion of the alternative pronunciation of the affix —*i*tis as —*ee*tis, the latter form being just now in such popular repute. The definitions are concise, graphic and unbiased, a noteworthy instance of the latter quality being the brief but altogether honest definition of homœopathy.

The book is admirably gotten up, the type being refreshingly clear and excellent. Altogether the new candidate for the favor of medical students well deserves to rank with the best works in its chosen field.

A Clinical Text-Book of Medical Diagnosis. By Oswald Vierordt, M.D. Translated by Francis H. Stuart, A.M., M.D. Third Edition. Phila.: W. B. Saunders. 700 pp.

It is not a follower of Hahnemann who, in the preface to this volume, writes . . "The manifold labors with the microscope and in the laboratory ought not to permit the physician to forget that a preparation or a chemical reaction is not enough for a diagnosis, but that the whole organism must always be brought under consideration. In other words, in diagnosis as well as therapeutics, this rule is imperative, we must *individualize* the case. Should this book to any extent antagonize the inclination of our time to theorizing, it would afford me especial satisfaction." But that principles so far in accord with the teachings of Hahnemann and the methods of his followers, should find place in an old-school text-book, and that the text-book should become so popular as speedily to reach a third edition, affords encouraging evidence that "the world does move." Dr. Vierordt's attitude is much that of the late Dr. Milner Fothergill, namely that alertness and trained observation on the part of the would-be diagnostician are worth much store of theoretical knowledge. It might be Dr. Fothergill himself who says: "Beside availing ourselves of the constantly-increasing finer methods of diagnosis, this simple use of the senses, especially of the unaided eye, must not be forgotten."

As might be expected from an author thus minded, the text-book is eminently modern and practical. The chapters on general examination are especially valuable; the suggestions for obtaining the physical condition of the patient, for securing his previous history, for understanding the bearing of his general habits of life and his daily occupation, upon the symptoms which he exhibits, all are original and highly suggestive. The methods of examination for special diseases are carefully outlined. The book is abundantly and helpfully illustrated.

ESSENTIALS OF THE PRACTICE OF MEDICINE. By Henry Morris, M.D. Phila.: W. B. Saunders.

That this attempt at the highly difficult task of condensing into a limited number of questions and answers, all the essential facts in the limitless field of medical practice, has been in the popular acceptance, successful, is evidenced by Dr. Morris' "Compend" reaching its third edition in three years. In the present issue, nearly three hundred new formulæ appear, from which it would appear that our brethren of the old school are not to be discouraged by past unsuccesses from enthusiastic new experiment. To graduates as well as undergraduates, to physicians of all schools, the instantly obtainable information as to matters of diagnosis, adjuvant treatment and the like, should popularize the thoughtfully-prepared little work.

The January CENTURY contains, among other contributions of noteworthy interest, a paper by Robbé, on "Life in a Lighthouse"; a powerful poem by Laura E. Richardson, on "The Convict Women of Port Blair"; "Personal Studies of Indian Life," by Alice Fletcher; and a brilliant group of short tales by Kate Chapin and others. New York: The Century Co.

Among the more significant articles in the POPULAR SCIENCE MONTHLY for January, are M. Féré's paper on "Speech for Deaf Children"; Frank Cramer's "Logical Method in Biology"; and M. T. Bergeron's "Logical Preventives of Alcoholism." New York: D. Appleton & Co.

The complete novel in the February number of LIPPINCOTT'S MAGAZINE is "The Picture of Las Cruces," by Christian Reid. The scene is laid in Mexico. Gilbert Parker's serial story, "The Trespasser" reaches its sixth chapter. Champion Bissell contributes a careful and interesting "Study of Pawnbrokers." Alice Wellington Rollins writes on "The Science and the Art of Dramatic Expression." In "Talks with the Trade," the question, "Have Young Writers a Chance?" is discussed. The poetry of the number is by Frank Dempster Sherman and others. Phila.: J. B. Lippincott Co.

MISCELLANY.

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THE EVILS OF SUBSTITUTION.

BY CYRUS EDSON, M.D., COMMISSIONER OF HEALTH OF NEW YORK CITY AND STATE. PRESIDENT OF THE BOARD OF PHARMACY OF THE CITY AND COUNTY OF NEW YORK.

[*Reprint from "The Doctor of Hygiene."*]

The term "substitution," in its commercial sense, is the perpetration of a fraud by the seller upon the buyer, the former selling the latter something different from the article demanded, under the same name. This fraud is really but another phase of commercial adulteration, and in the practice of pharmacy its evils are as insidious and harmful as those of any crime committed by man. These evils are both direct and remote in their effects. They injure, first, the patient; second, the physician; third, the manufacturer. From the standpoint of the patient, the evil affects him directly and indirectly. The dishonest pharmacist has, of course, palmed off on his unsuspecting customer a cheaper preparation than that ordered by the prescriber, because the motive for the crime is, in ninety-nine cases out of a hundred, a mercenary one. The result to the patient from the inhibition of the substituted article may be one of the following: first, no therapeutic action; second, therapeutic action of less potency; third, therapeutic action of greater potency; fourth, therapeutic action of different character than aimed at by the prescriber. It needs no argument to prove that any of these four results would, under certain conditions, be likely to be disastrous to the patient.

The pharmacist is the responsible and trusted dispenser of the physician's order, and when he acts differently than ordered by the doctor, he snips at the threads of fate, possibly without the slighest idea of what will result from the snipping; Then he is no better than a man who fires a bullet among a crowd of people. The result in either case may be manslaughter. Let us take a less extreme view of the crime from the patient's standpoint. The latter fails to get benefit from his medicine, and, as a result, loses time and money. He was cheated when he bought the preparation. Now, indirectly, he has lost the fee he paid the physician, and last, but not least, he has lost confidence in his doctor.

From the standpoint of the physician the evils of substitution have a wider range in their effect than on the individual patient. Medicine has been said to be an inexact science. The reason of this is because it is very difficult to ascribe a given effect to a certain cause. In other words, so many causes operate to produce a given effect in the human economy that it is difficult *to* ascertain aud fix upon a definite cause. Modern therapeutics is the outcome of the physician's observations and experience of the effect of drugs upon the human system. It is a science to which every physician contributes his mite or his much, according to his ability and his opportunity.

The pharmacist who substitutes, leads physicians astray. By presenting false premises to the latter, the former causes him to make erroneous deductions. The entire medical profession may thus feel the result of a singe instance of substitution, and numerous other invalids suffer on account of the errors following faulty experience in the case of the physician treating a single patient who is the victim of the fraud in question.

I have already spoken of the loss of confidence in his physician on the part of the victimized patient. This has not only a direct effect upon the invalid, because confidence in his doctor's efforts are, to a great extent, essential to the latter's success in the treatment of the case, but it may also cause the dismissal of the physician and his loss of what perhaps would have been a lucrative practice. In this country physicians have the reputation of being practical. They are the best practitioners in the world. In other countries, medical men are deeper students and better theorists, but here, we pride ourselves on the results we obtain in curing disease The reason for this is because we strive less for honor and glory than we do for the almighty dollar. We must give our patients the worth of their money, and

we know that we will not be tolerated unless we do. Our patients are quick to discover mistakes, and they are laid at the door of the physician rather than at that of the pharmacist. If this was not the case, the subject of substitution would not be worth considering, for it would be a rarely committed crime.

The question of injury to the manufacturer is a very important phase of the matter, for, rather singularly, the remedy for the great evil must spring mainly from this source. This is not so strange after all when we come to think of it, for here we find the effects of the evils of substitution so direct and so distinctly felt that interest is natural. Nothing causes men more concern than pecuniary loss. Cause and effect are here so closely associated that a hue and cry at once follows. The manufacturer invests large sums in producing a reliable preparation; he spends more in bringing it before the medical profession. The latter find it worthy of use and patronize it until the weeds of substitution check its growth. The way these weeds act after what I have said is obvious. For example, some pharmacist substitutes an inferior mixture or drug in the preparation of the physician's prescription; the effect of the medicine on his patient is nil. The dissappointed doctor heralds the fact to his brethren. Such news travels faster than any favorable comments, and undoes in a short time that which the manufacturer has taken months or perhaps years to accomplish. Great injury is in consequence done to a deserving business.

Then again, the evil is a widespread one, and the same substitution in a good preparation is very large and directly effects its sale. I know of no other crime that tends so much to destroy one's faith in man's goodness as substitution. For the sake of insignificant profit the dishonest pharmacist deliberately cheats and perhaps destroys his fellow-man. I can only account for the practice by assuming that the perpetrator in some way persuades himself that he is doing no harm, that he is selling something "just as good," that he holds the judgment and knowledge of the physician in small repute, and that he feels perfectly confident to act in the premises. It is a curious psychological fact that it is the easiest thing in the world for a man engaged in a nefarious trade to persuade himself that he is doing no harm so long as he is making money by his acts.

To correct the practice of substitution does not seem to me a difficult matter. A few years ago the adulteration of food products was a very serious fraud. Confectionery, for example, was greatly adulterated at that time. The exposure of the practice by the Health Department of New York City so injured the confectionery business that the reputable manufacturers banded together in an anti-adulteration league. Not only did the Health Department cause the formation of the league in the way I have described, but the unfair competition engendered by adulteration also had its effect in forcing honest manufacturers to protect themselves. This league made it its business to run down and punish all persons who adulterated their wares. The result was that in a short time adulteration ceased, and to-day it is impossible to find any adulterated candy offered for sale. Another instance of manufacturers banding together for mutual protection is offered by the Jewellers' Protective Association. This body pursues, like an avenging Nemesis, any one who robs or cheats its members. Let the manufacturers of pharmaceutical preparations who suffer from the evils of substitution, form a like union and charge its agents with the duty of bringing to justice the perpetrators of the fraud of substitution. The Penal Code and Pharmacy Act both afford excellent laws for the punishment of these criminals. The Board of Pharmacy is not sufficiently equipped to enforce the provisions of the law to this end, and the Health Department is too busily engaged in fighting disease to cope with the evil. The formation of such a union as I have indicated, however, and the punishment of a few offenders, would soon stop the practice. The mere publication of a few instances of fraud, giving the names and addresses of the dishonest pharmacists, would go far towards suppressing substitution, for the public is quick to discover and shun the druggist who is considered unreliable and unscrupulous.

THE celebrated physician, Sir Henry Holland, was extremely fond of travelling, and was accustomed to leave his work suddenly to seek some remote region of the earth. Sydney Smith, who was, by the way, his father-in-law, once said of him that "Holland would start out with a box of pills in one pocket and a clean shirt in the other. Sometimes he forget the shirt." — *Clinical Record.*

THE THERAPEUTICS OF GLYCOZONE, COMPOSITION AND CHARACTERISTICS.

BY CYRUS EDSON, M.D., HEALTH COMMISSIONER, BOARD OF HEALTH, NEW YORK CITY.

[*Reprinted from the Times and Register, Philadelphia.*]

Glycozone is defined by its discoverer, Mr. Ch. Marchand, to be a stable compound, resulting from the chemical reaction that takes place when c. p glycerine is submitted, under certain conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure at a temperature of 0°C.

The necessity of using c. p. glycerine is imperative, as a presence of the water or other foreign matter in the glycerine causes the production in the resulting compound of formic acid, glyceric acid, and other secondary products, that have a harmful effect upon animal tissues.

Glycozone has a pleasant, sweetish taste. Being hydroscopic it must be kept in tightly corked bottles, and, as long as it is kept in this condition, it does not deteriorate at a temperature of even 110 degrees F.

Antagonists and Incompatibles. — Glycozone, like peroxide of hydrogen, is a powerful oxidizing agent, although its action is not as rapid or as energetic in this respect as the latter compound. Consequently, we cannot safely prescribe it combined with any other drugs or chemical substances. Contact with metallic utensils decomposes it. We must, therefore, use glass or hard rubber vessels and syringes when administering it.

Physiological Action. — When taken into the mouth and stomach glycozone causes a feeling of warmth. It excites a flow of saliva and stimulates the gastric secretions. Being hydroscopic it attracts to itself water from the surrounding tissues but not with sufficient power to effect harm. This property is due solely to the glycerine base which enters into the composition. In very large doses, one or two ounces, it causes a feeling of distress in the epigastrium and is followed by loose, copious, watery stools, which are accompanied by severe cramps.

No effect is noted on the kidneys, the liver or the heart. Glycozone is undoubtedly slowly decomposed in the stomach, ozone being liberated and the glycerine uniting with the water from the tissues. The morbid elements with which it comes in contact probably hasten this decomposition, and in so doing are themselves oxidized and destroyed. The free ozone in the stomach resulting from the decomposition of glycozone aids the digestive process by its presence.

Therapy. — Glycozone is, in the opinion of the writer, the best known agent for the treatment of gastric ulcer. It is also one of the best remedies for the treatment of the stomach, catarrh of chronic alcoholism, and for chronic gastric catarrh from other causes. It is excellent for atonic dyspepsia, and for acid dyspepsia. The writer has seen very gratifying results from its use in these distressing maladies.

In catarrhal and other stomachic diseases except gastric ulcer, the remedy is best administered in one or two teasponsfuls in a wineglassful of water immediately after meals. In the case of gastric ulcer the dose and dilution should be the same, but it is better to give it when the stomach is empty, an hour or so before meals.

Glycozone has an excellent effect when used internally in cases of diphtheria. For this purpose a tablespoonful of glycozone is given in a wineglassful of water every three hours. As it is perfectly harmless it may be used without apprehension The following treatment is excellent in cases of membranous croup: The nose, throat, mouth, pharynx and larynx should be sprayed copiously every two hours or so with a mixture of one ounce of Marchand's peroxide of hydrogen (medicinal), with four to six ounces of water.

The membranes are readily destroyed, and by using this remedy freely, their reproduction is prevented. Then one teaspoonful of glycozone, diluted in a wineglassful of water, administered three times a day, prevents any disturbance of the stomach and regulates the bowels

Remarkable benefit may be derived in the treatment of diseased conditions (ulceration and chronic inflammation) of the rectum and lower gut, by enemata con-

taining glycozone, and for this purpose nothing excels the following formula:

Glycozone, 1 ounce.

Water, lukewarm, 12 ounces.

This should be mixed immediately before using and administered with a hard rubber syringe once daily. It is frequently desirable to use a smaller amount than the above mixture The proportions 1 to 12, however should be maintained. In cases of fistula-in-ano and of rectal ulcerations low down, an ounce of lukewarm water containing a drachm of glycozone administered once or twice daily soon effects good and in cases of ulcer, pure and simple, may be expected to radically cure the diseased conditions.

External Uses. — After the cleansing of any diseased or suppurating surface by peroxide of hydrogen (medicinal), the application of glycozone stimulates healthy action and hastens the cure. For this purpose it has no superior in the entire range of therapeutics. It tends to check the discharge of irritating, unwholesome secretions and to prevent the infection of the sore by pathogenic organisms. Its action in this respect is explained by the fact that it is both powerfully antiseptic and stimulant.

Follicular pharyngitis, chronic coryza and ulcerative stomatitis are all benefitted by frequent applications of glycozone. As an application to ulcerated cervix-uteri and in tumefied conditions of the cervix and uterus it is far superior to pure glycerine.

In these cases, and for the cure of leucorrhœa, the remedy should be applied on small rolls of lint, or absorbent cotton, the vagina having first been thoroughly washed with an injection of peroxide of hydrogen one part, water four parts. This procedure should be repeated twice daily.

M. FREDERIC CHEVALLIER has bequeathed the French Academy of Medicine a sum which will afford a prize of six thousand francs, to be given every two years to the author of the best work on phthisis and its treatment.

THE FROG. — A correspondent of the *Lancet* writes that among the country folk of Lincolnshire, England, there occurs an infantile stomatitis which is rather common and known as "the frog," from the usual treatment, which consists of giving the child a very small frog in a muslin bag to suck.

SHORTEN THE NOMENCLATURE!

"Who says convolution,
When he might say gyre,
Would cry conflagration!
When he might shout fire!"
— *Medical News.*

THE following story is told of M. Nelaton, the celebrated French physician. He had been attending the child of a French lady, and as he was taking leave, the grateful mother handed him a handsomely embroidered pocket-book, which she explained to him she had worked with her own fingers. Nelaton bowed stiffly, and said, "Madam, the pocket-book is quite a work of art, and I admire it exceedingly, but my fee is 2,000 fr." "Not more?" she answered. Then opening the leaves, she took out a little bundle of five 1,000 fr. notes, and from it selected two, which she presented to him, bowing stiffly in her turn, and retiring with the rejected pocket-book. — *Medical Times.*

DO THOSE WHO ARE SERIOUSLY ILL EVER SNEEZE? — This is a point alluded to by Mr. Jonathan Hutchison in the January number of his Archives. He does not recollect himself to have seen any but fairly healthy persons sneeze. He puts the question with especial reference to the widely-spread popular superstition that sneezing is a sign of health and good luck. It is possible, he thinks, that this may have had its origin in the fact that it is for the most part an act restricted to those in fair health. Tylor, in his "Primitive Culture," gives interesting facts as to the prevalence of this creed and as to certain customs associated with it, and traces it in part to doctrines of animism, but Mr. Hutchinson thinks the suggestion he has given may also have some value. — *Sheffield Medical Journal.*

JAPANESE doctors never present bills to their patients. They await the patient's inclination to pay, and then thankfully accept what sum is offered. — *Medical Visitor.*

VICARIOUS SYMPTOMS. — The Wife — "There is a prescription that the doctor left for you to-day when he called and found you out."

The Husband. — "How did he know what to give me?"

The Wife. — He said that from my appearance and symptoms he knew you were suffering from chronic dyspepsia. — *Med. Record.*

GOUT AND RHEUMATISM. — A Frenchman, being afflicted with the gout, was asked what difference there was between that and the rheumatism.

"One very great difference," replied *monsieur*. "Suppose you take one vice, you put one finger in, you turn de screw till you bear him no longer — dat is rheumatis'; den s'pose you give him one turn more — dat is gout." — *Ex.*

LAW AND MEDICINE. — We have directed attention to the fact that railroad doctors are the poorest paid of all railroad employees, while railroad lawyers are the best paid. Farther, these latter become in a professional way so familiar with changes in railroad affairs that they are able to purchase or sell railroad securities to their own certain profit. In a well-known accident-insurance company a lawyer receives a salary of ten thousand dollars a year for about an hour's work daily; while a doctor, better educated and quite as able, who gives more than half his time in serving this same company, gets one thousand dollars per year. Comment is unnecessary. Of course the difficulty lies in the fact that the company wants this lawyer above all others, and pays him accordingly, while it would take anyone of dozens of doctors, should the one holding the place choose to resign it. — *American Lancet.*

THE SIDE TO SLEEP ON. — "Which side should I sleep on, doctor?" he inquired.

"In winter or summer?" asked the doctor, rubbing his chin thoughtfully.

"What's that got to do with it?" exclaimed the patient, half angrily.

"A great deal," responded the doctor, mysteriously.

"I don't see it."

"Of course you don't," said the imperturbable; "if you did you wouldn't be here asking me questions about it."

"Go ahead, then," said the patient, sitting back resignedly.

"Well," continued the doctor, "in winter, when it is cold, you should sleep on the inside; but in midsummer you should sleep on the outside, in a hammock with a draught all round it, and a piece of ice for a pillow. Two dollars, please."

PERSONAL AND NEWS ITEMS.

:o:

DR. G. A. MARTIN has removed from Lisbon, N. H. to Hyde Park, Mass.

DR. W. L. GALLOWAY, of St. Louis, Mo., has returned to 1232 Taylor Avenue, in that city.

DR. CHARLOTTE A. ROLLINS, formerly of East Boston, has opened an office at Worcester, Mass.

DR. GEORGE P. DUNHAM, class of '91, B. U. S. of M., has removed from Uxbridge, Mass., to Barre, Mass.

THE highest awards and medals at the World's Fair were given to Reed & Carnrick's Infant's Foods and Kumysgen.

DR. JOHN A. HUNT, class '93, B. U. S. of M., has taken the office of the late Dr. E. U. Jones, at 155 High Street, Taunton, Mass.

DR. LEVI T. HAYWARD, class of '74, B. U. S. of M., for a number of years located at Evansville, Indiana, has come to Massachusetts and settled at No. 1 Norfolk Street, Dorchester.

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EDITORIAL.

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FIFTY YEARS OF HOMŒOPATHIC PHARMACY.

The history of New England homœopathy may interestingly and accurately be traced by parallel in the history of the representative homœopathic pharmacy of New England. The famous, influential, much-respected pharmacy of Otis Clapp and Son, having completed more than half a century of its history, stands to-day so prominent a factor in the life of New England homœopathy, that to study the rise and growth and progress of the one, is to study those of the other. To realize how small a collateral interest fifty years ago, in the life of a busy and progressive man, was the business that yet supplied all the demands of all the homœopathic physicians of New England: and again to realize what a tax on hand and brain and experience and skill, of a little world of busy folk, is daily levied by the like needs and demands today, is to bring vividly home to our minds, the amazing and splendid growth, in our community, of the branch of medicine to whose interests we stand pledged. A backward glance over the half-century's history of the well-known house in question, is especially timely, as it completes, just now, the further enlargements and improvements so rapidly rendered necessary by the ever increasing demand for its manufactures; and thus rounds out another cycle of its growth.

The founder of the house, Hon. Otis Clapp, was, as Boston well remembers, and as has already been said, a man of prog-

ress, and of many interests. Prominent in political life and in philanthropic work, he was ever ready to look into and lend countenance, so far as its worth commended itself to him, to every new departure in the wide fields through which his life's work led him. It was therefore most natural that he should early become identified with the history of homœopathy. In 1840, he made known to the handful of homœopathic physicians then fighting their splendid battle against incredible odds, for the existence of their system in New England, that at 121 Washington street he proposed to keep, for their convenince, a small stock of homœopathic remedies and books. This marked the birth of the pharmacy which to-day enjoys such lusty and far reaching-life. How small was its beginning, may be realized from the fact that two years later we find the announcement of the laying in of fifty dollars' worth of new stock, made as indicating a rather surprising growth in the business. The pharmacy, which from the first became a centre and rallying-point for homœopathy, changed its location three times in the ensuing sixteen years, moving, in that time to 10, 12, and 28 School Street. In 1856 it was removed to 3 Beacon Street, an address cordially familiar to American homœopathists for so many fruitful years. A branch of the business is still in active operation at No. 6 Beacon Street. It is droll to note that the original dimensions of the store were 13x55 feet. Here for eighteen years, the pharmacy steadily enlarged its business, to meet the ever-increasing demands upon its resources: though it still remained but one of its founder's many interests.

1874 marked an epoch in the history of the house. In that year Dr. James Wilkinson Clapp, the present head of the house and the son of Hon. Otis Clapp, first identified himself with the business whose vastly augmented interests he now so ably guides. Dr. Clapp came as a graduated physician from Boston University School of Medicine, bringing to his work a lifelong knowledge of and interest in it, hearty enthusiasm and a world of practical plans and purposes. He surrounded himself with trained and able assistants, of whom several hold honored positions in the house to the present day. Under his *régime*, the business rose rapidly from what had been hardly more than a



Centre, looking towards Rear.



OFFICE.

OTIS CLAPP & SON'S PHARMACY, 10 Park Square, Boston.



Centre, looking towards Front.



Front, looking towards Rear.

OTIS CLAPP & SON'S PHARMACY, 10 Park Square, Boston.

mere routine matter of bargain and sale to the dignity of a manufacturing interest. Salesmen were sent out, who carried the name and work of the house throughout the country. Hand work, in the preparation of the triturations, was replaced by mechanical power. In 1886, by the deeply-lamented death of Hon. Otis Clapp, the founder of the business, Dr. J. W. Clapp became, as he still continues, the house's head. In 1877, a branch house was established at Providence, R. I., which proved an immediate and distinctive success. It still continues in flourishing activity, under the efficient management of Mr. C. W. Bowen. Three rooms in the rear of the store are occupied by the Providence Homœopathic Medical Dispensary, a most actively useful factor in the charitable life of the city, and whose records of able and fruitful work redound greatly to the credit of homœopathy, and of the homœopathic practitioners of Providence, to whose energy and devotion the Dispensary owes its establishment and its success.

Greater space than was afforded by the Beacon St. store being imperatively demanded, in 1887 the central establishment was removed to 10 Park Square. Here it still remains; extensive alterations having been recently made, which greatly increase its facilities for work over what were justly considered the fine and ample ones of seven years ago.

A visit to the establishment to-day, tells a most significant and convincing story of what are the demands of homœopathy, and how ably they are met by this, its representative pharmacy.

The front store on the entrance floor is devoted to the sale of goods. Its middle portion contains cases for the exhibition of standard books, and for surgical instruments, medicine-cases, and the like. Still beyond is Dr. Clapp's private office, where surrounded by clerk, type-writer, book-keeper and stenographer, and connected by telephone and speaking-tubes with every outlying branch of the house's work, Dr. Clapp has his finger ever on the pulse of the great business; while from the wall above his desk, a fine portrait of the house's honored founder looks benignantly down. In the commodious rooms and basements reached from the store, the work of the pharmacy goes busily on.

Here is a conveniently-appointed room for the fitting of trusses and other surgical appliances. Here are shipping-rooms and store-rooms. Here is a room for the manufacture of tinctures. Here is a spacious laboratory for the manufacture of cerates and suppositories. Here is a room devoted to the making of triturations. Here a room for the manufacture of tablets. Here is a room utilized exclusively for the washing of the mortars and tablet moulds; and another room for the washing of bottles. Near by, is situated the "Annex" where are made the tonic and dietetic preparations which homœopathic physicians have learned to value so greatly for adjuvant uses. Everywhere one notes scientific exactitude, nice order and scrupulous cleanliness.

This is but a cursory glance at a business so closely identified with every interest of homœopathy that no homœopathist can afford to lack interest in the details of its history and its management. Its service to our cause far outreaches the mere transaction of business. It remains, as it was a half a century ago, at the very heart and core of the active life of New England homœopathy; and all friends of homœopathy heartily hope that the coming half century may duplicate the prosperous and inspiring history of the fifty years just ended.

EDITORIAL NOTES AND COMMENTS.

THE AMERICAN CLIMATE has been the subject of many Jeremaids; but the accusations brought against it have been largely on the score of its variableness and inclemency, with all their attendant dangers in the way of pulmonary maladies. Of late years, however, students of climatology have inclined to the conviction that there is, in the climate of North America a peculiarly, almost irritatingly bracing and stimulating quality, which of itself, and apart from conditions of life, is responsible for something of the nerve-strain and subsequent nervous exhaustion which are becoming more and more the the bane of American life. "Certain of the European climates" — said Mr. Howells, a few years ago — "brace you up; but they afterward stand by you and see you through; but the American climate



FRONT.



REAR.

OTIS CLAPP & SON'S PHARMACY, 417 Westminster St.. Providence, R. I.

braces you up and then leaves you to take the consequences!" This odd quality of our climate seems rapidly to be passing from the realm of the whimsically theoretical to that of accepted, if not yet wholly explained fact. A late utterance on the subject, which has much authority behind it, is from Dr. S. Weir Mitchell, whose words are well worth quoting. They are to be found in an interview lately published in *McClure's Magazine:*

"How or why the climate of America produces the effects that it does, has never been explained. Dr. Mitchell says the operation of climatic conditions in relation to health in this country is utterly mysterious; but he is quite persuaded that the development of a nervous temperement is one of the race-changes which are also giving the American facial, vocal, and other peculiarities derived from none of their ancestral stocks. Some scientific observers have affirmed that there is an 'electric' quality in the climate here, which operates powerfully on the nerves, bnt it is not clear what they mean by that; and Dr. Mitchell, who has probably given the subject more attention than anybody else, does not consider the evidence of this electric agency sufficient to found a theory. What is certain is, that people coming largely from the phlegmatic races undergo a change of temperament here, and become excitable, emotional, and irritable to a degree that is unknown in any other part of the world. Another plainly recognized effect of the American climate is, that it makes the strain of either mental or physical labor much more severe than it is elsewhere. A man or woman can work longer and harder with head or hands, without injurious effects, in England or on the continent of Europe than in America; and overwork of either kind involves far more serious consequences here than there. Even the changes of the seasons and the weather have curious effects on the nervous system which are not noticed in other countries. Dr. Mitchell consideres it proved that the paralysis of childhood —acute anterior myelitis — a sadly common affliction, is a disease of the summer months; and he is so much impressed by the relation of the nervous affectiom called chorea to the weather curves, and of traumatic neuralgia to storms, that he has

prepared special treatises for medical use on both of those subjects.

As to the comparative effect of the American climate on the different races of mankind, it is too early to form any very confident judgment. But this much is certain: White races are affected more than colored. Full-blood negroes are found to be entirely exempt from some of the worst and most prevalent forms of nervous disease, and even a slight trace of color seems to be a safeguard. The Anglo-Saxon Americans are the greatest sufferers from the national disease, and especially those in the higher walks of life. Females are more under the influence of this terrible scourge than males, and town dwellers than country folk. The prevalence of the more serious nervous diseases is shown to be in almost exact proportion to the congestion of population. There is no surer test of the nervous condition of any people than this — Can the women, when they become mothers, nurse their children themselves? In America it is found that, whereas in the rural districts from seven-tenths to nine-tenths of the women can do so, in the cities the proportion is not more than one-half; and Dr. Mitchell declares that he would not be believed if he were to say how many even of these are unfit to be wives or mothers at all."

The History of One Dispensary Department is interesting reading, suggesting, as it does, how excellent has been the growth and the usefulness of the Boston Homœopathic Dispensary, in its mission of aiding the sick poor. We are indebted to Dr. D. G. Woodvine, for the following interesting sketch, which, with its illustrative photographs should quicken the pride of every New England homœopathist, in the system of medicine, the honest appeal of whose merits to public favor, can make possible such growth and prosperity in one of its instithtions:

"The throat department of the Boston Homœopathic Dispensary connected with the Boston University School of Medicine was first opened Nov. 13th, 1877. It was then located in the college building in East Concord St. It was the beginning in small quarters of a useful department which has continued for the space of sixteen years. Nearly five thousand patients have





been treated during this time, and thus opportunity given for the poor to be treated, and also extensive opportunity to study a class of diseases which are very prevalent in this climate.

The department was opened with the examination and treatment of only one patient, which was faithfully recorded. The clinic grew slowly and steadily until at a recent day of service thirty-two patients were examined and treated. Sixteen years have passed since this department was opened, the greater part of which time the department has been open to the students of Boston University School of Medicine. The middle class was divided into sections of five or six each, that were brought in succession for practical instruction. In the beginning, our accommodations were limited to two burners, and we had but a limited experience, as all such instruction was limited in this country at that time. The importance of practical examinations of patients and the treatment of diseases in the presence of students who were studying to become physicians, became more and more manifest, until the faculty of Boston University School of Medicine and many others felt that better opportunities should be provided. The united efforts of the laity and members of the profession, together with the interest of the "City Fathers," resulted in the building of a new dispensary on the corner of Stoughton St. and Harrison Ave., where ample accommodations are furnished for the most thorough and practical kind of work. Instead of two burners for the practical working of the laryngoscope among a half dozen of students we have now six, or one for each, with all the instruments needed for practical instruction in section work. Here each student takes a patient for examination, under the direction of the one in charge of the throat clinic. The student is furnished with a blank-book with printed headings and diagrams, or outlines of the different parts to be examined, represented in a normal condition. In this book the student is required to make as exact a record of each case as possible, following the suggestions of the book, and to draw in the abnormal conditions found in the patient during the process of examination. This seems at first a difficult task to the student and he naturally shrinks from its performance; but after a little time spent in this way at work, it

may be after many failures, there comes a time when success is achieved, and the face of the student grows bright with satisfaction in his work. The success of this method is far beyond our expectations, and is very gratifying because it results in the substantial advancement of medical education.

The student, as he has the opportunity to watch the cases under his care, becomes intensely interested in his work, and the thought that his careful record is to go with him as he leaves the school into active practice, to be a book of reference when he begins his work independently, stimulates him to a laudable ambition to do his very best."

THE INITIAL STEPS IN THE SECURING AND PREPARATION OF *Crotalus Horridus* in what may he called the mother tincture, are thus graphically described in an article recently quoted from a Rochester, N. Y., daily paper, by the *Homœopathic World:*

"A queer consignment came on in a Rochester and Pittsburg train from Punxsutawney the other evening, in the shape of a long red box marked, 'Snakes, Handle with Care.' This innocent-looking box was addressed to Peter Gruber, 150 West Avenue, Rochester, N. Y., and contained twenty-four large and lively rattlesnakes, fresh from the woods and rocks of the hill country around Punxsutawney They were captured by W. B. Murphy, and shipped to his friend, known throughout the country as 'Rattlesnake Pete.' A reporter of the *Sunday Herald* happened to be at the station when the box arrived, and on Pete's invitation visited his museum, and saw that worthy take the vicious reptiles from their travelling box, test them for poison, fondle them for a few moments, and then place them in the den with his own snakes. Before unscrewing the lid of the box, Pete brought a long hempen cord, a bottle of ammonia, some whiskey, etc., while his brother, who was also interested in 'crawling varmints,' stood close behind the principal figure. When these articles were arranged to his satisfaction, Pete remarked, 'It's just as well to be prepared for an emergency,' which remark caused the reporter to move two or three steps farther away from the box. A moment's work unfastened the lid, and, quicker than thought, a dozen flat, triangular venomous-looking heads were protruded over the edge; but all but one were swept back by the box-lid in Pete's hand. The owner of this head drew four feet eight inches of snake out of the box on to the floor, and, with a defiant whirr of seventeen rattles, threw himself into a striking coil, just in time to feel Pete's muscular fingers encircle his body just back of the head.

"'He's a beauty,' said Pete, 'and he's getting his dander up in good shape.' The snake was carried to the table with his long, lithe body, thicker than a man's wrist, coiled around Pete's arm, and the rattles singing away like a giant grasshopper. Now comes the interesting part of the performance. A piece of common window-glass was placed near the snake's open mouth, and the rattler struck his wicked-looking fangs, which were nearly an inch in length, against the glass, a thin

stream of yellowish looking liquid spurting upon it at each stroke. 'Oh, he's full of it,' said Pete. 'There's poison enough right there to kill twenty men.' While he spoke he walked toward the den, and giving the snake a quick twist, released him, and he landed in his new home. The poison on the glass was absorbed with sugar of milk, scraped into a bottle and carefully sealed. The poison thus obtained is sent to certain London homœopathic physicians, who use it in their practice as a medicine for diphtheria and other diseases of a similar nature. The poison is supposed to be very valuable. The process just described was repeated with snake after snake, until all in the box were transferred to the den. After the first three or four were taken out, Pete plunged his hand among the mass of wrigglers with seeming impunity, dragging out his next victim with a quick but certain motion. 'These fellows will give up their poison more readily to-morrow. They are a little sluggish on account of having been kept in such close quarters for the past forty-eight hours,' said Pete, in response to the writer's query.

"When asked what he did with so many snakes, he said, 'Well, of course, my first object is to exhibit them in my museum, and I have to have a good many, as they often die from very slight injuries. They are profitable to me in other ways also. Besides selling the poison, which I have told you about, when a snake dies, I skin him, have the skin tanned, and make it up into fancy neck-ties and other ornaments. I have a complete suit of clothes, made to my measure, including hat, shoes, cane and scarf-pin, made entirely from rattle-snake skins. There are two hundred and fifty skins in the suit. I then try-out the fat of the reptile, and obtain from one and a half to two ounces of a very penetrating oil, from a fair-sized snake. This oil is worth eight dollars per ounce, and is used as a specific for deafness, and many cases have come to my knowledge where it has effected a permanent cure. A piece of the skin moistened with a little water is often used as a drawing poultice."

"THE IDEAL SIMILLIMUM," and its phenomenal powers, as understood by our friends the infinitesimalists, is amusingly illustrated by a case recently reported in one of the journals which stands spokesman for infinitesimal triumphs. We quote *verbatim*:

"THE RESPONSIBILITY OF SELECTING THE IDEAL SIMILLIMUM. —An old lady, suffering from an attack of grippe, having been relieved of the most urgent symptoms, seemed to be quite convalescent, when she was suddenly attacked with sinking spells and great weakness. Her family administered whiskey and beef tea, without much result. Here was a case where, according to common-sense ideas, "supporting treatment" was needed, and should have been given. Vigorous tonic treatment would have been administered by physicians of the regular school, and if the patient had died it would have been considered that all had been done for her that was possible. Her physician, how-

ever, being the editor of this journal, placed no confidence in the "supporting" treatment, but perversely sought the similar remedy. This proved to be sulphur. It was given, with the most gratifying success, and the patient, *after a long siege*, was carried safely through the dangerous crisis.

Here, then, is an object lesson on the supreme importance of finding the true simillimum to any case."

The humor of the above instructive and inspiring utterance we hardly need point out, lies in the phrase we have taken the liberty to italicize. To claim as a noteworthy victory for an ideal *simillimum* the fact that an unlucky old lady recovered, "after a long siege," from the physical depression which is an almost invariable concomitant of grippe, when she was — unlucky soul! — deprived of the comfort and help of supportive treatment, is to write down one more martyr to medical fads, and to chase "clinical evidence" further afield than that shy hare is wont to run.

It is droll, and not uninstructive, for one standing on the middle ground of conservative yet open-minded reason, to reflect how easily the above report could be made to point two widely different morals. It could be, for example, exactly as it stands so very easily and convincingly quoted by our friends of the old school, as illustrating what a "long siege" an unhappy elderly person had to go through, of gratuitous suffering, because her physician refused her the "supportive treatment" that common-sense would, under the circumstances, have seemed to dictate!

COMMUNICATIONS.

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THE PROFESSIONAL RATING OF THE TUBERCLE BACILLUS.

BY J. P. RAND, M.D., WORCESTER, MASS.

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

Ladies and Gentlemen of the Worcester County Medical Society:

It is six years the present winter since first I had opportunity of making direct and personal observations of that wonderful little microbe, the tubercle bacillus. On two previous occasions have I abused your patience with brief, detailed accounts of cases whose sputa I had examined, the last of which reviewed

the histories and results of one hundred observations. Since then my glass has not been wholly idle, for I find by referring to my books, recorded results of nearly two hundred examinations performed for forty-nine inquiring physicians besides myself.

But every man is apt to become a little "cranky" upon a sub- in which he is particularly interested; and though the remedy may be sometimes hard to take, it is a good plan, once in a while, to hold up the glass to other minds and see how one's own opinion harmonizes with the intelligent thought of representative men.

In accordance with this idea, some three months ago I prepared a half dozen questions which seemed to me most pertinent to the germ theory of tuberculosis, and addressed them to a number of the best-known physicians in this country, some of national and international reputation, and all of more than ordinary skill and observation. From about one-half of these I have received replies, the sum of which constitutes the value of this paper. A few have declined to express any opinion upon the subject from lack of sufficient observation. One "hustling" physician from Chicago was too busy to sign his name to a most valuable communication, which I should delight to use, and the reply of another well-known physician from the same city I am unable to give you, because of impracticable conditions imposed regarding its publication. To these, and to all who have so cordially given me of their honest, earnest thought, I desire to express my most heartfelt thanks.

The task of weaving into a harmonious whole the gist of a score of unlike, and often discordant, replies without much repetition, or great obscurity, seems to me a most difficult one. But I have put my hand to the plow and must not look back. Without regard to my personal opinions, I am bound to report the spirit of each reply in an accurate and impartial manner, and, so far as is consistent with clearness, in the exact words of the author. And now craving the indulgence of all for possible errors, allow me to present to you my letter of inquiry and the answers received.

WORCESTER, MASS., Sept. 27, 1893.

Dear Doctor: — Having been for a few years interested in bacteriological work, especially in the examination of sputa for tubercle bacilli, and wishing to determine the exact importance attributed to these parasites by the leading physicians of to-day, I take the liberty of addressing you the following questions and trust you will allow me to favor the profession with the gist of your reply.

1. Is it your custom to submit the sputa of suspicious cases to microscopical examination, and to what class do you consider it especially applicable?

2. Do you regard the presence of tubercle bacilli positive evidence of local or general tuberculosis, and when, if ever, should search for them be made?

3. What has been your experience regarding the finding of the bacilli previous to the development of well marked physical signs?

4. Do you regard the bacilli as the sole cause of tubercular infection, and what means do you use to prevent it?

5. What weight do you give to the presence of bacilli in prognosis? Have you ever known an infected patient fully to recover?

6. What aid, if any, is a knowledge of their presence in the treatment of any case?

Fraternally yours, J. P. RAND.

It will be necessary for you to hold these questions closely in mind in order to follow intelligently the replies which, with a single exception, I shall give you in alphabetical order, without regard to age, position or school affiliations. The bacillus is no respecter of persons. It never questions a patient regarding his medical belief, and doses, drop or bucketful amuse it just the same.

But to my theme: What aconite is to our materia medica — first among the polychrests — is Dr. T. F. Allen among the leading homœopathic physicians of to-day, so, in accordance with the regular order of my plan, allow me to begin this compilation with his reply:

"Dear Doctor: It has not been my custom to examine for tubercle bacilli, though occasionally I have it done for diagnostic purposes only. Germs cannot be treated as a disease. The vitiated body favors their development, and when that is properly restored, germs cannot flourish; this idea must prevail. In no other way can zymotic diseases be overcome. To attempt to treat the cause or results of diseases seems to me madness and folly. I recently saw a man fully recover who was pronounced to have general tuberculosis by an allopathic and homœopathic expert. His fever was certainly suspicious.

Yours, T. F. ALLEN."

Our second communication is from Dr. F. P. Batchelder, of Boston, and was sent to me through the kindly invitation of Dr. Sutherland. After certain preliminaries he says: "I have found bacilli most numerous early in a case, though, of course, they vary in number from time to time. Some of the sputum

from advanced cases at the Consumptives' Home shows very few bacilli. I will mention a case that is of some significance. Sputum was submitted to me by the physician in charge. Case presented very few physical signs of value. A slight morning cough was about the only symptom worth noting, and that was attended by only slight expectoration. Family history was consumptive, so sputum was examined and large numbers of bacilli found. At that time he was convalescing from an attack of pneumonia. I saw patient once at a slight distance and he looked perfectly healthy. To-day he is in Colorado Springs and doing finely."

Our third communication is from Dr. Herman M. Biggs, Inspector-in-Chief of the New York Board of Health. He replies "Yes" to the question if it is his custom to have sputa examined and he considers it applicable to all classes of patients.

His answer is the same to the question "Are bacilli positive evidence of tuberculosis?" and he adds "that they should be looked for whenever there is the slightest suspicion of tubercular disease. Bacilli are often present in the sputum before physical signs make a positive diagnosis possible. The successful treatment of tuberculosis depends upon an early diagnosis. If this can be made positively in the very beginning, under a proper régime, a very large majority of all cases will completely recover."

He answers "Yes" to the question "Do you consider the bacilli the sole cause of tubercular infection," and he destroys the sputa to prevent its extension. In prognosis he gives but little weight to the presence of bacilli, and says he has often known infected patients fully to recover. In conclusion, he says, "The aid which a knowledge of their presence brings in any case, is the aid which an absolute diagnosis, early in the course of disease, always gives in treatment. While in phthisis it makes climatic treatment at once available."

Such are the positive assertions of Dr. Biggs who is, perhaps, in as good position as any man in this country to observe the effects of tuberculosis, and who in a recent communication to the New York Board of Health says: "The time, it seems to me, has arrived when it becomes the duty of all sanitary authorities to assume a more aggressive attitude towards this most fatal disease. It has been shown that millions of tubercle bacilli, under certain conditions, may be discharged by a single person in the course of twenty-four hours. As tuberculosis can only result from the action of these germs, it follows that when the disease is acquired, it must come from the receiving of them into the body. It must also be true that tuberculosis being a communicable, *i. e.* a contagious germ disease, is distinctly

preventable. The means which are most certain to prevent its spread are those of scrupulous cleanliness regarding the expectorations. These means are largely within the control of the affected individual. It should be constantly kept in mind that it is the sputum, and the sputum alone, which is commonly the most important agent in its transmission. It is, furthermore, to be remembered, that consumption is not always, or even generally, as was formerly supposed, a fatal disease, but that a very large proportion of cases if recognized early are distinctly curable; and that a person who is well on the road to recovery, if he does not destroy his sputum, diminishes his chances for doing so by self-inoculation."

In accordance with these views, Dr. Biggs made specific recommendations to the Board of Health, urging that all cases of pulmonary tuberculosis be reported. That hospital authorities, so far as possible, should keep such patients in separate wards. That the Department of Charities should set apart, at least one hospital for this exclusive disease. That bacteriological examinations should be made in all cases, where the attending physician desired, at the public expense, and that a special corps of medical inspectors should be appointed whose work should be entirely with the investigation of tuberculosis, and the carrying out of means for its prevention."

I turn now to No. 4, a facetious communication from Dr. T. L. Bradford, of Philadelphia. He says: "I don't know much about the sprightly bacillus, my time is taken up with my historical writings about homœopathy. That is my fad. I think there may be a bacillus, since there is a bacillus for everything on earth, in the heavens above and in the waters under the earth. Truly, the bacillus 'is a noble animal.' I am glad you are trying to find out the facts and am sorry I cannot aid you Here the County Society are trying to make consumption a disease to be reported to the Board of Health like small-pox, etc. We also have a society devoted to the subject. Trusting you will make that horrible little bacillus yield up all his disagreeable secrets. I am, Fraternally, T. L. BRADFORD."

No. 5, from Dr. T. G. Comstock, of St. Louis, says, in substance: "That he only occasionally has sputum examined. That he does not regard bacilli the cause, only a consequence of tuberculosis, although they certainly add gravity to the prognosis. He does not consider their presence positive evidence of tuberculosis, and has never found them previous to the development of physical signs. He thinks he has known one infected patient fully to recover. While the advantage of knowing bacilli present in any case, is to show the knowledge of the medical attendant in one of the most recent advances of sci-

ence." In conclusion, he apologizes for his lack of experience, and regrets that he has been unable to make as many actual observations as he has wished.

No. 6, from Dr. A. C. Copperthwaite, of Chicago, is a general denial of the whole question. He has had no experience with the finding of the bacilli, does not examine for them or believe them to be evidence of tuberculosis. Accordingly he takes no means to prevent their infection, and gives no weight to their presence in prognosis, and to my closing question, "What aid, if any, is a knowledge of their presence in any case," he very briefly answered "None."

No. 7, from Dr. J. B. G. Custis, of Washington, D. C., says: "In reply to your circular I can only express great interest in your work, and state the fact that I also am studying somewhat upon the subject myself. I have not yet formed a custom of examining all suspicious sputa, but I do regard the bacilli positive evidence of tuberculosis, and should expect to find them previous to the development of marked physical signs. I do not consider bacilli as the cause of tubercular infection at all, though they have great weight in the diagnosis and prognosis of any case. A knowledge of their presence is of greatest value in enabling us to give proper hygienic and climatic advice."

No. 8, from Dr. J. P Dake, of Nashville, Tenn., is written in his usual clear and candid manner.

"Dear Doctor: I cheerfully comply with your request for answer to certain interrogatives, for I like to help on every form of inquiry that gives promise of aid to medical science. I have been so little satisfied with the claimed causative relationship between bacilli and tuberculosis, that I have not formed the custom of looking for the former in all cases of the latter. I do not regard the presence of bacilli positive evidence of tuberculosis, nor the proposition clearly demonstrated that there is a bacillus properly distinguished and defined in all cases of the disease. So far as treatment is concerned, I am not convinced that there has been any advantage gained by a search for or discovery of what you term 'tubercle bacilli.' The apparent contagiousness of pulmonary consumption and some other indications point to germs bacilli, graft-germs or something of the kind as causes. I may be too much old fogy — perhaps younger men and sharper eyes may discover or recognize what I do not. In practice I can only go as far and as fast as I am fully convinced, but I would put no straw in the way of the most full and free investigation."

No. 9, from a worthy son of a distinguished sire, Dr. J. W. Dowling, of New York, says: "It is my custom to have sputum examined, and I deem it especially important in the case of

young people or those with a bad family history. I consider bacilli positive evidence of tuberculosis, and should always look for them where there was failure to health without other known cause. As a rule, my experience has been negative in finding bacilli previous to the physical signs. I do not regard them as the sole cause of tuberculosis, there must be a suitable field — dyscrasia. Their presence is to my mind a bad indication, as I have not known an infected person fully to recover. A knowledge of their presence is of aid material, if early, as it gives us opportunity to improve general health by climatic and general treatment, thus rendering the field less suitable to bacilli and check or prolong their course."

No. 10, from Dr. T. C. Duncan, of Chicago, reads, "It is my custom to examine the sputa, especially in cases incident upon acute disease or developed thereby, chiefly catarrhal phthisis. The presence of bacilli is diagnostic, and in cases with masked physical signs is of especial value. Search for them, however, should be made in all cases of lung disease, but I have not done so (except to clear up diagnosis) in the early stage. I do not regard them as the sole cause of infection. They are an incident The general condition of the reabsorbent system in the lungs is the predisposing factor, the atrophic factor is the exciting cause. The finding of a large number of bacilli is evidence, to me, that the glands are giving way. I have known infected patients to fully recover by change of climate and the use of proper remedies. The diminution of the bacilli, with improvement of general symptoms, especially those of nutrition, is favorable. A knowledge of their presence helps to individualize the disease and limits the range of remedies to glandular ones."

No. 11, from Dr. Joseph O'Dwyer, of intubation fame, New York, briefly affirms: "My experience in the line of investigation referred to has been too limited to be worthy of record."

No. 12 brings us back to a physician from the Queen City of the West, Dr. Wm. D. Gentry, of Chicago. "The presence of tubercle bacilli gives positive evidence of tuberculosis by peculiar symptoms which they produce. If these symptoms exist, I subject the sputa to microscopical examination, to verify the diagnosis, otherwise I have never made any search for them. My opinion is that bacilli, if present, will not fail to show marked physical signs. I do not regard these germs as the cause of tubercular disease, but I do consider them the sole cause of infection, and the only means of preventing this is the isolation of the patient. Their presence in sputum is a positive evidence in prognosis. I have known many infected patients fully to recover for a time and die upon being re-infected. I also recall three persons now in good health who were infected and pronounced hopeless three years ago.

Our next communication, No. 13, to those of us who saw the recent obituary notice of Dr. Wm. H. Holcombe, of New Orleans, who died Nov. 28th, 1893, will seem like a voice from the spirit land. It shows the entire consecration of a man to his vocation, who would thus snatch from his last fleeting days the time to respond to a query like mine. His reply was mailed Oct. 1st and frankly states: He had not come to any definite conclusions regarding the diagnostic value of microscopical examinations of sputa, as it had not been his custom to have them made. He had had no experience in the early finding of tubercle bacilli, and he did not regard them the sole cause of infection. He had never seen a genuine case of pulmonary tuberculosis fully recover, and had never derived any aid from a knowledge of their presence in the treatment.

No. 14, from Dr. Malcolm Leal, of New York, expresses the observation of both microscopist and physician and reads as follows: "Dear Doctor: My work in the examination of sputa has been mainly outside of my own practice, so that I have not all the data you desire. In my own practice, I examine the sputum in all cases where expectoration persists longer than I think it should. In all cases of cough, with even scant expectoration, especially in girls from puberty to twenty-five. I believe the presence of bacilli positive evidence in diagnosis, and have found them in several cases where I could detect no physical signs of pulmonary lesion. The absence of bacilli to me is especially hopeful, and at least in one case of pulmonary abscess, which occurred in my own practice led to valuable results. I know patients in whom bacilli were found five years ago, who are alive to-day. A knowledge of their presence is of great aid, only as regards change of climate. I believe the presence of bacilli in considerable numbers means death. I believe that their presence in small numbers means that with favorable conditions of climate and hygiene, patient may be cured.

No. 15 from Dr. H. P. Loomis, of New York, informs me "That it is his custom to examine sputa, especially in early cases, with negative signs, unresolved pneumonias, etc. He regards the bacilli as positive evidence of tuberculosis and says all suspicious cases should be examined. He has often found them in extraordinarily large numbers before the development of physical signs though he questions if they are the sole cause of infection. In prognosis he gives but little weight to their presence while he regards their disappearance as a favorable indication. An early diagnosis has enabled him to place incipient cases under suitable climatic surroundings, and he has thus known infected patients fully to recover."

No. 16. Dr. F. H. Orne, of Atlanta, Ga., replies: "That he

is not a microscopist and has no experience in the early finding of bacilli, though occasionally he has it done. When found he regards them of diagnostic value and says they are probably the sole cause of infection. to prevent which he uses ordinary hygienic measures. In the South he has observed well developed cases to recover though the prognosis, if bacilli are present, is necessarily a grave one. The microscope points the danger and suggests preventive measures as regards associates, although he knows of little to suggest contagiousness in the ordinary sense."

In conclusion he says: "You are engaged in a most interesting work. The profession is looking to the bacteriologists to settle important questions."

No. 17, from Dr. R. C. M. Page, of the New York Polyclinic, who is an expert in physical examinations states; "It is not customary for him to have sputum examined as physical signs were usually trustworthy. The microscope is especially available in the second and third stages of the disease. If bacilli are abundant he considers them positive evidence of tuberculosis, but in fibroid phthisis they are usually scant and sometimes not found at all. He has not discovered them prior to the physical signs. Though bacilli are the sole cause of tubercular infection, there is no antidote or preventive except the general plan of heretofore. He has known an infected person to recover, but if bacilli are abundant his prognosis is bad. The only advantage of knowing about them in any case is, so long as they are abundant, to persist in the treatment."

No. 18. And now one word from the editorial sanctum of the *North American Journal of Homœopathy* so ably filled by Dr. Eugene Porter, of New York. He writes: "It is my custom to examine the sputa of suspicious cases and at present I regard the bacilli positive evidence of tuberculosis. I have had but little experience in searching for them previous to the appearance of physical signs, and I do not entirely regard them as the sole cause of infection. I do employ every precaution against contagion from the sputum in the way of germicides for the cuspidores, etc., bathing, ventilation and all of that.

In prognosis I give the bacilli great weight. A knowledge of their presence will determine the progress a patient is making and thus influence the treatment.

In conclusion he says: I hope you will be able to obtain enough definite information to determine, in part at least, some of the problems to be solved. No more important questions could be asked and I am glad you have undertaken the work of collecting and sifting evidence. The profession is divided in opinion on these points, chiefly, I think, from lack of knowledge."

No. 19. Dr. L. D. Rogers, of Chicago, responds very briefly to this effect: That he regards the bacilli positive evidence of tuberculosis though it is not his practice to look for them and has had no experience in their early recognition. He does not think them the sole cause of infection but has known some patients to recover. In closing he says, the aid which a knowledge of their presence gives is "incidental."

No. 20 is a very thoughtful review of the subject from Dr. Thomas E. Satterthwaite of the Post Graduate School in New York. He writes, "Dear Doctor, your circular interests me a great deal and your questions should evoke replies that will be of much value to the medical profession. You may be surprised that I say my views are quite conservative on this subject. There is a fashion about tubercle and from the time of Bayle to Koch we have been treated to medical views of its pathology and etiology every few years.

Now the tubercle bacillus is the fashion, and it is not always politic to run against popular ideas even if they are fallacious or delusive.

As a practical pathologist, teacher of bacteriology and writer on the same subject, I investigated the claims of the bacillus to notoriety but found that it did not appear in half of the cases where the patients were tuberculous, and I took my sputa from the dead bodies of tuberculous subjects. I have tested the mattier in other ways. On one occasion I sent a piece of suspiciously phthisical lung to the heads of our best pathological laboratories. All reported the lung tuberculous but some found no bacilli.

To be brief, I hold about the same opinion of Koch and his position in scientific medicine, that Virchow does. I shall be glad to see your testimony in print, though I can prophesy if your results are to be governed by a plurality of votes, Virchow and I will be out voted."

No. 21 is the opinion of Dr. John P. Sutherland, Editor of the NEW ENGLAND MEDICAL GAZETTE and reads:

"It is my custom to submit sputum to microscopical examination especially in cases of chronic pneumonia, bronchitis and suspected phthisis. It seems to me reasonable to consider the presence of tubercle bacilli in sputa as positive evidence of laryngeal or pulmonary tuberculosis. Search for them should always be made in incipient stages of phthisis and whenever it may seem desirable to obtain corroborative testimony in cases already diagnosed by physical examination as consumption.

I have not found bacilli present previous to the development of suspicious physical signs. It seems to me not unreasonable to regard the bacilli as direct, active and causative agents in the

production of tuberculosis. In practice I insist on the collection of all the sputum in such a way that it can be disposed of, preferably by burning, so that others may not in any way be exposed to infection. My prognosis is always a gloomy one when bacilli are found though I have known an infected patient to recover. A knowledge of their presence has never helped me in the treatment of a case. It has rather hurt me by taking away my courage."

No. 22. Dr. James Tyson, of Philadelphia replies:

That it is his custom to have sputa examined and especially in cases of doubtful diagnosis. He does not wholly assent to the proposition that bacilli are positive evidence of tuberculosis, but says, "I can conceive possible instances where tubercle bacilli may occur in sputum without tuberculosis being present, but such must be very rare. Examinations for them should be made as early as possible after a case comes under treatment. I have met a few instances in which bacilli appeared before the physical signs. I recall one in particular where the diagnosis could not have been made without, and subsequently the case progressed to unmistakable tuberculosis. I consider the conditions favorable to the growth and multiplication of bacilli important factors in tubercular infection but, so far as modern studies go, I am inclined to think there can be no true tuberculosis without the bacillus.

To prevent the spread of tuberculosis I use the ordinary antiseptic precautions, destroy the handkerchiefs, etc., upon which expectoration is made, sterilize the spittoons by the use of corrosive sublimate and carbolic acid and discourage indiscriminate expectorations.

In prognosis the presence of bacilli adds no increased weight. The prognosis is the prognosis of the disease however recognized. I cannot say I have ever known an infected patient fully to recover. I do not consider a knowledge of their presence any aid in the treatment, except so far as it suggests measures to prevent the spread of the disease."

No. 23. Dr. Conrad Wesselhoeft, of Boston, states: "It is my custom to submit to microscopical examination all sputa which comes from patients who have a consumptive appearance or history. I take much personal interest in the investigation according to Koch's method and have slides now that I prepared in 1883. The accepted axiom that tubercle bacilli are true evidence of tuberculosis I have no reason to doubt and, if time and practical experience permit, the sputa of every patient who coughs and raises should be examined for them. I do not consider them the sole cause of tubercular disease. They may be and probably are the only means of infection, but there must

pre-exist a predisposition, tubercular or scrofula habit, inherited or otherwise acquired without which infection cannot occur else everybody would die of consumption. I think bacilli are present in every case but not the only cause of the disease. High, pure air, sanitaria, is the best preventive treatment; this may eradicate the germs so that they are not unconditionally fatal. Extirpation of tuberculous glands, if situated where it can be done, may also lead to recovery. Lastly the presence of the bacilli if early discovered may cause the removal of the patient to a pure air dwelling which, if his stay be sufficiently protracted, may lead to his ultimate recovery."

The foregoing statements are all from practicing physicians, but the one I am about to read from Dr. Louis Heitzmann, the leading pathologist in this country to me, carries the greatest weight. It is said that a man's opinion upon any subject is valuable in exact proportion to his knowledge of the same, and it is on this ground that I would especially commend to you in closing the words of Dr. Heitzmann. He is an expert in microscopy and must have gained a deal of information from the thousands of cases whose sputa he has examined.

He writes, "Dear Doctor: Your letter is at hand and will be answered more from the standpoint of a bacteriologist than that of the practising physician. For many years past physicians have been accustomed to send me sputa for bacteriological examination so that I have had the opportunity to examine a very large number. Replying to your questions in order let me say,

1. Every suspicious case of cough should be subjected to a microscopical examination of the sputa whether tuberculosis is suspected or not.

2. The presence of tubercle bacilli is the only positive evidence of tuberculosis, and search for them should be made the moment it is suspected.

3. In a large number of cases bacilli may be found in the sputa long before there are any well-marked physical signs and their detection will often afford the first clue to a patient's malady. This I have seen over and over again in cases where physicians were unable to make any diagnosis, other than bronchitis, and where the examination was only asked because the sometimes only slight cough would not yield to treatment.

4. Whenever tuberculosis is present, tubercle bacilli may surely sooner or later be found. 'No tuberculosis without bacilli.' I am well aware that, even to the present day, some physicians doubt this and even try to prove that in a certain case of phthisis bacilli could never at any time be found. The trouble is simply about the meaning of the word "phthisis," for instance some will call a chronic catarrhal pneumonia 'fibroid

phthisis.' That this is not tuberculosis I need hardly mention. Whenever tuberculosis exists tubercle bacilli are undoubtedly present. It is by no means correct to call tubercle bacilli the sole cause of tubercular infection, since tuberculosis will never affect people with good constitutions, but only those with poor, broken down constitution.s People with good constitutions may continually inhale bacilli without any bad effect whatever, and this gives us the best means of prevention. Keep the constitution in good condition and build up poor constitutions as rapidly as possible.

5. As regards prognosis I do not lay very much stress on the number of tubercle bacilli, since a given sputum may contain only few bacilli and still be from a severe case and, on the other hand, a comparatively mild case may contain a large number of bacilli. Other features must come into consideration. Many different examinations of the same, however, carried on at known intervals will undoubtedly afford a clue to the intensity of the case, and to whether a patient is getting better or worse. What was said above was meant for different cases; not for different sputa of the same case. I have undoubtedly seen infected patients to recover completely, the tubercle bacilli completely and permanently disappearing. Unfortunately this favorable turn is rare.

6. A knowledge of their presence is of the utmost importance, since that alone will give us a correct clue as to the manner of treatment. Good constitutions and proper hygienic surroundings are the two most important factors, all medicines can at best be only secondary. Everything said above holds true not only for tuberculosis of the lungs, but also for tuberculosis in any other part of the body.

Yours truly, Louis Heitzmann."

I do not know as I have any commentary to make upon these important reports. Each one is a paper in itself and all have been written with conscientious care. The number is not great; but the respect which the authors command and the influence they as teachers and writers exert upon the entire profession can hardly be estimated. A master mind holds many lesser ones in bondage and I doubt, could the opinion of every intelligent physician in this country be obtained. if the verdict rendered would differ essentially from what I have given you today.

Let us summarize very briefly so far as we can from the opinions expressed, the views which my thoughtful correspondents hold upon the leadings points in this paper.

The whole number of physicians reported are 24; of these,

(if I have made no mistakes in computation) 11 are in the habit of having the sputa of suspicious cases examined for bacilli; 9 occasionally have it done; 4 left the question unanswered; 16 regard the presence of bacilli positive evidence of tuberculosis; and 4, Drs. Leal, Loomis, Tyson and Heitzmann say they have found them before they could detect the disease by physical signs; 4 regard bacilli as the sole cause of tubercular infection; 14 as a more or less important factor therein and nearly all take sanitary precautions to prevent it.

In prognosis the weight of medical opinion is less freely expressed than in diagnosis and the question, perhaps, cannot be better answered than in the words of Dr. Tyson, who said, "Bacilli add no increased weight to prognosis. The prognosis is the prognosis of the disease, however recognized." Few, however, have the versatile skill of Dr. Tyson in its positive recognition. And now "behold I bring to you good tidings of great joy, which shall be to all people." Over half the physicians who answer my question at all say they have known infected patients fully to recover. Hear it all ye doubting doctors and with your down-hearted patients take hope. Lastly all but three who reply practically acknowledge the value of the microscope in either diagnosis or preventive and therapeutic treatment. The discovery of Koch has revolutionized the trend of medical thought and made preventive measures possible. The talk is great but not a hopeless one.

Fortify the system. Prevent the entrance of pestiferous germs and make it possible for our weaklings to escape. Quarantine the spittoon. Create a public sentiment against promiscuous expectoration. Teach consumptive patients the dangers they may impose upon the ones they love; and you will have accomplished much in the right direction. What is true of the individual is also true of society. The public must be informed and who, if not the profession, shall do it? Laws may be necessary for the ignorant but law is of no use without public sentiment, and public sentiment is law.

PERINEAL LESIONS.

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

BY FREDERICK W. ELLIOTT, M.D., BOSTON.

Few physicians in active general practice achieve even to a moderate degree the ambition of student days in the direction of surgery.

An occasional fractured radius or clavicle to be set. A few discolorations to be reduced, numerous incised wounds to be sutured, superficial morbid growths to be removed, many fu-

rules and abscesses to be laid open, rarely a carbuncle to be incised, occasionally a sinus necrotic tissue either muscular or osseous to be curetted, hemorrhoidal hypertrophies to be extirpated — these include nearly all the operative cases which in the ordinary course of events come under the observation of the average physician.

Perineal surgery, however, affords a striking exception to the above generalization. At the very threshold of professional life the female perineum presents itself. Hardly a week elapses when it does not demand the care and skill of the medical attendant, a responsibility than which few greater are incurred by the family physician, involving as it does the comfort, health and long life of the patient, and the professional reputation and success of the physician. While speaking with utmost diffidence in the presence of those, older in practice, and with far wider experience, yet a few deductions from personal observation may not be entirely devoid of interest and value.

First. The rupture of the perineum appears to be inevitable in a not insignificant proportion of all obstetrical cases.

Second. Certain cases of perineal laceration may well be left for a few hours or days before attempt at repair.

Third. Patients with complete lacerations extending entirely through the sphincter ani can live with comparative comfort if the pelvic organs be adequately supported. For the purposes of comparison two series have been taken each including fifty cases of confinement. The first series, those first attended after graduation. The last case of the second series was seen Oct. 8, 1893. Intermediate cases are omitted. The assumption may not be unfair that experience adds skill and does not diminish caution. In the first fifty cases the perineal tears numbered four. In the last fourteen. lacerations occurred. In the first series of a total number of fifteen primiparæ, three were torn or 20%. In the second series, of sixteen primiparæ, eight were torn or 50%. In Schroedeis' experience including thousands of cases, 34 1-2% of lacerations occur in primiparæ and 9% in all other cases. The ratio in the entire first series is 8%, in the second series, 28%. In both series the recognized means for preventing sudden or undue strain upon the perineum were systematically and carefully employed. The inference therefore seems justifiable that in a certain considerable proportion of cases perineal lacerations may be expected. With four exceptions the lesions were unimportant, extending upwards less than 1 1-2 inches and only partially through the perineal body, healing readily and kindly by first intention. After testing various sutures, those giving the best results were catgut for vaginal and braided silk for perineal use, a very convenient

form of which are the aseptic ligatures upon glass spools furnished by O. Clapp and Son.

The Hagedorn needle, of full curve with rounded shank, a valuable improvement by Dr. Packard, has been employed with great satisfaction. A pod saturated with Hg. Cl2 1:1000 applied as hot as can be borne and renewed *pro re nata* has been grateful to the patient and has seemed to promote the processes of repair. A douche of water sterilized by boiling has been given on the second day.

In August, 1893, Mrs. A. was attended in her first confinement. She was of stout habit with muscles relaxed and flabby. The labor was long, tedious and painful to the last degree. It was finally terminated by instrumental interference. The external perineum was slightly lacerated but the recto vaginal septum was deeply torn in an irregular line, the lesion extending from 1-2 inch of the ostium vaginæ deeply back into the pouch of Douglas. Immediate repair was attempted. The nurse was the only available assistant. The time 2 A. M. the light or want of it, the excited and alarmed state of the husband and patient's friend, the exhausted condition of the patient herself and the position of the torn surfaces, almost inaccessible with the instruments and aids at hand — were not favorable conditions. Notwithstanding greatest care and utmost effort sutures could not be passed so as to approximate the divided surfaces at the highest point at which solution of continuity occurred. A pouch so much dreaded was formed, a nidus for the decomposed lcchial discharges, and perfect primary union was not obtained. The patient was in bed for ten days and apparently made a good recovery, as apparently at this writing, seven weeks from her confinement, she is enjoying excellent health. It is, however, to be feared that her pelvic organs will suffer in the future, from the imperfect repair of the lacerated structures.

Mrs. M——, was confined by another physician on June 19th, 1892, the writer being out of town. A very difficult labor resulted in a laceration of the second degree involving the sphincter ani. A person of strong will, she utterly refused to have the wound closed at the time. On my return, four days after the labor an examination revealed the true state of affairs. The serious consequences of the accident were fully explained to her husband. He desired an operation. Despite her resistance and protestations ether was administered and a perinerrhaphy done on the 6th day. The granulations were removed and the entire torn surface carefully freshened with a sharp curette, the rough edges made symmetrical and the parts approximated. The results left nothing to be desired. Healing by first intention followed. The stitches were removed on the 6th day, the

case discharged on the 10th day. She has since enjoyed vigorous health. It seems therefore good surgery in certain cases to defer for a few hours or days the repair of the perineum.

Mrs. C——, a laboring woman was seen in 1889. She was afflicted with complete prolapsus uteri. The perineal body was wholly destroyed and the sphincter ani torn entirely through down to, but not into the rectum. The uterus was during working hours outside the body in large part. By friction it had lost its smooth and mucous appearance and had became calloused, dry and leathery. It was replaced, a ring pessary of the Star pattern was adjusted being held in place by an abdominal belt of the London supporter type. This was worn with marked relief for six months when much to her surprise she became pregnant. The labor was uneventful. At midnight in January, 1891, I was hastily summoned by a messenger, who said that Mrs. C. was dying. An examination disclosed the fact that the cervix had pushed its way through the ring, had become incarcerated and congested until it was so swollen as to almost bury from sight the rubber ring. The condition was aggravated and momentarily became worse. The rubber with much difficulty was divided and a retroversion cup pessary substituted. She has since enjoyed a fair degree of health, and has been able to perform with comparative comfort those onerous tasks which fall to the lot of a woman, who is compelled to support by manual labor a family of children and a shiftless husband.

ADDRESS BEFORE THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BY THE PRESIDENT, WILLIAM L. JACKSON, M.D., FEBRUARY, 1894.

Ladies and Gentlemen:—I thank you for the honor you have conferred upon me in electing me to be your President. It will be my sincere endeavor to do everything in my power to further the usefulness and prosperity of the Society. I beg your indulgence and co-operation in fulfilling the duties of the office, asking you to believe that my only desire is to add to the value of the meetings and the satisfaction of the members.

The past year has been one of unparallelled prosperity in the history of this Society. The new plan of holding sectional meetings each month has been very successful, as is evinced by the larger attendance, the greater interest shown in the meetings, and the many original and valuable papers which have been presented. All this promises much for the increased usefulness and strength of the Society in the future. The membership has now reached 217. Never have we been so well organized nor so well prepared to undertake important work.

Representing as we do a large number of citizens and taxpayers of this city, it is our duty to point the way that will lead to a proper recognition of our rights. This large section of the community have strong and well founded belief in a certain method of treatment, and it is with abhorrence that many of them look upon the possibility of being obliged to submit themselves to other methods, and yet, as it stands to-day, there is no choice but to yield to the practices of the dominant school, should they be unable to obtain home care or a bed in our own hospital, or should they have the misfortune to be afflicted with a contagious disease such as small-pox. Efforts have been made at various times to have our rights recognized, but so far without success, and in my opinion we need expect nothing from those in control of our City Hospital until we can bring influence of another sort to bear upon them. If we can show that we are strong politically, as well as in the fact that such recognition is but our right, then we may expect the concessions which we now demand in vain. We have but to consider what has been accomplished by the Committee of One Hundred in influencing the personnel of the School Committee, to show what we can do by directing our energies to obtaining our rights from the city government, and I would make this suggestion,—that the committee in charge of the petition to the Trustees of the City Hospital be continued, and be instructed to formulate some plan for practical work so that as a body we should give our suffrage and our influence at the polls only to those men who are favorable to a just consideration of our claims.

It is in the experience of every physician of whatever school to chance upon those who are particularly sensitive to the action of medicine. There are other patients who seem to thrive on massive doses, — consequently people naturally drift into one or the other school as they find themselves most benefited. we cannot to-day show the relative advantage of our method in comparison with the old school as markedly as was possible in Hahnemann's time. Their therapeutics of to-day have greatly advanced over what they were even twenty years ago, because the leavening effect of homœopathy has led to the study of the single drug, the diminution of the dose, and more careful study of symptoms, as well as to an empirical use of many of our homœopathic remedies. There can be no question in any candid mind that old school physicians do get creditable results in many cases, and while a neophyte might resort to some of their conventional methods, when he cannot get prompt and satisfactory results with our own medicines, yet with greater experience these relapses to other measures grow less and less fre-

quent, and I feel confident that the results of the use of homœopathic remedies will be more and more satisfactory as one's experience increases.

You will all concede, I do not doubt, that in many branches outside of therapeutics our opponents have made great advances in preventing and controlling disease, and it behooves us to awaken from our self-confident position of reliance solely on medicines and investigate what is being accomplished in other branches of medical science. Let us take, as one example, sanitary science. The interest felt in this subject in our fraternity may be fairly estimated by a glance at the number of members who have enrolled themselves in that section of this Society. It is one of the smallest, although the members have made up in enthusiasm for their scanty number, as was shown by the very interesting and instructive evening they gave us last month; but the absence of appreciation of the importance of this subject is an impressive commentary upon our failure to keep pace with the latest advances in medical science. If we are to maintain our supremacy we must not only perfect our knowledge of drugs, but also understand the cause and nature of disease.

Another and important matter to which we must devote our attention is the preparation of food. The remarkable and practical developments which have taken place of late years in the preparation of food, and in our knowledge of what combinations the body requires for its perfect nutrition, is a subject which vitally interests us as physicians. We should all carefully investigate this new science and apply it for the benefit of our patients. The work which the Rumford kitchen did at Chicago and the quiet work of the New England kitchen here in Boston, are worthy of careful investigation and the adoption of their suggestions. Not only do we need good and nutritious food, but above all it should be suitably prepared for assimilation and combined in proper proportions. Already there have been two marked examples of appreciation of this work, but in each case in the West. The Women's Commons in the University of Chicago are conducted according to these suggestions, and the great Insane Hospital, of two thousand inmates, at Kankakee, Ill., has recently called an expert from Boston to reorganize its commissary department.

Many of you who have been consulted in regard to diseases to which collegians are liable, must have been impressed by the fact that many of those who have taken their meals in the commons of a neighboring university have suffered from various forms of indigestion, varying in severity from simple dyspepsia to severe attacks of gastro-enteritis. On investigating these

cases it was clearly to be seen that the trouble was all due to improper food, and to ignorance of proper laws of nutrition. The food was often spoiled in the cooking, and for lack of appetizing nourishment the men were forced to resort to an excess of sweets and large quantities of cold milk. When questioned, these students said that nothing could be done; that each year a new committee started out with a firm determination to improve the methods of preparing and serving food, but after a few weeks of vain effort they had to give up and accept the old conditions. It is with great interest that we learn that others are waking to the necessity for a revolution in the old-fashioned processes, and may it not be that something in this line of work may prove the solution of this vexed question, for of all times when a man should be at his best physically it is when the brain is called upon for its best work. Although it is easy to recall the names of some distinguished men who were victims to dyspepsia, yet who can tell what greater work these same men might have achieved with a well-ordered digestion.

We can extend this theory even farther into the treatment of diseased bodies. What is so important as the proper and careful nourishment of hospital patients. Alas, too often is it the case that good food material is spoiled in the methods of its preparation, and may not some of our own pet institutions take home this thought to themselves and find in this new method of cooking the solution of that difficult problem — how best to sustain life against the inroads of disease.

It is less than a century since Hahnemann formulated in *similia similibus curantur* the basic principle of homœopathy. It was thirty years, 1825, before this revolution in medicine crossed the Atlantic from Germany to New York; it took thirteen years more, 1838, for it to reach Boston, where it found friends and favoring conditions; four years later, 1842, the genial Autocrat announced that the whole thing was such an utterly absurd delusion that a single decade must sweep it from the face of the earth. The close of the first half century, 1846, found forty successful practitioners of homœopathy in New England; in 1851, the directory showed 182; in 1861, 400; in 1871, 700; in 1881, 1,000; while at the present time there are at least 1,400 in the New England states alone, and 15,000 in this country.

At various times prophets have arisen in imitation of Dr. Holmes to predict the extinction of homœopathy, the latest of whom, I am told, asserts that it will take about forty years to accomplish this result. He bases his deduction on figures giving the increase of the homœopathic physicians in the past decade as ten per cent. against thirty per cent. in the old school. I

am at a loss to know where he can have obtained these data, but I think it will interest the Society to know some facts in regard to homœopathy in Boston. These figures are obtained from the list of physicians in our city directory:

In 1873, there were practising in Boston and accredited to the Massachusetts Medical Society, 349; Massachusetts Homœopathic Medical Society, 46. The proportion was 7.5 to 1. In 1883, the figures were: Massachusetts Medical Society, 421; Massachusetts Homœopathic Medical Society, 83. The proportion was 5 to 1. In 1893, the figures were: Massachusetts Medical Society, 538; Massachusetts Homœopathic Medical Society, 110. The proportion was 4.8 to 1.

The increase in members of the old-school physicians during the first decade was 20 per cent. During the same period we increased 80 per cent. During the second decade, 1883 to 1893, the percentage of increase in the old school was 27 per cent., and ours was 32 per cent. During the twenty years, 1873 to 1893, they increased 54 per cent. and we 139 per cent.

On examination of the U. S. Census Report, no classification of physicians can be found, but in the Massachusetts State Census for 1885, the number of allopathic physicians and surgeons was given as 1722, homœopathic physicians and surgeons was given as 488, which is in the ratio of 3.5 to 1. No comparison of increase can be made until the next census is made in 1895.

We have much to offer as proof that our method of practice has advantages over all others. The statistics of our own hospital, of which we have a right to be proud, show an average mortality extending over twenty-two years of 4 1-4 per cent. Not another general hospital in the city can show such results. Another conclusive evidence can be found in the *North American Journal of Homœopathy* for November, 1893. Dr. Allen there gives the statistics of the Laura Franklin (homœopathic) and the Saint Mary's (allopathic), both children's hospitals of about the same size and both conducted by the same sisterhood of nurses. The former hospital shows a mortality of less than 2 1-2 per cent., while the latter shows 8 7-10 per cent. Dr. Allen well says, "Endeavor to improve our methods rather than to abandon them."

The statistics of the Five Points House of Industry, New York, for twenty-six years, give additional proof of the results to be obtained by following our law of cure: Typhus fever, 285 cases, 2 deaths; croup, 99 cases, 8 deaths; scarlatina, 88 cases, 3 deaths; typhoid fever, 84 cases, 3 deaths; croupous pneumonia, 179 cases, 4 deaths. These results, if compared with the usual mortality of old-school treatment are surprisingly favora-

ble, and are convincing except to those who are blind to everything not labelled "regular," as they call themselves.

We have seen how long a time was required for homœopathy to cross the Atlantic. It has been here nearly seventy years, long enough for the most popular delusion to be buried and forgotten. Twenty-five years ago there was no insane hospital under homœopathic care; now four states have each established and sustained a large hospital of this kind. There were few general hospitals which admitted homœopathic treatment; forty-five have since been erected, several with two hundred beds, while more than fifty special hospitals,—as for consumptives, children, diseases of the eye, etc., —exist to-day, making about one hundred hospitals containing 6,711 beds, and which have treated in the past year 38,161 patients, and were never in so prosperous a condition as now. Last year fifty-six dispensaries treated 173,815 poor patients, with 510,431 prescriptions. Twenty-five years ago there were only two medical colleges which taught homœopathy; now there are eighteen well-established and successful institutions, which, last year, had in attendance 1,439 students, and have since their foundation graduated 9,868 physicians. Six homœopathic journals were then published, now there are thirty-six. Thirty state medical societies have been incorporated and are in successful operation, while more than 120 county and local societies exist. How in the light of such facts and such a history of growth as we can show any one dares to predict our extinction seems strange, and we can only account for it by believing that the new prophet is unacquainted with his subject.

The records of the last quarter of a century show us in some measure what it is possible for the next forty years to accomplish. Every physician and every society is bound in honor and in faith to do their utmost for the advancement and spread of our principles. Every institution established should meet with cordial and hearty support and loyalty from us all, and the results obtained by it should demonstrate the superiority of our method of cure. By such means we shall not only do our duty according to our light, but the science of medicine will be so advanced that the principles of homœopathy will be the accepted principle of medicine. Let us all work for this result.

DEATH FROM SWALLOWING A SPONGE. — During the performance of an amputation of a foot at St. Joseph's Hospital, Syracuse, on Oct. 18th, the patient died of asphyxia produced by the swallowing of a piece of sponge. On account of the accumulation of mucus in the throat an assistant was directed to swab it out, and while this was being done the sponge unfortunately became detached from the holder and was swallowed. After a fruitless attempt to extract it, tracheotomy was performed, but this also proved ineffectual in saving the patient's life. — *Boston Medical and Surgical Journal.*

IMPERATIVE IMPULSES.

BY J. F. BOTHFIELD, M.D., WESTBOROUGH.

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

The cases which we shall now look at are of that rather unusual form of mental unsoundness which has been called inhibitory insanity. The condition of imperative impulse which we will observe in these cases commonly occurs in the course of many forms of mental disease, but occasionally a condition is seen where this loss of power of inhibition is the chief and by far the most marked symptom, without any other appreciable mental defect. The variety of impulses to which such patients are liable is innumerable, and the rather unscientific names dipsomania, nymphomania, kleptomania, etc., have been given to such, according to the particular direction which their impulses assume.

The first case which we will see is of this young man, seventeen years old, who until three months ago seemed to be in perfect health. He attended school regularly, and last November left the High School after a two years' course and entered a mercantile house in Boston. At no time have there appeared to be delusions or hallucinations, or any other evidences of insanity, excepting the acts for which he was arrested a few weeks ago. This young man has attracted a good deal of attention lately in Boston by these acts of his, over which he claims he had no control and which he assures us were unpremeditated. He is a good example of a patient with imperative impulses towards setting fires, — that is pyromaniac. Since February he has set eight fires in all, one of them, the great Lincoln street conflagration, being the most disastrous. He said he was employed on Atlantic Avenue, and one day was sent on an errand to the Partridge Building, transacted that errand correctly, and on his way out of the building the impulse came over him to set it on fire. He went into a closet where there was considerable paper, started the fire and ran out of the build ing. He set six fires in the place on Atlantic Ave. where he was employed, always in the same closet, and was finally caught by detectives in the act of setting another. This boy, as you see, seems of a quiet and gentle disposition, is intelligent and tells a straightforward story.

The second case is one which has gone on to chronic mania, but in whom these imperative impulses are still very prominent. Very likely this case started much like the other. First, there was the lack of mental inhibition, followed by the development of numerous delusions and hallucinations. The form of impulses in this man have always been of a violent or homicidal

nature. He is a very dangerons patient. Without any warning and on the slightest provocation he is liable to use the nearest weapon at hand upon any inoffensive person, yet he is intelligent, is a good worker, and, if properly managed, a very useful man to have about the hospital. These states of defective inhibition, as a general rule, are met with in those hereditarily predisposed to the neuroses or in those whose normal brain functions have been impaired. The great crises of life sometimes set up this condition, puberty, adolescence, the climateric period and senility.

HYSTERICAL CONVULSIONS AND LACERATION OF THE CERVIX.

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

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

Nervous phenomena, often called hystero-neuroses, referable to morbid or physiological changes in the female sexual organs, may be slight and unimportant, and yield readily to a few doses of the appropriate remedy, or they may be severe, protracted and even fatal in their effects, and baffle the skill of the ablest physician. Caused by changes in the uterus and ovaries, they manifest themselves in (1) diseased conditions of those organs, and also (2) during periods of increased functional activity, as at puberty, during mensuration and pregnancy, and at the menopause.

The first class may be called pathological, and to the second the name physiological has been applied. Under the first class is included the nervous phenomena dependent on a morbid condition of some part of the female sexual apparatus, and it comprises ovarian as well as uterine diseases. Authorities differ, some claiming that in hystero-neuroses the ovaries are the cause, and others that the uterus is the organ at fault, and yet it does not occur to them that the truth may lie between the two, and that it is more likely to be the organ which was primarily affected, which causes the morbid phenomena, *i. e.*, if uterus be in an unhealthy condition, without doubt the ovaries, by extension of the morbid process, may become affected, and, *vice versa*, if the ovaries are diseased, the uterus may show a corresponding deviation from the normal state, and, in either case, nervous symptoms may result. This is not surprising when we consider that the blood and nerve supply is practically identical and that the innervation is largely from the sympathetic. So, while we consider one side of the subject, we do not necessarily ignore the other, and, for the purposes of this paper, we will confine our attention to the pathological condi-

tions of the uterus and the reflex symptoms thence arising resulting from laceration of the cervix.

Laceration of the cervix, which commonly results from parturition, is not exclusively caused by that state, though during labor the most important lacerations take place; it may occur in the non-parturient, but the causes are so well known that I will not presume to dwell on them here. Still, one point may not be amiss, and that is that abortions, accidental or wilful, are likely to cause it. After laceration occurs, the wound may (1) heal with scarcely a trace of the laceration to be found, which is possible but not usual, and depends on a variety of circumstances, as the degree of cleanliness, the accuracy with which the parts approximate, and the constitutional tendencies; or (2) partial union may result, leaving fissures extending into the cervical canal and more or less scar-tissue; and, lastly, (3) non-union, the angle of the wouud or wounds being more or less filled with a cicatricial formation. Sloughing of a portion of the cervix may occur, depending on the amount of injury to the blood supply. With either of the last two conditions, rolling out (ectropion) of the cervical mucous membrane, erosions and cystic degeneration, occur in varying proportion, with infiltration of the mucous membrane and cervix and even the body of the uterus. Relief of the congestion is attempted by a leucorrhœal discharge. The peculiar change in the sensibility of the cervix, which is normally so insensitive, leads us to inquire whether the nerve supply is increased or whether the nerves of the part take on an increase of function. A certain sensitiveness of the cervix to touch, may be caused by the presence of cellulitis or peritonitis, but when these conditions are absent, and on touch pain is developed in the cervix, we must seek for another explanation, which is, that the cicatricial tissues not only interfere with the circulation, but impinge on filaments of the nervous system, which communicate with fibres of the cerebro-spinal nerves. In like manner, can be explained distant pain or neuralgia caused by the least touch to these parts, without any pain at the point of contact.

While there are cases which present no especial symptoms which would lead the practitioner to suspect a laceration, and where even an examination fails to show that changes, appreciable, have taken place in the uterus, and when gestation progresses normally, leucorrhœa is absent, the endometrium in a healthy condition and all parts normal, except the cervical tear or tears, still, as a rule, the indications are clear and easy to read. Beginning with the case as it usually comes to the physician, a longer or shorter time after confinement, concerning which the patient often gives a history of a slow convalescence;

there has been a persistent leucorrhœal or bloody discharge, or the discharge may not have begun until some time after recovery; with a dragging sensation about the hips; lumbar or hypogastric pains or both; often constipation; the menstrual flow may be diminished, but is generally increased, there being frequently both menorrhagia and metrorrhagia, due largely to the chronic congestion of the pelvic organs, and the irritable condition of the uterine mucous membrane; and the patient becomes more or less anæmic. Pain in the cervical spine and at the base of the brain, with perhaps burning on the vertex, are more or less constant symptoms, and, frequently, a dragging sensation of the eyes, with loss of memory, and the disposition more irritable and easily disturbed than common. In addition, we have the reflexes, pain is not the only one, which are equally important and often more obscure, such as asthma, dyspepsia, headache and mental alienation. That these reflex symptoms occur in an organ or part which submits most readily to the morbid impulse, there can be no doubt; it may be on account of its lessened resistance, from an already lowered vitality, from inherent weakness of the part or diseased condition, or from an existing hypersensitiveness. Explain this as we may, we shall have to explore the family history as well as the history of the patient for the causes, and then often fail to discover them. Still when we find a case in which a very slight laceration of the cervix causes pelvic and reflex symptoms, which are out of all proportion to the local damage, how can we explain this otherwise than on the basis of a neurotic diathesis (if the term may be used) which usually dates back one or more generations, but may have originated *de novo* in this particular case.

It is in patients of a neurotic temperament that the most mischief is caused by a cervical laceration. It may be that the wound has united and that a very careful examination is required to detect the presence of cicatricial tissue, or the parts may still be separated and an abundant quantity of scar tissue present; in all the uterus is more or less enlarged. The usual condition in these cases is that of chronic metritis and endometritis, the uterus being enlarged, the cervix also, often with cervical erosions and remnants of one or more old lacerations; the ovaries frequently increased in size, hyperæsthetic, and not infrequently indications of a preceding pelvic cellulitis, the uterus being often displaced. This all may result from an ununited laceration, without any subsequent irritation, in those predisposed, or succeeding pregnancies, household cares and any or all of the many nerve-disturbing forces, may each add its quota. An Englishman expresses it, "the irritation of the genital terminals, I believe, is due to compression by the surrounding con-

gested, hyperplastic, œdematous, or contracted tissues. The irritation of the uterine terminals is transmitted over nerve fibres which are already in a state of morbid activity, and is thus guided to the nearest ganglionic centre, or it seeks, by the most direct path, a responsive central plexus, which is itself in an unstable equilibrium, with heightened susceptibility to impression."

The pathological condition has in general been stated; whether the reflex irritation is due to pressure on the nerve-terminals within the uterine or ovarian tissue from the congestion; or whether the ultimate nerve filaments, distributed to the uterus and ovaries, become hypersensitive from the general congestion, in which they must necessarily participate; or whether from the increased blood supply (congestion) the nerves themselves do not take on an increased growth, is hard to decide, probably all these conditions are united in varying proportions in different cases. From the irritation of the nerve terminals to the ganglia supplying the pelvic viscera is but an easy step, especially if they be in a susceptible state; this communication once established, the impulse can be directed toward any part of the body and find expression in stomach, chest or brain.

The path of transmission of reflexes is difficult in most cases to determine; the most probable route of the different impulses in cases of this kind, is through the pelvic ganglia to the ganglia or plexuses supplying the other organs of the body. The largest of these, the solar plexus, standing, as it does, in intimate relation with the stomach and other abdominal viscera on the one hand, and, by its connection with the pneumogastric, to the heart, lungs and cerebro-spinal centres on the other, seems to be the channel through which impulses must flow. This affords a direct road to the brain, and hence mental phenomena are among the most frequent, varying all the way from a slight change in the disposition to convulsions and even insanity.

As to treatment, it is the old rule, the removal of the cause. While many cases may be benefited by medication, there are certainly some which cannot be cured without a surgical operation. The following case will illustrate some points in the foregoing remarks:

Mrs. M.; age, 22; light-complexioned; spare; nervous temperament; menses irregular, occurring every three to five weeks; her father died some five or six years ago of pneumonia; her mother is a victim of alcoholism; the patient was married five years ago, had a child two years later, which died when two years old. She became pregnant about this time and had an

abortion performed, with slow recovery from its effects; profuse leucorrhœa constantly since; she complains of lumbar pains and burning on the top of the head; menses as stated are irregular, flow not excessive in quantity and normal in color; pain comes on after the flow begins, it is low down in the back, and generally lasts three days; diarrhœa occurs regularly at each menstrual period, beginning two or three days before and lasting during the flow. Convulsive seizures have occurred from time to time since the abortion, with the menses, not regularly, but frequently increasing the last nine months; at each of the last three periods she has had two or three seizures.

Old-school treatment, at various times, has not benefited. I saw her first June 18th, 1891, early in the morning. She had a number of convulsions during the night, and admitted that she was conscious during the attacks; no fever; opisthotonos marked; tenderness over both ovaries; tongue not bitter and eyelids closed; sobbing and hysterical laughter during the spasmodic stage, with at times screaming and attempts to bite the attendants; menses began two days ago and stopped in twenty-four hours, beginning again yesterday morning. The convulsions were more or less continuous for three days, gradually decreasing in frequency. A vaginal examination revealed a bi-lateral laceration of the cervix, erosions, metritis and endometritis, uterus enlarged, depth three inches; ovaries both enlarged and sensitive. There was an interval of nine days, and then the convulsions returned, and the menses also, with increased pain in the back, which I found was due to the uterus becoming retroverted from the congestion, causing it to tip back, and when in that position it pressed on the (sacral) nerves, in such a way as to cause intense pain; replacing the uterus and the insertion of a tampon gave immediate relief of the pain. From this time, June 29th, until July 22d, the convulsions were more or less continuous, not a day passed without two or three and often as many as twelve or fifteen occurred in twenty-four hours. The remedies given were cimicifuga, ignatia, nux vomica, belladonna, gelseminum, hyoscyamus and sabina, the most relief being obtained from belladonna, except the temporary relief from ether and the cold douche to the head. Because of the gradual loss of strength and the persistence of the convulsive tendency, as well as on account of the local condition, I urged an operation, and gaining consent on July 24th, I made a trachelorrhapy; the operation passed off uneventfully, as likewise did the two weeks during which she was confined to her bed, except that the menses came on a week earlier than expected, and, as usual, the pain in the back, which was relieved by replacing the uterus as before; no convulsions; the result

of the operation, locally, was a restored cervix. The menses returned in August, with the pain in the back, which was not so intense, but the pain has not appeared since then.

There were no more spasms until Sept. 23d, when she had two slight ones, which calling for belladonna were relieved by it. The uterus gradually resumed its normal size, the ovaries lost their sensitiveness, and the endometritis disappeared, and I was not again summoned until Jan. 14th, 1892, when at 9.30 P. M. I was called and found she had had five convulsions, all short, but with the same tendency to bite. Belladonna made short work of the attack, and while other troubles have arisen since, there has been no recurrence of the convulsions and the menses are painless.

CHROMIC ACID IN CHRONIC ENLARGEMENT OF THE TONSILS.

BY S. A. SYLVESTER, M.D., NEWTON CENTRE.

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

According to Wagner, "It is more rare to see a normal tonsil than an abnormal one." All practitioners frequently meet cases of hypertrophied tonsils, and usually find them difficult to cure by the administration of remedies.

Patients with enlarged tonsils are subject to attacks of acute inflammation which yield to acon., apis, bell., baryta, guiac, merc., phyto, hot-water gargle, etc., but the previous induration remains as before and baryta, the calcareas, iodides and mercurials often fail to reduce the chronic enlargement. The patient, friends and physicians tire of the routine treatment and seek some more effective method. The dread of operation leads most persons to favor some less severe course, if encouragement can be given that relief in any degree can be obtained without the use of the cutting instruments, as the tonsillitome, bistoury or scissors.

Some authors advocate the tearing up of the tissue of the gland with instruments inserted into the crypts and moved about, rupturing the walls, thereby promoting absorption; others have used the hot iron, the cold and the hot snare, the galvano cautery, galvano puncture, igni puncture, and I believe that electricity will rightly gain in favor, as those most skilled in its use demonstrate more frequently and fully its efficacy in reducing the size of enlarged tonsils. With suitable instruments and skill one can with but slight pain to the patient insert the point of an electrode to the bottom of a crypt, and burn from below to the surface, controlling the extent of the destruction at will, and with no fear of hemorrhage. But at

present the majority of practitioners have not the equipment to do this, and simpler and less effective treatment may be advisable under some circumstances.

The supposed risk of hemorrhage has lead to the use of caustics, three of which have proved of value, London paste, nitrate of silver and chromic acid. London paste may be applied to the surface of the tonsil with a spatula, and although favored by the late Morrill Mackenzie, is not so satisfactory to many as either the nitrate of silver or the chromic acid. The pain and extent of the slough are apt to be greater from the nitrate of silver, hence the chromic acid is to be preferred. Dr. Squibbs says of chromic acid, "It is, perhaps, the most important and valuable of all the erosive caustics, as it is self-limited in its action to a degree that no other destructive caustic is. It destroys tissue by oxidation as other acids, but every molecule of chromic acid which destroys a molecule of organic tissue is itself destroyed and rendered inert by being reduced to an insoluble and inert oxide of chromium, and this principle and degree of self-limitation is not attainable from any other caustic."

The precautions necessary to its use apply to all caustics, namely, that it must be well-fused upon a suitable probe to avoid particles being detached and effecting injury to other tissue, or being swallowed, which, if it happen, should be met with a gargle of a solution of bicarbonate of soda, from five to ten grains to the ounce, to neutralize acid in the mouth or fauces, and if swallowed the stomach should be immediately emptied and irrigated with the same solution to limit the action of the acid.

The form of probes to be used is important. They should be made of platinum, strong to allow of some force, one bent at a right, another at an obtuse and a third at an acute angle, giving about three-fourths of an inch from the angle to the point. The different angles enable one to introduce the probe at different parts of the tonsil. There should be a fenestra nearly one-fourth of an inch in length near the point, like the eye of a needle, so that when the acid is fused it will fill this opening and secure the mass from being detached when moistened by the tissues, as sometimes occurs. When merely fused on the surface of a roughened probe, have the patient's face in a good light. With a tongue depressor expose the tonsils to view. Explore the crypt with a smooth probe, dilate the openings, if not sufficiently large to admit the caustic-laden probe, then having selected one or two in each gland for treatment, carry the point of the probe well down into the crypt as far as it will go, allow it to remain about one minute, and then carefully withdraw and proceed with others in the same way. It is well to

treat only one or two crypts, and but moderately the first time to avoid an over-active effect, as results vary with different patients. The application may usually be made to other crypts in about five days, or as soon as signs of the activity of the last treatment has subsided. As a sample case:

Miss C.; aged, 17; had been troubled with enlarged tonsils since early childhood. Removal had been advised at various times but dread of operation had lead to postponement. She had aggravated past-nasal catarrh, March 24th. I inserted a probe carrying chromic acid to the bottom of a lacuma in the right tonsil causing no pain. Saw that she avoided swallowing, and immediately hawked and expelled from the mouth mucus and saliva, carrying out any acid that was on the surface treated or that was worked up from the tract by constriction of the throat. Only slight soreness followed this. A similar treatment was given each week, during March and April, with gradual reduction in size, until the fauces appeared much the same as after removal with the tonsillitome, and there has been no increase in fulness up to the present time. The past nasal catarrh has improved seemingly in pace with the reduction in the tonsils. Probably more acid would accomplish quicker results, but I have preferred moderate progress with avoidance of pain, abscess and slough.

A number of cases correspond mainly with the above, and with no unfavorable results, but with a reduction in the size, and relief from the disturbances apparently as complete as if the tonsillitome had been used. I believe it to be the most simple and satisfactory treatment for the condition when immediate removal is not favored or igni-puncture available.

SOCIETIES.

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THE AMERICAN INSTITUTE'S JUBILEE.

The Executive Committee of the American Institute of Homœopathy has named Thursday, June 14th, 1894, as the time for the opening of the next annual session. Physicians starting from the most distant points on Sunday evening, can reach Denver by Thursday morning. The order of business is not yet arranged, but it has been suggested that the session open at 3 o'clock P. M., that the afternoon be devoted to general routine business, and that the Special Jubilee Exercises and the delivery of the President's Address take place in the evening.

Under the new by-laws the duration of the session will be limited only by the needs of the business and the requirements

of the sections, each of the latter being allowed all the time its members may desire for the reading and discussion of all its papers. Essayists are thus assured that their papers will, in no instance, be denied a respectful hearing for want of time, and the specialists of the Institute can enjoy full opportunity for the consideration of the technical questions in which they may be interested. Illustrations intended for publication in the transactions should be artistically made, and on separate sheets for the use of the engraver.

The Institute does not object to a reasonable expense, when necessary, in illustrating an essay. The value and interest of the scientific discussions will be greatly enhanced if each essayist will furnish copies of his paper, prior to the session, to those who are expected to lead in debating it. Any physician having knowledge of the decease of an Institute member since June 1st, 1893, will confer a favor by reporting full particulars to the necrologist, Dr. Henry M. Smith, Spuyten Duyvil, New York. Secretaries, or other officers, of all societies, clubs, hospitals, dispensaries, etc., and the physicians of all institutions of whatsoever kind employing homœopathic treatment, are earnestly requested to make full reports to Dr. T. Franklin Smith, Chairman of the Committee on Organizations, etc., 264 Lenox Ave., New York City, who will furnish blanks on applications.

The annual circular, with full particulars as to hotels, railroad fares, programme, and other matters of interest, will be mailed in May to every homœopathic physician in the United States and Canada. Any physician failing to receive it by May 20th, should notify the secretary. Each circular will contain a blank application for membership, with full directions for those desiring to become members. Societies and colleges, wishing to canvass their membership for new members of the Institute, should apply at once for blanks, stating the number desired.

During the last six years the membership has grown from 900 to 1613, about 80 per cent. It was suggested at the last session that each member should celebrate the Jubilee by securing at least one new member for the meeting at Denver.

PEMBERTON DUDLEY, M.D., *General Secretary.*
1405 N. 16th St., Philadelphia, Pa.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord St., Thursday evening, Feb. 1, 1894, at 7 o'clock.

By vote of the Society, the reading of the records was omitted. Nelson M. Wood, M.D., of Charlestown, was elected to membership. Mary B. Currier, M.D., of Somerville, Emilie

A. Young, M.D., of Westboro, were proposed for active membership, and Chas. E. Dodge, M.D., of Manchester, N, H., as a corresponding member. The resignations of James Hedenberg, M.D., of Medford, Walter H. White, M.D., of Boston, and Arthur Mitchell, M.D., of Medfield, were accepted.

The sections elected officers for the ensuing year as follows:

Materia Medica, J. P. Sutherland, M.D., Chairman; Helen S. Childs, M.D., Secretary; M. W. Turner, M.D., Treasurer.

Pathology and Therapeutics, H. C. Clapp, M.D., Chairman; H. E. Spalding, M.D., Secretary; W. T. Talbot, M.D., Treasurer.

Surgery, Horace Packard, M.D., Chairman; A. H. Powers, M.D., Secretary; W. J. Winn, M.D., Treasurer.

Gynæcology and Obstetrics, G. R. Southwick, M.D., Chairman; G. H. Earl, M.D., Secretary; Annie M. Selee, M.D., Treasurer.

Diseases of Children, G. B. Rice, M.D., Chairman; Grace Marvin, M.D., Secretary; Emily A. Bruce, M.D., Treasurer.

Ophthalmology, Otology and Laryngology, J. H. Payne, M.D., Chairman; I. B. Hines, M.D., Secretary; E. B. Cahill, M.D., Treasurer.

Mental and Nervous Diseases, N. Emmons Paine, M.D., Chairman; E. P. Colby, M.D., Secretary; Martha E. Mann, M.D., Treasurer.

Electro-Therapeutics, Emily A. Bruce, M.D., Chairman; E. B. Cahill, M.D., Secretary; F. L. Emerson, M.D., Treasurer.

Sanitary Science and Public Health, J. Heber Smith, M.D., Chairman; E. A. Brackett, M.D., Secretary; D. G. Woodvine, M.D., Treasurer.

The following resolution was adopted, "That at each monthly meeting the Section then reporting shall elect its officers for the ensuing year."

It was also voted that this be presented to the Society as a by-law to be acted upon at the next meeting.

The Society voted that the Treasurer be authorized to pay for the supper of the Executive Committee, the expense of each supper not to exceed five dollars.

SCIENTIFIC SESSION.

Address by the President, Wm. L. Jackson, M.D. Referred for consideration to E. P. Colby, M.D., Horace Packard, M.D. and I. T. Talbot, M.D., committee.

SECTION OF MENTAL AND NERVOUS DISEASES.

N. Emmons Paine, M.D., Chairman; E. P. Colby, M.D., Secretary; Eliza B. Cahill, M.D., Treasurer.

Prof. E. P. Colby, in the absence of Dr. Frank C. Richardson, presented two patients. The first, Mr. M., age, 38 years;

married; family history, one brother died of hemorrhage of stomach. Has had no severe illness; fifteen years ago first noticed severe darting pains around the body (girdle pains); three years ago symptoms became more pronounced, with severe darting pains in body and limbs, (girdle pains less pronounced in tabes than in myelitis). At present there are few girdle pains. Sometimes cannot urinate while at stool. Has severe attacks of colic, so pronounced at times that two persons were required to hold him in bed. (Probably in the nature of gastric crises.)

Physical Examination. Argyle-Robertson pupils. (No reaction to light or darkness). Romberg symptom (unable to stand with feet close together and eyes closed), marked difference in co-ördination of upper and lower extremities. Patella reflexes absent. Vastus reflexes limited in degree. Walking very difficult, and uses cane to prevent falling sidewise. In this case there is a history of specific disease.

Diagnosis. Unquestionably tabes dorsalis.

Second case. Mr. S.; teamster; family history, consumptive; age, 43 years; four years ago noticed difficulty in managing left leg while running. Twitching of muscles at night. Physical examination revealed control of feet in walking, steps upon heel. Argyle-Robertson pupil; co-ördination normal; left ankle clonus marked; no specific history nor alcoholism.

Probable Diagnosis. Lateral Sclerosis.

"Melancholia" was the subject of a paper written by A. D. Hines, M.D.

N. Emmons Paine, M D., read a paper on "An Experiment in the Surgical Prevention of Vicious Practices."

The papers were discussed by Drs. James R. Cocke, E. P. Colby, Clara Whitman Reed, N. Emmons Paine, Adaline W. Wildes and L. A. Phillips.

Dr. W. T. Talbot presented a specimen of a uterus which he had recently removed at post-mortem. Dr. G. R. Southwick gave points relating to the history of the case. Mulatto, age, 32 years; had had three children; labor commenced on one Monday morning, and the case progressed very slowly. An attempt was made to hasten delivery by the introduction of the hand, and an arm was pulled down. The case was in the hands of persons, who, as far as can be learned, have never received diplomas. They had also made attempts at delivery with forceps. These men became alarmed and sent for a physician who, after replacing the arm, discovered that there was a rent in the vaginal wall. While intending to explore the interior of the uterus, the examining hand passed into the general perito-

neal cavity. The patient died on the following Sunday, and autopsy was made the next day.

J. EMMONS BRIGGS, M.D., *Secretary.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting was held at the Y. M. C. A. parlors, Feb. 14, 1894, at 10 A. M., the president, C. D. Fitch, M.D., in the chair.

The records of the last meeting were approved. The following physicians were elected to membership: F. T. Harvey, M.D., of Clinton; A. Don Hines, M.D., of Westboro; Charlotte A. Rollins, M.D., of Worcester; B. S. Stephenson, M.D. and Nellie W. Stephenson, M.D., of Littleton, Frank R. Warren, M.D., of Worcester.

The preliminary business over, the meeting was given in charge of the Bureau of Infectious and Contagious Diseases, G. H. Wilkins, M.D., of Palmer, Chairman.

The following papers were presented:

"Experiences in Variola," Dr. G. F. Forbes.

"Measles," Dr. G. F. A. Spencer.

"The Professional Rating of the Tubercle Bacillus," Dr. J. P. Rand.

"Diphtheria," Dr. E. A. Murdock.

"Treatment of Diphtheria," Dr. W. H. Bennett.

"Scarlatina Without Eruption;" Dr. G. H. Wilkins.

The meeting was one of unusual interest, the papers calling forth a lively discussion. The paper by Dr. J. P. Rand was especially interesting.

The meeting adjourned at 4 P. M.

AMANDA C. BRAY, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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ESSENTIALS OF HOMŒOPATHIC MATERIA MEDICA. By W. A. Dewey, M.D. Philadelphia: Boericke & Tafel. 1894. 269 pp.

The student who, in good faith, can deliver himself of all the answers set down to all the queries of this unique and exhaustive quiz-compend, will go forth into the practical world sure of a great many things that his seniors in the profession are by no means so certain of. Dogmatism of statement is naturally inseparabe from the brief question-and-answer style of instruc-

tion; whereas on many of the matters here touched, such statement seems ill-suited. Thus the student is taught to assert that Samuel Hahnemann "discovered" the law of similars; instead of stating the fact of the matter, that he learned and taught how wide is the application of the law known, though not to any extent utilized in Hippocrates' day. An answer as to the curative value of lac canimum is another instance of highly disputable dogma; no occult etymological pun being here intended.

Apart from this venturing with rather too assured a footstep on debatable ground, the little book is suggestive and useful, presenting many salient facts in exceedingly accessible form. It is a compend which will prove a genuinely serviceable companion to the student who will choose wisely as to what, in its contents he must inevitably forget.

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashhurst, Jr., M.D. Sixth Edition. Philadelphia: Lea Bros. & Co. 1166 pp.

It well illustrates the rapid strides made by the improvements in modern methods of surgical practice, that in the short interval between the appearance of Dr. Ashhurst's popular and scholarly text-book, those changes and improvements should be so considerable as to necessitate the addition of nearly fifty pages for their enumeration. An entirely new chapter, for instance, has been introduced, upon the subject of surgical bacteriology, this chapter being illustrated by original drawings. The work has further been brought up to date by the condensation and revision of the statistical tables included in the former addition. In treating of special departments of surgical practice, the author has had the assistance of several well-known specialists, of Prof. Schweinitz and Prof. Randall, in the chapters on the Surgery of the Eye and Ear, for example, and of Prof. Hirst, in those on gynæcology. The work is very handsomely gotten up. The student mastering its contents is abreast of all that is freshest and most reliable in modern surgery.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., L.L.D., F.R.S. Fifth American from the fifth English edition. Philadelphia: Lea Bros. & Co. 1083 pp.

Of so long-established and acknowledged a text-book as Foster's Physiology, praise is an outworn tale. The indefatigable author, in this his fifth edition, has revised his great work, thoroughly and in detail, by the light of the most modern discoveries and conclusions, this being especially true of the sections relating to histological matters. Many new illustrations, repro-

duced from original drawings, have been added. Encyclopædiac, exhaustive and authoritative, the new edition demonstrates anew the right of the work to the foremost rank in text-books on its vastly important subject.

MANUAL OE PHYSICAL DIAGNOSIS. By James Tyson, M.D. Second Edition. Philadelphia.: P. Blakiston, Son & Co. 1893. 241 pp.

The concise and practical character of this little manual, has won for it many friends, as is evidenced by so prompt a demand for a second edition. To the present volume much matter has been added, that did not at first appear; for instance, sections on the examination of blood and of sputum; the making of an autopsy; the preparation of tubercle bacilli; the examination of the contents of the stomach; all of these being set forth in the brief and graphic style which originally won for the work such marked popular favor. The illustrations are many and serviceable.

THE PHYSICIAN'S WIFE. By Ellen M. Firebaugh. Philadelphia: F. A. Davis Co.

Mrs. Firebaugh here gives us a pleasant and graceful little book of reminiscense, anecdote, and common-sense hint and suggestion. It pictures forth, not didactically, but in whimsical, informal, gently-humorous chat, what the ideal doctor's wife should be, in the way of tact, patience, good-humor and self-control; which qualities, as she justly believes, are more required of the wife of the physician, than in almost any other household. She illustrates her points with apt anecdote; and adorns her tale with many a sly thrust at the "physician himself." The style of the book is modest and sympathetic; it abounds in graphic bits of description of natural scenery; and in homely, appealing touches of reminiscense of the every-day trials of a doctor's wife. There is excellent writing in the chapter which gives the story of a "nervous night." Whether or not a doctor be blessed with a wife, he cannot fail to be a more considerate and thoughtful husband, actual or potential, for early acquainting himself with the "physician's wife," here so sympathetically pictured forth.

MISCELLANY.

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A SHORT time before Dr. Charcot died, he said in a lecture that semi-scientists had for more than fifty years ridiculed the idea that the full of the moon was a dangerous time for mad people. Better informed men are coming back to that old-time notion, said Dr. Charcot, as the result of increased learning on the subject of earth tides, similar to the oscillation of sea tides. — *Ex.*

THE PIOUS APOTHECARIES OF ANTWERP. — The *Deutsche Medizinal-Zeitung* condenses from a Scandinavian medical journal the statement that three out of the four apothecaries of Antwerp have recently resolved to close their shops at two o'clock in the afternoon on Sunday.

AN EPIDEMIC OF DIPHTHERIA IN LONDON. — During the last two months there has been a very large number of cases of diphtheria in London and the death-rate has been usually high. During the week of Nov. 18th there were 103 fatal cases, chiefly among children under five years.

JUVENILE SODA CLERK. — Do you live here, Mister?
Customer. — Yep.
"Then you'll have to wait until the boss comes back from dinner. I aint allowed to put up prescriptions 'cept for strangers that's travelin'." — *Meyer Brothers' Druggist*

PROFESSOR: — What has become of Tom Appleton? Wasn't he studying with the class last year?
"Ah, yes; Appleton — poor fellow! A fine student, but absent-minded in the use of chemicals — very. That discoloration on the ceiling. Notice it?"
"Yes."
"That's Appleton." — *Ex.*

ANOTHER BROKEN NECK. — A third case within three months of a patient living with a fracture of the cervical vertebræ has been reported. The patient is under treatment at the Manhattan Hospital, and more than a week has elapsed since he broke his neck in a fall of ten feet. The other two patients, whose cases have already been referred to in the *Journal* are still both alive, and one of them has already been discharged from hospital, although still wearing an apparatus to relieve the injured vertebra of the weight of the head. — *Boston Med. and Surg. Jour.*

J. SCHMIDT, M.D., maintains that at least one woman in ten is afflicted with displaced or movable kidney, usually the right. The kidney may be palpated by placing the woman on her back with knees flexed, then with one hand beneath the free border of the ribs and making counter-pressure with the other posteriorly, the patient at the same time taking a deep inspiration, the lower border of the kidney can be felt, and if the organ is loose it can be held in this position, when the air is forced out of the lungs and the kidney would naturally go up again. — *Medical Record.*

WET AND COLD FEET. — Dr. Brown-Sequard recommemds the following as the best way to overcome susceptibility to taking cold from getting feet wet. Dip the feet in cold water, and let them remain there a few seconds. The next morning dip them in again, letting them remain a few seconds longer; the next morning keep them in a little longer yet, and continue this until you can leave them in half an hour without taking cold. In this way a person can become accustomed to the cold water, and he will not take cold from this cause. But the "hardening" must be done carefully. — *Medical Brief.*

THE LOCAL APPLICATION OF PETROLEUM IN DIPHTHERIA. — Flahaut in *Normandie Médicale.* — The writer reports an epidemic of diphtheria, affecting 70 persons, which prevailed in his town in 1891–1892. Between April 15, 1891, and May 5, 1892, thirty cases were treated in the usual method, with nine deaths. From May 5 to June 15, 1892, forty cases were successfully treated by local applications of petroleum. This treatment which is so effective, is easy of application and devoid of danger and pain. At intervals of one or two hours, petroleum is painted over the false membranes, which quickly dissolve. Precautions are taken, of course, to prevent the fluid from falling into the trachea. These applications are painless, even when made on the ulcerated and bloody mucus membrane, and the liquid causes the pseudo-membrane to be dissolved. Fifteen days after this treatment was applied to all the cases of diphtheria, the epidemic disappeared. — *Therapeutic Review.*

THE DIAGNOSIS OF TYPHOID FEVER. — Dr. V. Filipovich, of Odessa, has remarked that, in all the cases of typhoid fever that have come under his notice dur-

ing the last two extensive epidemics in Odessa, there have been a pceuliar induration and yellowish or orange tint in the prominent portions of the plantar and palmar surfaces, instead of the reddish color to be observed in healthy subjects, or the bluish tinge which those parts assume in a cyanotic patient. This yellowish appearance is to be accounted for by the enfeebled action of the heart, the incomplete filling of the capillaries, and the dryness of the skin in typhoid fever. The sign is so constant and so well marked, that Dr. Filipovich thinks that it should be looked upon as affording important assistance in the diagnosis of doubtful cases. That it is in no sense peculiar to the two epidemics that occurred in Odessa is shown by the observations of Dr. Skibnevski, who states that he invariably observed it during an epidemic in the neighborhood of Moscow. — *Lancet.*

PERSONAL AND NEWS ITEMS.

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Dr. William T. Hopkins has removed to 65 Broad Street, Lynn, Mass. Office hours, 9 to 10 A. M., 2 to 4 P. M. Sundays, 1 to 2.

The Homœopathic Club of Denver, Colorado, has been doing excellent service to homœopathy and to public charities in the year just past. Its members are actively represented as visiting physicians on the boards of the Deaconers' Hospital, the Orphans' Home, and other well-known institutions of Denver. The officers of the club as chosen at the January meeting, for the coming year, are: President, Dr. J. Wylie Hnderson; vice-president, Dr. C. W. Enos; secretary, Dr. S. F. Shannon; treasurer, Dr. S. S. Smythe; censors, Drs. S. S. Kehr, J. B. Kinley, E. H. King; delegate to the American Institute of Homœopathy, Dr. W. A. Burr.

The gratifying results of Orificial Surgery in the treatment of various chronic diseases, as well as in the relief of local discomfort, resulting from injuries or pathological changes in the pelvic organs, and the increasing demand for such treatment, have induced Dr. L. A. Phillips to provide a place where can be secured all the conditions requisite to the best attainable results, both in this class of cases and in abdominal surgery. He has taken a convenient modern house, in a quiet and desirable locality on the corner of Gainsborough and St. Stevens Sts., Boston. Here patients may find the comforts of home, with the care of the best trained nurses and such surgical and other treatment as may be required. An inspection of the hospital is cordially invited by Dr. Phillips, and his assistants in its management, Drs. F. W. Elliott, C. M. Fuller and A. W. Brown.

OBITUARY.

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Edward W. Morton, M.D., died at his home in Kennebunk, Me., on the evening of Wednesday, Jan. 10th, at the age of 65 years. Born in Portland, Me., in 1828, he soon after removed to Kennebunk. He entered the freshman class at Bowdoin at the early age of sixteen, graduating from that college in 1848. Entering the office of Dr. George P. Jefferds, then of Kennebunkport, now of Bangor, he pursued the study of medicine and in 1856 he graduated from the Hahnemann Homœopathic Medical College of Philadelphia, returning to his home at once to enter upon the practice of his profession. Dr. Morton has been closely identified with the interests of his home town, has held many offices of trust of a public and private nature, and was prominently connected with the Masonic, Odd Fellowship and Pythian orders.

In 1851 Dr. Morton married Olive, daughter of Capt. Ivory Lord, who died in 1884 leaving one living daughter, Louise D., wife of Dr. Frank M. Ross. In 1886 Dr Morton married Luella, daughter of Henry Jordan. Her death preceded that of Dr. Morton but a short time. Three sons were born to them. The Maine Homœopathic Medical Society has not counted his name among its list of membership and few outside of his immediate friends and patients knew his genial and strong traits of character.

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EDITORIAL.

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MEDICAL EDUCATION: A SPRING START.

Perhaps the most interesting phenomenon of the present year, is the wave of interest and activity in the betterment of medical education, which seems to be sweeping, tidewise, over the entire country, old-school and new-school colleges alike feeling the force of its current. The forthcoming announcements of American medical colleges, for the year beginning next autumn, could they be collected and studied as a whole, would, we predict, exhibit how remarkable is the universality of the effort to raise the standard of the education given in those colleges. There will, if announcements already made public are adhered to, be shown advance in requirements all along the lines, but chiefly in the amount and character of preliminary knowledge required of the student, and in the length of the compulsory course which he must follow before obtaining his diploma. The weeding out of incompetency among medical undergraduates and would-be matriculants will be a more thorough process hereafter than ever before. The youth aspiring to enter the medical profession will have impressed upon him, as never before, that this is a work to which can be served no trivial apprenticeship; that all that in his youth is most serious, able and worthy, will be called into play in his 'prentice years, as all that is noblest in his manhood will be called into play in his years of practice. He must face, at the outset, the certainty of the sacrifice of time and effort to the end he has in view. That is one of the best

results of the compulsory lengthening of the college course, which this year will obtain in so many medical colleges of all schools; that the student will, at the outset, by the arduous conditions with which he is faced, learn added respect for the profession, fitness to enter which is so dearly bought. The frightening away of the idler and the dilettante, will, in itself, be of inestimable service to the profession in which there are already too many such.

The influences brought to bear toward the reform in college standards which this year seems making such notable progress, have been many and potent. One influence of undoubted force on the old-school side of the matter, is the address delivered by Dr. John B. Roberts, at the recent Pan-American Congress. Although Dr. Roberts' comments were more especially directed toward the defects in the prevalent systems of teaching anatomy, yet he had much to say on general medical education; and his words are marked not only by sound and excellent common sense, but by a justice as rare as admirable, in the admission of the services rendered to medical education and the raising of its standards by the homœopathic colleges of America. We take pleasure in quoting from the *New York Medical Journal*, where it is reproduced in full, certain paragraphs of Dr. Roberts' address:—

"It is a notorious fact that few of our students have any knowledge of biology when they begin the study of human anatomy. I know of but three schools in the United States (Johns Hopkins University, University of Michigan, and Hahnemann Medical College of Philadelphia) where a preliminary examination in elementary biology is required. Although an entrance examination in physics is enforced by many medical schools, there are others which admit without any such requirement. In those which submit students to this preliminary test the examination is probably confined to very elementary questions. Several of our very best schools still allow young men to begin the medical curriculum without any previous study of Latin. It is a little embarrassing to know that students entering homœopathic colleges are required by the American Institute of Homœopathy to possess a broader general education than is de-

manded of our students by the American Medical Association, the Association of American Medical Colleges, or our best medical schools. The preliminary educational requirements of the Hahnemann Medical College of Philadelphia include botany, chemistry, biology, physics and Latin. Certainly not more than one or two of our schools include all of these topics in the entrance examination.

"One of the most detrimental results of the acceptance of medical students without preliminary education is that they have had no educational training in using their eyes and hands. An hour's stay in any dissecting room will prove this point. Here is a man holding his forceps as if it were a pair of fire tongs — there, another making a fruitless attempt to put an edge on his scalpel. Few students can describe what they see, and still fewer can make the crudest diagram of their findings. In scientifically conducted anatomical laboratories pupils should be required to describe orally or in writing what they uncover, and should make drawings of the more important features. This method is adopted in non-medical schools and in the study of histology and pathology in some medical institutions. It is undoubtedly the true method of educating the mind, which is not a receptacle to be simply filled with statements thrown into it from the lips of teachers. That which enters by the ears may lead to culture; but Nasmyth, the Scotch engineer, spoke truly when he wrote, 'The eyes and the fingers — the bare fingers — are the two principal inlets to sound practical instruction.'

"The true solution of the educational problem in medicine is the discontinuance of the isolation existing between medical schools and schools whose object is general education and culture. Every medical college should be an integral part of a college or university, and should not be managed by men separated from the wholesome educational atmosphere which surrounds institutions devoted to learning in its broadest sense. The perpetuation and organization of isolated medical schools has been the cause of manifold defects in medical teaching, and has ended in making medical pedagogics an undeveloped science. The educational and educative friendships, even the hos-

tilities, engendered by a combination of medical and academical schools, would bring about better preliminary qualifications in medical students and more advanced methods of teaching in professors. It is the school and the man in the corner, who never comes in contact with his superiors, that fails to improve his methods of work. The valuable courses preparatory to medicine now found in several universities would then become more numerous; and more youths, looking forward to a medical career, would begin their studies in such courses if the university and the medical college were everywhere combined. Thus the study of medicine would be a gradual development of the mind, and not a mere attempt to crowd technical facts in the memory — a process in violation of the first principles of education and one which makes many medical journeymen, but few medical masters.

"Universities, academies, and all literary schools would be benefited by the association with medical colleges, for it would lead to even greater modification of the formerly rigid classical course by the development of the departments of natural science and languages. This change would meet with the approval of many thinkers, among others the Emperor of Germany, who has in recent years shown the value of youthful energy by insisting upon the necessity of modifying the strict and unyielding classical curriculum so long enforced by the German universities."

EDITORIAL NOTES AND COMMENTS.

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Some Recent Experiments in Scientific Massage are interestingly chronicled in the *Popular Science Monthly* by Dr. Douglas Graham. The experiments in question were made with the most painstaking exactitude by Prof. Arnaldo Maggiora, of the University of Turin, in the hope of, as Dr. Graham happily phrases it, "bringing the practice of massage into the sunny light of exact science, and away from the sombre shades of quackery, where it has so long been relegated by the vast majority of the medical profession." We quote a summarized

account of some of the most interesting and significant tests undertaken :

Prof. Maggiora endeavored to ascertain the action of massage upon muscles in a state of repose. For this purpose the fatigue curves of the right and left middle fingers in maximum voluntary flexion every two seconds with a weight of three kilogrammes (6.6 pounds) were taken at 8 and 11 A. M., at 2 and 5 P. M., and the following day the fatigue curves of the same muscles with the same weight and rhythm were taken after mixed massage (friction, percussion and kneading) for three minutes at the same hours of the day. The average result showed that the muscles did almost twice as much work after massage as they did before. An analogous series of experiments was next made in which the electrical current was employed to tire the muscles by applying it directly to them, and also to the median nerve. The results without and with massage were similar to the first series, and showed that it takes much longer to fatigue the muscles by contraction from electrical irritation after massage than before.

The next series of experiments were undertaken with a view to determine whether the beneficial effects of mixed massage (friction, percussion and kneading) increased in proportion to the duration of its application. At 8 A. M. the normal fatigue curve was taken, then every two hours and a quarter after this the curve was taken, having been preceded by two, five, ten and fifteen minutes of massage of the right and left middle fingers and their corresponding muscles in the forearm. Ten fatigue tracings were thus taken, and the result showed that with five minutes of massage all the useful effect that could be produced was obtained. When the massage was continued longer, for ten or fifteen minutes, there were but slight variations in the amount of work above and below that after five minutes.

The effects of massage upon muscles weakened from various causes were also studied in the same exact manner by Dr. Maggiora. Upon muscles weakened from fasting the effect of massage was to restore them temporarily, so that they gave normal tracings of fatigue ; and the same result was obtained when the electric current in place of the will was used to tire the muscles.

As the result of general fatigue, the muscles of the hand were also tried in an indirect manner. Prof. Maggiora, after a walk of ten miles, to which he was not accustomed, took a tracing of the fatigue curves of the right and left middle fingers as before, and found that they were only capable of doing one-fourth as much work as when he was rested. After massage for ten minutes they were so much temporarily rested that they did nearly a normal amount of work and gave nearly a normal tracing. The work probably would have been equal to normal had it not been for the superadded fatigue of taking the fatigue tracing half an hour before the massage.

The effect of massage upon muscles weakened by loss of sleep was also inspected. In muscular fatigue from fasting rest alone does not restore them, and in fatigue from wakefulness nourishment alone affords no appreciable relief. After the loss of a night's sleep the fatigue curve was taken and found to be very small, but after ten minutes of massage it was temporarily restored to a natural curve, which could not be obtained on previous occasions by rest nor by nerve tonics alone.

Intense and prolonged intellectual work produces a state of general lassitude. After the final examination of twenty medical students, which lasted for five hours, Prof. Maggiora was much exhausted. He then took a fatigue curve of flexion of

the middle fingers of both hands. This was only about one-fifth normal. Half an hour later, after ten minutes of massage, the number of contractions was little less than natural, and might have reached natural but for the fatigue induced by the preceding experiment.

After a slight attack of fever of ten hours' duration the muscles were weak the whole of the following day, but after massage the aptitude for work was increased so that the contractions of the fingers gave almost a natural tracing of fatigue.

The effect of massage upon anæmic muscles was most interesting. Dr. Maggiora demonstrated that anæmia for a short time — from three to five minutes — produces phenomena in muscles similar to fatigue; or, in other words, lessens their vigor and resistance to work. Compression of his brachial artery was made for three minutes, and at the end of this time, while the compression was still maintained, a fatigue tracing was taken and found to be very small, the finger contracting only eleven times. Two hours later the brachial artery was again compressed for three minutes, and at the same time the forearm was subjected to massage. At the end of three minutes, the anæmia being kept up, another tracing was taken, and the muscles contracted but nine times, when prevented by fatigue from doing more. Massage has, therefore, no effect upon muscles thus rendered so completely anæmic in the way of increasing their capability for work.

This experiment was made with a weight of one kilogramme (2.2 pounds) and contractions every two seconds. It was found that in a natural condition the middle finger could thus contract two hundred and sixty-five times without any fatigue.

In comparing this last experiment with the preceding ones it is found that the effect of massage consists essentially in re-awakening the phenomena of the local circulation, in bringing to the muscles a greater quantity of material necessary for their contraction, and in removing the retrograde products of muscular work.

Résumé. — Massage, when applied upon a muscle in a state of repose, increases its resistance to work and modifies its fatigue curve by retarding the manifestation thereof.

The beneficial effect of massage is within certain limits in proportion to the duration of its application. Beyond these limits there is not obtained any further increase in the production of mechanical work.

Massage can hinder in muscles the accumulated effects of fatigue proceeding from the effects of work when not sufficient intervals of rest have been allowed.

In muscles weakened by fasting we can, by means of massage, notably ameliorate their resistance to work.

Upon muscles fatigued or weakened by a cause which acts upon the whole muscular system, such as prolonged walking, loss of sleep, loss of food, excessive intellectual work, etc., massage exerts a restorative influence which brings back to them their power of doing a natural amount of work.

The beneficial effects of massage upon the phenomena of muscular work are no longer produced when it is applied upon a muscle in which the circulation of blood has been suppressed.

THE FORTHCOMING SESSION OF THE AMERICAN INSTITUTE AT DENVER, offers an unusual opportunity to the Eastern physician to combine many interests in one pleasurable achievement. He will have welcome occasion to foregather with his

confrères of the West, so long known to him by distinguished reputation. He will have the very valuable chance to judge from personal observation of the possibilities and desirabilities of the great health-resort to which he is so often urged to send his tuberculous patients for climatic healing and safety. Wonders of natural scenery which for years have been merely witching names, to him, will become possesions of personal memory. He will taste the joys of Western hospitality, whose prodigal generosities are a proverb throughout the land. He will add, by his presence, to the atmosphere of hearty, enthusiastic interest in which the Institute sessions should ever increasingly, from year to year, have being. He will profit by the best wisdom of our best thinkers, and he may choose, from a vast specialized variety, the subjects on which he most desires thus to profit. The long journey may be made, in itself, a valuable means of needed rest and recreation from the winter's labors; and having penetrated already so far into the wonderlands of the West, journeyings which from the home standpoint would seem a fairy tale turn near and alluring possibilities. Above all, he will as a loyal and purposeful unit of a great sum, have helped by the single vote that counts for as much as any other single vote, to shape the policy and determine the government of our representative national body, along the lines that after his judgment, make most worthily for the honor and dignity of American homœopathy.

YET ANOTHER HOMŒOPATHIC HOSPITAL is in process of immediate establishment, and homœopathists, especially those of New England, may well congratulate themselves thereupon. Through the energy and ability of the homœopathic practitioners of Worcester, Mass., this new testimonial to the hold of homœopathy on popular appreciation is soon to take form. A local journal gives the following interesting particulars:—

The old Tenney estate, Worcester, at Providence and Waverly streets, has been purchased by the trustees of the Worcester Homœopathic Dispensary Association, for the establishment of a free homœopathic hospital. The estate comprises a large dwelling house and about 27,000 feet of land, and will be at

once converted to the purposes of a hospital. The purchase is a most important one to the Worcester Homœopathic Dispensary Association, and the members are extremely gratified over the accomplishment of what has been to them a matter of serious thought for some months.

The inadequacy of the present quarters of the homœopathic free dispensary of the association, at 11 Trumbull street, some time ago, prompted a move such as has been made. More room was required, and the need of a hospital where homœopathic treatment might be had, free of cost to the patient unable to pay, seemed to the association to grow more imperative monthly.

At a recent meeting the desirability of an immediate change from the Trumbull street location was discussed, and a committee was appointed to rent or purchase outright quarters that would permit the establishment of a hospital in connection with the dispensary. The committee included Charles M. Bent, president; Dr. Charles L. Nichols, Dr. Warren, Dr. J. Marcus Barton and Dr. Carl Crisand.

The building is a large, roomy old dwelling of three stories, and is situated in the northwest corner of the land. A handsome lawn, dotted with small fruit trees, ranges away from it to the south and east. The estate is admirably adapted for the purposes of a hospital, and affords excellent opportunities of later increasing the original capacity of the hospital if desired. The dwelling will be given over entire to the hospital, and in a small building, to be erected at once, just south of the dwelling, will be placed the dispensary.

President C. M. Bent, of the association, says: "We have had the establishment of a homœopathic hospital, where free treatment would be given, in our mind's eye for some time. A petition seeking the incorporation of a hospital in connection with our free dispensary has already been presented to the legislature. It is not determined how many cots will be placed in the hospital. They will be free, however, with, of course, other cots that may be rented by patients from out of town. I prefer not to say what we have paid for the estate, but the $5,000 bequest left to the association four or five years ago will go toward its payment. We are very much pleased with our selec-

tion. The laymen, of whom we have many in our association, seem to be as deeply interested as the physicians, and the new institution will, therefore, begin life with very promising prospects. In securing so large an estate we had, of course, an eye to the possible needs of the future, and as these needs grow apparent we will continue to fill them."

Other members seen expressed themselves highly pleased with the trustees' selection of the Providence street estate, and were warm in their expressions of satisfaction of being able to establish the hospital without delay.

ANOTHER WORD ON THE BRITISH CONGRESS MATTER is irresistibly called forth by the ill-judged persistence with which the easily-extinguishable flame of the original misunderstanding is being fanned by the hysterical breath of much foolish outcry. It would be a thousand pities if our British *confrères* should accept, as an authoritative statement of fact, the recent assertion by a contemporary that the "entire homœopathic profession" of America is wrathfully resentful of the recent action of the British Homœopathic Congress; regarding the same as a deliberate and unwarranted attack on certain of our American homœopathic medical colleges, which demands abject apology, if not, indeed, a washing out of the insult, in gore. That this, undoubtedly, is the attitude of many American homœopathists, must regretfully be admitted. But that this is the attitude of the entire profession is emphatically to be denied; that this is the attitude of, say fifty per cent. of its representative men and women is respectfully to be doubted. A very large number of temperate and broad-minded thinkers, within our ranks, while remaining loyal supporters of the right of our colleges to fix their own standards, without dictation or even rudely-phrased criticism from homœopathists of other countries, still cheerfully acknowledge the right of these over-sea *confrères* of ours, to refuse to accept our standards as their own. They acknowledge, moreover, what our British brethren have from the first, and with studied courtesy, insisted upon, namely, that no insult is intended or directed toward any American college, in the refusal by a British society to accept its standards as all-sufficient

for their own requirements. Such refusal constitutes the head and front of the offence of the British Congress, anent which is all this warlike outcry. It is to be hoped that the many thoughtful American homœopathists who object to be Podsnappian-ly swept in with the "entire profession" as joining in this outcry, and in refusing to their British fellow-workers any right to govern their own actions according to their own standards, will take occasion to protest, as hereby do we, against being put on record as foolishly unable or belligerently unwilling to see two sides to a question.

COMMUNICATIONS.

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A NEPHRECTOMY FOR CALCULUS.

BY W. K. BOUTON, M.D., MELBOURNE, AUSTRALIA.

C. H. first came to me for treatment April 27, '93. She was thirty-five years of age, mother of two children; always had had good health, except that occasionally she would have severe pains in the left lumbar region, but as this did not usually last long she did not consult any medical man with reference to it. Never noticed any trouble with the urine; considered herself always right in this respect. In January, three months prior to above date, she had an attack of inflammation of the liver and kidneys, as explained by the medical man called in at this time. She suffered a good deal, especially with a pain in the left side. A few days later, a swelling was noticed in the left lumbar region, which increased rapidly at first until it was about the size of a child's head, after which it remained much the same. The pain which was severe at first became less so, and at the time when I first saw her, April 27, she did not suffer any pain or experience other than a dragging feeling from the weight of the tumor. At this time there was nothing revealed by analysis of the urine; there seemed to be the proper quantity and in every respect it appeared to be normal.

Subjectively. She was feeling great weakness, could scarcely walk; had no appetite; if allowed to be in bed, she wanted nothing, neither food or drink, and yet did not suffer any pain; even manipulation of the tumor caused her no pain other than a dull, heavy feeling; at no time had she had chills; but at night there was perspiration and restlessness.

Objectively. There was much wasting; the loss of flesh having been marked, countenance pale and drawn, the skin of the

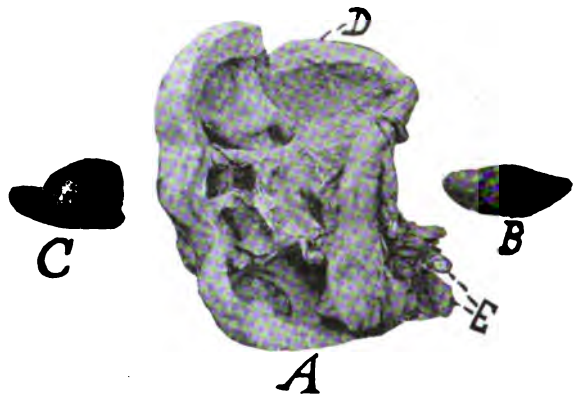
whole body partook of this character, markedly cachectic; decidedly giving one the impression that she was well advanced with tuberculosis or cancerous trouble; her tongue and palate were marked with ulcerous patches which she said were sore. There was evidently great debility; heart's action somewhat intermittent, otherwise normal; examination of lungs gave no evidence of disease; the stomach and liver both seemed to be normally healthy.

On examining the tumor it occupied the left lumbar region, and while seemingly fixed posteriorly, still it was possible to press it nearly to the median line; in feeling, it was nodular and hard, pressure failed to produce more than the heavy, unpleasant feeling spoken of. From the nodular feeling and cachexia, as well as parts of the history, I was suspicious that there was a sarcoma of the kidney to deal with. On the other hand, from the description and suddenness of the late attack, there was a strong probability that calculus and occlusion of the ureter was the cause of the trouble. In either case, operation for removal was advised.

To this she was not inclined, especially as the seriousness of the operation was pointed out, and while very weak, she was not suffering pain. Therefore, for the time, merc. sol., 200, was given for the great weakness, nightly exacerbation and sweat, the mental depression and ulcers of the mouth. For a week or two she seemed somewhat to improve, then the weakness and depression increased, the sweating which had disappeared also returned, and she decided that unless relieved death was inevitable. Consent to the operation was given, the usual preparation was made as for laparotomy, and on June, 1, 1893, the patient was anæsthetized. An incision was made in the median line, beginning three inches above the umbilicus to within three inches of the pubis, the rectus was reduced to but few fibres, the abdominal walls being very thin, and when the peritoneum was opened the tumor presented at this point. Examination was made of the right kidney, which was considerably enlarged, but otherwise appeared normal; the uterus and appendages were normal, but directly back of the uterus filling Douglas' pouch was some hard substance, which I felt sure was calculus, and a dilated canal which proved to be the ureter, could be traced up to the lower margin of the tumor. Carefully protecting the intestines and packing sponges around the point of operation, an incision was made through the mesocolon and with much difficulty partly stripped. The adhesions were so great that there was much difficulty experienced in clearing the pedicle and thus avoiding injury to the aorta or vena cava.

Finally, a silk ligature was passed around the entire mass

close to the tumor and another an inch below, and with the scissors divided between to further secure the stump, and as the vessels could readily be seen they were each ligated singly. In like manner ligatures were applied to the ureter and the kidney removed; then an effort was made to reach the stone, and after some difficulty it was forced backward up the ureter by pinching it, just as a ball could be forced along a compressible tube; when high enough to be reached behind the mesocolon and within the wound, the ureter was doubly ligated, divided and the mass removed.



A — Left kidney incised through convex border, showing inner surface. Contained 22 ounces of purulent fluid. B — Calculus weighing 250 grains. C — Three inches of ureter which contained calculus. D — Cortical substance, 1/8 to 1/4 inch thick. E — Ligation of ureter vessels.

By referring to the above photograph, the calculus which weighed 250 grains, can be seen to be pointed at both ends much like the end of a cigar; it is two inches long by one in diameter; it is brown in color and composed of uric acid phosphates and lime; the white spots seem to be a lime deposit on its surface. Three inches of ureter were removed, and on incising the kidney it was found to contain twenty-two ounces of pus. It was so greatly dilated that the greater portion of the walls were scarce one-eight of an inch thick. The remaining portion of the ureter was left as ligated, and I may here say that for a few days pus was found in the urine and then ceased.

Considering the large size of the cavity posterior to the mesocolon and likewise the length of the incision, I decided to drain from the abdominal surface, although I was well aware of the authority advising lumbar drainage. Therefore, the edges of the mesocolon were drawn into the upper angle of the peritoneal incision. The small intestines were arranged to the inner side of the septum thus formed, while the descending colon was

placed on the outer side between the septum and outer abdominal wall. The edges of the mesocolon and peritoneum were closely stitched with silkworm gut and the abdominal incision with silver wire. A rubber drainage tube was passed into the cavity, dry dressing applied and the patient put to bed.

As with ovariotomy, nothing was given for the first thirty hours, and for the remaining portion of two days only slight sips of iced milk and water. Following the operation there was but slight vomiting. Temperature normal, pulse, 80. On the third day the wound began to suppurate; otherwise everything remained much the same until the evening of the fifth, when the temperature rose to 100° and pulse to 110. The following morning, however, the temperature was again normal, the pulse 100 and weak; but from this time there was no increase in temperature, and everything went on satisfactorily, the discharge grew less and on the fifteenth day after operating, the stitches and tube were removed, and on the twenty-second an abdominal belt was procured and the patient allowed to get about. For three weeks there was slight discharge, when the fistula finally closed, and at present writing, more than three months after operating, she is well and strong, has regained her usual flesh, and, as she declares, enjoys life, having nothing the matter with her. Merc. sol. was the medicine given throughout.

The following points are particularly interesting:

1. That there should so far as known have been no evidence of trouble in the urine.
2. The absence of pain after the first attack.
3. The size and position of the calculus and finally the method of drainage from the abdominal wound instead of by the loin as an unusual procedure.

THE RADICAL CURE OF HERNIA.

BY GEO. W. ROBERTS, M.D., NEW YORK.

[*Read before the Homœopathic Medical Society of the State of New York.*]

As the object of this paper is the report of a case of inguinal hernia, successfully treated by Bennett's new operation for the radical cure of that affection, other forms of hernia, other methods of treatment of inguinal hernia, and all collateral questions, are ignored. Moreover it is hoped that this strict limitation of the field of the paper may also help us to limit the discussion which follows, at least to the consideration and comparison of various methods of radical cure of hernia.

Mr. William H. Bennett, who devised the operation, has made some excellent points as to what an operation for the radical

cure of a hernia is expected to accomplish, and in order that we may intelligently weigh his own operation, I quote them:

First, the operation must accomplish the complete obliteration of the sac.

Second, it must provide an efficient barrier across the abdominal aspect of the aperture through which the rupture escapes.

Third, it must abolish any depression (hernial fossa) in the peritoneum over the abdominal orifice of the hernial canal.

Fourth, it must exclude every portion of the sac, whether twisted or not, from between the margins of the abdominal ring.

It must be admitted at the outset that these are very stringent, I may say almost Utopian, rules, by which to judge any particular operation, and that many *successful* operations fall short of fulfilling all these requirements. Yet it is to be presumed that no one would contend that any material addition can be made to them, nor that their requirements are unessential to a perfect operation.

In the case which I report, an operation for radical cure was performed because the subject was young and active, his station in life such that manual labor would in all probability be his only means of support; his hernia was large and increasing in size from month to month, and while no truss had been used, it seemed improbable that such a large opening would close by simple continued pressure.

CASE: F. H., a colored boy, ten years of age, born in New York, was admitted to the Laura Franklin Hospital on Dec. 17, 1892, for a complete easily reducible inguinal hernia of the infantile variety, which had made its appearance at about one year of age. Neighbors of the family say that, during infancy the child was left alone to cry and worry much of the time, and that he was very poorly nourished, which circumstances were probably the exciting causes of his trouble. During the year previous to his admission to the hospital he had been an inmate of the Westchester Home for Destitute Children, and the superintendent, Mr. James W. Pierce, writes me that he had during this time suffered a good deal of pain.

On the 27th, in the presence of a portion of the class of the New York College and Hospital for Women, I performed Bennett's operation, the details of which are as follows:

OPERATION. After the usual antiseptic preparation, by giving the patient a full bath, and having the field of operation

protected by a bichloride of mercury compress during the previous night, ether was administered, and an incision about two and a half inches long was made, extending from a little above the external ring, down in the direction of the cord on to the scrotum. This incision was gradually deepened, until it exposed the sac of the hernia and the elements of the cord. Now, with fingers and blunt instruments, the sac was, after considerable difficulty, freed from that portion of the cord which lay in the bottom of the upper portion of the incision. As during a fit of vomiting the gut had come down into the sac, it was reduced, and the sac was divided square across, just about three-fourths of an inch below the external ring, the distal portion being allowed to drop back into the scrotum after all bleeding had been controlled. Holding the stump of the sac in a pair of forceps, it was freed from the canal, and the parietal peritoneum was stripped up from the abdominal wall for a distance of about half an inch around the internal ring. The wound having been irrigated, hands and soiled instruments were cleaned and the index finger of the left hand was introduced into the sac, and, after making sure that no omentum or intestine was adherent, an ordinary pile needle was passed, unthreaded, through the abdominal parietes about three-quarters of an inch above the upper margin of the external ring, a little to the outer side of the median line of the canal. This needle pierces the skin and all the tissues forming the abdominal wall, until it impinges upon the end of the left index finger in the abdominal cavity, when, guided by the finger, it is carried down through the sac nearly to its divided extremity, where it is made to pierce the sac wall about half an inch from its cut edge. The needle, having now been threaded with a piece of stout catgut about twelve inches long, is withdrawn, carrying with it one end of the suture. The result of this manœuvre is that the suture is left passing through the abdominal wall above and to the outside of the incision, down through the hernial sac, and its longest end passing out through the wall of the sac about a half-inch from the cut end. The needle, again unthreaded, is made to enter the abdominal aponeuroses about half an inch internal to its former position, traverse the sac in the same manner, and pierce its inner wall at about the same distance from its cut edge that it did the outer wall. The needle is now threaded with the long end of the piece of catgut which projects from the end of the sac and withdrawn, so that now the two ends of this invagination suture project from the abdominal wall above the incision, while the loop projects from the opposite side of the sac near its divided edge, (Fig. 1). The end of the sac was now occluded by means of a stout ligature thrown around it as close as pos-

sible to the point where the loop projected, tied and cut short, (Fig. 2).

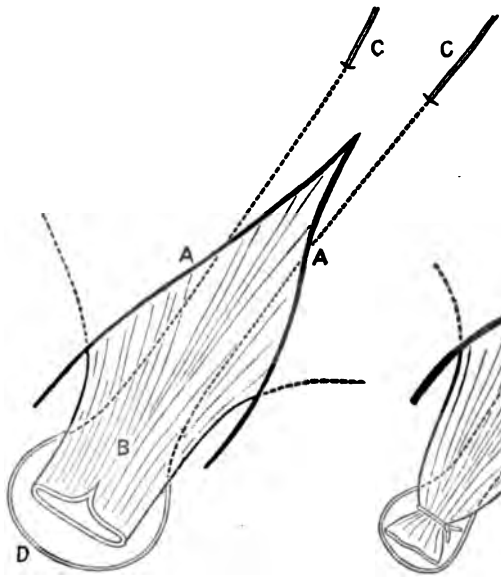


FIG. 1. (BENNETT.)
A A—Lips of the skin and superficial incision.
B—Sac of hernia — cut off.
C C—Ends of invagination suture as they emerge from the abdominal wall.
D—Loop of invagination suture.

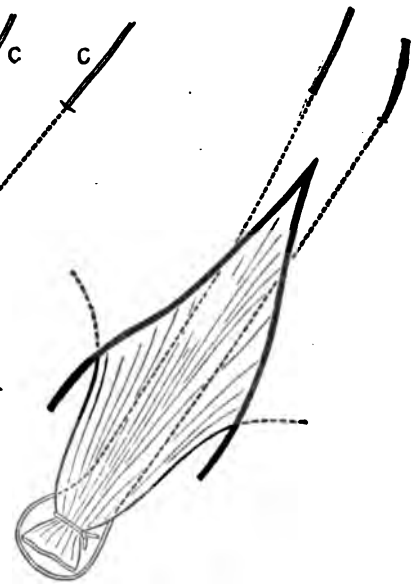


FIG. 2. (BENNETT.
The same — end of sac occluded by ligature.

Now making traction upon the ends of the invagination suture with the right hand while the index finger of the left pushes up the end of the sac, the sac is turned completely inside out, and by tightly tying together the ends of the suture, this former lower end of the sac is firmly attached to the abdominal wall, three-fourths of a inch above the ring, (Fig. 3).

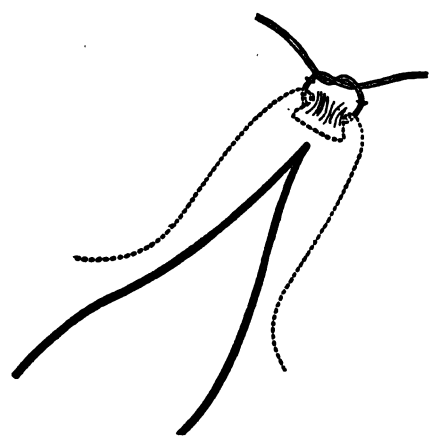


FIG. 3. (BENNETT.) Sac invaginated.

The pillars of the ring and upper portion of the incision were now brought together by three stout silkworm-gut sutures, a

drainage-tube was introduced into the portion of the sac which remained in the scrotum, the lower part of the incision closed by catgut sutures, and a firm dressing, consisting of iodoform and bichloride gauze and a piece of rubber tissue to protect the wound against contamination, was applied.

During the night following my operation, the child was restless and delirious, and tore off his dressings, pulling the drainage-tube out with them, but he did not vomit.

Dec. 28. New dressings applied and the drainage-tube reinserted, but, judging from the swelling and collection of fluid in the scrotal portion of the sac, I am of the opinion that the tube did not enter the sac as was intended; temperature, 100.8°. Aconite gtt. v, in half a glass of water, of which two teaspoonfuls were given every hour; milk every two hours.

Dec. 29. Temperature, 101.4° at 7 A. M. and 102.8° at 5 P. M. Much swelling of scrotal portion of sac, so much so that the question arose whether the hernia had not broken through again; slept some, but still very restless.

Dec. 30. Temperature, 102.8°; pulse, 122. Aconite in water every half-hour. Swelling of scrotum very tense and red.

Dec. 31. Temperature, 99.3°; patient comfortable, tube removed, wound healing.

From this time on the recovery was uneventful, and the child was kept in the recumbent position for about three weeks, when he was fitted to a truss which he wore for two months, since which time, a period of about nine months, he has been without any support; and the superintendent of the Westchester Home writes that he is active, feels the need of no support, and the only evidence of his former trouble is the slight scar left by the operation.

Now this case is altogether too recent to pronounce cured, for his hernia may return even after years of apparent health; but the point is, that the operation, while somewhat difficult of description and explanation, is, after all, most simple of execution. So far as I am able to judge, it surpasses in simplicity both the McEwen and McBurney operations, and will probably prove more effective than either, for the following reasons:

I. It is fully as easy of execution as either.

II. It leaves a wound which will heal by first intention, and will, therefore, allow the patient to be up earlier than McBurney's procedure.

III. It leaves no hernial dimple, but on the contrary, as the invaginated sac is drawn up and attached to the abdominal wall by the invagination suture, the peritoneal surfaces lining the sac come in contact with and adhere to the parietal peritoneum, in such a manner that what was formerly the floor of the sac, is

stretched across the internal ring, forming a smooth, continuous layer with the peritoneum lining the anterior abdominal wall.

IV. No bunch of tissue (like the folded up sac in McEwen's operation) is left in or near the canal to act as a wedge, but on the contrary, the canal is left absolutely free and its pillars can be brought in close contact if the operator considers it advisable.

In the case reported, I consider that the choice of ether as the anæsthetic was an error, that keeping the patient in bed over three weeks was unnecessary, and that the rise in temperature was due to incomplete drainage of the scrotal portion of the sac.

THE PHYSIOLOGICAL BASIS OF THE ORIFICIAL PHILOSOPHY.

BY O. S. RUNNELS, M.D., INDIANAPOLIS, IND.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

Upon first acquaintance with the claim that chronic diseases of almost every variety and grade could be influenced and cured by certain procedures upon the lower orifices of the body, I was in a state of profound incredulity. I could not comprehend what relation such apparently inadequate measures could sustain to such distant, widespread and profound affections. The assumption seemed to me like the fabrication of a mind swept from its moorings — like the figment of a brain carried beyond the boundaries of safe and continent thinking.

But I was not permitted to remain long in this state of negation. Sitting as a judge in the Court of Experience, I was forced to listen attentively to both sides of the testimony; to weigh the evidence impartially and to render a verdict in consonance with the facts. When I had preponderating proof that the claim was not baseless, but that many invalids who had long resisted all forms of treatment were speedily and fully restored to health through influences initiated by the so-called orificial methods, I could not do otherwise than change my attitude towards it. This change of mind was hastened also, by the recognition that for the last twenty years I had been putting the principle to the test in the employment of Emmett's operation for lacerated cervix, uteri, and other procedures upon uterus, vagina, urethra and prepuce, and that this philosophy was only the extension to logical conclusions of the thought involved in all those operations. It was but carrying to the other organs of the pelvic group the salvation so long afforded by trachelorraphy, divulsion, curettement and circumcision. I found then that I had added large territory to my previous domain and that my sphere of usefulness had been expanded accordingly. I found that the claim was valid so far as the pudic nerve and all

its terminals were concerned, and that no one branch of it held a monopoly in disease-producing agency.

Having put the question to the test in hundreds of instances and with brilliant success in scores upon scores of cases where cures by any and all other means had long been unattainable, I am glad to testify that orificial surgery is an indispensable adjunct in the treatment of the greater proportion of chronic ailments. While it is by no means a cure-all, it is so frequently called for and exerts such widespread influence as to cause it to occupy first rank in every physician's armamentarium.

The longer I practice the healing art the more diligent do I become in my search for the cause or occasion of the disease, and the more do I admire Hahnemann's wisdom in formulating that sweeping injunction: "First remove the *causa occasionalis*." For all symptoms are but effects; they are but witnesses of some active, existent disturber of the peace of the organic community. Every disease-manifestation implies an impression-producer. Everything that can be seen or felt has had a creator, and this is just as true in vital mechanics as elsewhere. Every disease tells of an inimical force that has had or is having contact with some part of the organism affected. It may have spent its force and disappeared leaving devastation in its track —a wound which time and favoring agencies must heal; or it may be still operative, as is almost universally the case in chronic diseases — making a veritable thorn in the flesh which nature is unable to extract. Though distant from the site of exhibition, and apparently inconsequential, it is still sufficiently tangible and potent to thwart a delicate life-process. Somewhere in the economy, rest assured, there exists an adequate reason for the perversion of life-forces encountered in disease-expression. There is somewhere a break in the physical levee permitting out-flow of the life-stream. While it may not be a broken artery evacuating its contents, it will be none the less capable of bleeding to the death if it be an open nerve-circuit pouring out ceaselessly that most finished of all life products the battery fluid which we call nerve-energy, or vital force. That there is a nerve-waste operative in every case of chronic disease is as true as mathematics. Silently, it may be, and perhaps through long stretches of time, the leak may have continued until there may be only an appearance of life left,— not force or electricity enough remaining to send the messages of the body. The wires are working badly and confusion and dissatisfaction are the results. Drafts have been made upon the bank of life until only the smallest checks can be honored, inasmuch as the physical capital is impaired — the surplus, gone.

The innovation instituted, or rather formulated and first put

to practical test on a large scale, by the Orificial Philosophy, was this insistance upon attention being paid to primal causes, compliance with the inexorable demand, stop the nerve-waste. Do this first, it says, and employ the indicated drug afterwards; and not vice versa, or the indicated drug alone.

For many years there has been a growing appreciation of the part played by the sympathetic nervous system in disease-expression, and this development in etiology marks the beginning of the golden age of the healing art.

Through the study of the morbid phenomena of the sympathetic, has been gained the greater part of our knowledge of its normal action. Each year has added to this store of facts until it is demonstrated beyond all doubt that the organic life of man is under the supreme domination of the sympathetic nervous system — that all details of body-growth and maintenance, all government of the unconscious and involuntary life-processes, all equalization and direction of the forces that sustain the existence of the body are under the direct control of the sympathetic nervous system.

While the cerebro-spinal nervous system serves the purposes and obeys the orders of the tenant of the body, having especial charge over all voluntary and grossly sentient exhibitions of life, the sympathetic rules in all that sphere which is beyond the intellect. It has sole charge of all those processes that pertain to the vegetative or creative functions of life, and that go on without will-power or mind-intervention.

While there is no semblance of divorce or separation between the cerebro-spinal and the sympathetic, inasmuch as both have to do with the same life and have, to some extent, complemental relations, the fact remains that they speak individual languages and require individual interpretations. Until recently, it was not known or acted upon that nerves had any other uses than sensation; that they had anything else to do but to bring pleasurable or painful sensations, to make definite location of them, and execute the order of the master-mind; that they had other offices than to conduce to man's sentient realizable enjoyments or to tell of his physical dangers and discords and obey his conscious behests. We have been so long trained to say "ouch" and get out of the way, that we have referred everything to sensation and instinctively have preferred charges against the painful part.

I say, it has only been a brief period since we have grown to distrust the call of the painful part, and only a short time since the knowledge has been gained that conscious sensation is one of the latest of physical acquirements; that it is but yesterday — in the sense of geological periods — since this animal of ours

was educated into all the expressions of conscious existence, and particularly into these fine discriminations between pleasure and pain. It has been but a span of time since the cerebro-spinal took possession in a conscious way, and only during the present that we have commenced to trace pain from nerve to nerve until it is finally correctly located at the seat of irritation. For millions of years the sympathetic has been quietly at work organizing and harmonizing and bringing to utmost perfection this great temple that we inhabit. There has been no sound of hammer in its construction, no evidence of noisy conflict among the workmen, but a ceaseless, calm activity through all the creation to the present time. The shuttle in the loom of life goes noiselessly to and fro weaving its fabric into patterns of utmost delicacy and beauty, giving never a note of discord till obstructions are imposed. From the time when the ovum is sympathetically joined by its mate and cell-cleavage begins, to the time when gravitation claims its own again at death; through all the stages of vital activity whether asleep or awake, conscious or unconscious, sick or well, the sympathetic nervous system is accomplishing, or endeavoring to accomplish, its steady purpose.

No known operation in all the universe is so delicately performed, so dependent upon nice adaptation and conformity to most infinitesimal details as this life-process delegated to the sympathetic. The rigid requirements of the chemical or biological laboratory, the exceedingly nice and accurate details there necessary to the success of experiment, are gross and material operations compared with the influences that are operative in the life-laboratory.

In the presence of thought like this, derision of the infinitesimal dose of the indicated drug and declamation against the inutility of the orificial philosophy must fall together; for we are dealing with a mechanism of utmost delicacy and sensitivity. It is all a question of fact and not at all of *a priori* reasoning.

Experience proves that the pudic nerve from its five principal terminals is the bearer of more messages of discord to the two brains of the body, viz., the extra-cranial and the intra-cranial —the sympathetic and the cerebro-spinal — than all the other nerves combined.

Observation has settled the fact that the nerves that are bundled in the pudic, have in an especial and peculiar manner the power not only to cry out for themselves, but to make any and all other nerves of the body cry out for them. In other words, that nine-tenths of all the reflexes of the body are due to irritations of pudic terminals. Why this is so we may not satisfactorily explain, but it seems clear that nature has keyed her or-

ganism to the note of reproduction. She has made the demands of the generative organs paramount in importance to all the others and has linked them together in bonds of double union. That the organs charged with the greatest of all functions should be empowered to lay every other part of the organism under heavy tribute and to call upon any and every part for aid, either offensive or defensive, is at once expressive of both good generalship and highest wisdom. Why she has included the nerves of the rectum and bladder in the same group and endowed them with equivalent reflex ability, is matter only for conjecture. Suffice to say, the five branches of the pudic, viz., those supplying the bladder, the rectum, the penis or clitoris, the labia and perinæum, and the uterus and appendages, have this special endowment and are responsible for the major part of the reflexes encountered in chronic cases.

Among the many new facts gained in the study of the orificial philosophy relative to the habits and *modus operandi* of the sympathetic, nothing equals the great discovery that the sphincter ani holds in its embrace the nerve of last resort. Instead of employing brain and heart-stimulants and artificial respiration in recent death so apparent as to be real, due to accidents of still birth, asphyxia, narcosis of any kind, drowning, etc., nothing has the power to reach down into the grave and rescue the lost like forcible and methodical dilatation of the rectal sphincters.

We have hitherto supposed that the most vital part of the body — the first to respond to stimulants and the last to die — was that region embraced by the ganglia of the pneumogastric or par vagus, but it has now been incontestably proven that the ganglia presiding over the pudic, and particularly the rectal branch of it, are not only alive but able to answer, when all others are too paralyzed by death to respond. Many persons are in active life to-day who, but for the rescue afforded by this discovery, would be mouldering back to dust in the narrow house.

Even yet, I think the most enthusiastic witnesses to the efficacy of these measures are ignorant of their full scope and power. An instrument producing such marked effects when wielded under such forbidding and hopeless conditions has certainly within its grasp multiform ability to influence and reinforce flagging energy of the lesser sort which is wrought out into all forms of physical incompetency. The truth of all this once having found lodgment in the mind, will expand into manifold expressions of verification until the witness shall wonder what he has been thinking about all his professional life, that he has not recognized and acted upon this knowledge before.

For it is power wanted by the general practitioner and every specialist alike ; inasmuch as no good work can be accomplished in the healing art without the support of a vigorous capillary circulation — *a vis a tergo* able and competent to second the measures employed.

This accounts for the inclusiveness of the orificial philosophy and gives adequate reason why ailments of such diverse character and expanse of distribution such as skin diseases, glandular affections, early stages of all organic affections and nervous complaints including insanity, are all alike amenable, in whole or in part, to its procedures. It explains in plain English how every phase of neurasthenia or mal-nutrition may be influenced or overcome, and thus points the way to revolution and resolution for millions hitherto beyond our help. I speak thus positively because I have seen the things about which I am testifying, and because every earnest man ought to be led into an investigation of that which has become veritable fact to so many.

It will never be possible for finite man to compass all the influences that enter into the make-up of every invalid-record, and thus be able to become an infallible miracle-worker, or producer of cures under all circumstances. Much has been, and will be, withheld from our view, and failures must yet be recorded. This always has been and always will be the case, but, let us hope, with lessened frequency.

But this will be true: Henceforth all chronic invalids will be looked at through different lenses — will be regarded from a different standpoint of observation, and none will be passed as incurable till all nerve terminals capable of inflicting disorders shall be exonerated from blame — until every adequate cause shall have been ruled out. This will rescue from the down-grade many otherwise doomed to consumption or other physical breakdown, and will "cast the devils out of" many who are now insane or behind bars — for various reasons yet unrecognized in courts of Justice.

Illustrative of the foregoing, I desire to place before you a few instances of recovery, which but for orificial treatment would not have been made.

Mrs. B.; age, 37; mother of three children, the youngest eight years of age, was the recipient of an operation for lacerated cervix, the year following her last confinement. This relieved her to a great extent of the frequent neuralgiac headaches to which she was addicted, and supplied her with better force than she had had for a long period. But there was still much to complain of in poor appetite, bad sleep and a generally spiritless condition most of the time. Having a family record free from every hereditary taint, there was yet for the year previous

to this treatment a most pronounced tendency toward consumption. She had lost twenty-five pounds in flesh, had inveterate cough with pronounced dulness over upper third of left lung, marked insufficiency of lung action upon inspection, respiratory murmur crippled and ratchety — a veritable cog-wheel breathing — together with daily temperature of 99 1-2 to 102, and other incidentals to such a condition. Having performed the trachelorraphy myself and finding uterus and ovaries still in healthful condition, I exonerated them from blame, believing that this was a case of breakdown without a reflex, and made most diligent application of medicinal treatment. Through six months of most assiduous attention I put to the test every promising therapeutic measure without in the least bringing any check to bear upon the rapid down-grade going on. I looked upon her as doomed to early death — a prognosis based upon the uniform experiences of the profession in such cases. At this time I awakened to the fact that she was the possessor of a bad rectum; that while but little troubled with constipation she had pain in anus during defecation and at the same time extrusion of piles. She was thoroughly skeptical when I gave opinion that this had much to do with her depression, and stoutly resisted all interference at that point. Two months more elapsed — conditions becoming markedly worse in every particular — when I practically gave up the case unless she would submit to surgical remedy. At last I performed the American Operation, with magical result. The temperature gradually became normal, the cough ceased, the lung cleared up, flesh rapidly came back and within three months she was a perfectly well woman.

Mr. C.; aged 45; 5 ft. 6 in. in height; weight, 175 lbs.; leads an active life as a lumber-merchant in an adjoining town. For many years has been subject to periodical headaches followed by great depression of spirits and mental indisposition. These grew in frequency until they over-lapped and he was never free from their malign influences. He lost control of himself, was inaccurate in his mathematical calculations, and was entirely unable to safely conduct his business. At the same time he found himself growing impotent until all sexual power was gone. This added tons to an already depressed and hopeless mind and filled him with the conviction that his was now but a short career and further effort, already extensively made, was worse than useless.

Finally, he came to me presenting the most pronounced manifestations of neurasthenia and general debility that I have ever seen in one so apparently well. I found that he had unexceptionable appetite and digestion, but was very constipated. He

had continuous weight and pain in cerebellum with great heaviness of extremities, and numbness in fingers and toes. He had a wild look in his eyes and gave expression of fright as of one in the presence of great but unknown danger. He had had several attacks of sudden and complete unconsciousness simulating apoplexy, which alarmed his friends very greatly.

Physical examination failed to inculpate any of the organs of the body, and aside from a rectum excessively irritable under manipulation and eroded throughout the pile-bearing inch, I could find no reason for his nervous and physical condition. Guided by the lamp of experience I charged the rectum with all the trouble, and advised radical removal of the irritable part, which was done.

The new leaf was turned over and the old story was gone. The headaches and neurotic manifestations were absent, and the phalanges were sensitive again. In a few short months the physical battery was operating at the full once more — virility, completely restored — and he was well.

Mrs. L.; age, 50; widow, one child, had been in a bad state of nutrition for ten years. For the past two years there had been intense stomach derangement. She had been forced to partake only of the most readily assimilable food in small quantities, and had been subject to frequent attacks of prolonged vomiting. The fluid ejected was usually dark green but sometimes blackish. For several months there had been a sense of closure of œsophagus at cardiac extremity, and she had been unable to swallow anything but liquids in drop doses. She was emaciated to a skeleton and not able for many weeks to leave her bed.

She had been treated latterly in rotation, by three able physicians of the two schools, who had diagnosed permanent stricture of œsophagus, gastric ulcer and cancer, respectively, with prognosis uniformly unfavorable. Upon examination with my friend, Dr. J. D. George, of this city, we were not able to disprove any of the former opinions, but, inasmuch as she had remained in a somewhat static condition for some time, was the possessor of a badly lacerated cervix, and deeply grooved, eroded and hemorrhoidal rectum, and withal, was herself insistent that she would yet get well, we were emboldened to undertake an apparently hopeless proceeding. She was so near the border of dissolution that choice of steps had to be made as she could take — if she could take any — but one step at a time.

Should the uterus or rectum be first attacked? For the reason that rehabilitation of the nutritive forces is more quickly effected through work upon the rectum, I decided to do the American Operation first, leaving the trachelorraphy for a sec-

ond sitting. Promises of good results were withheld; prognosis, guarded.

She took the anæsthetic badly, and when the operation was well under way, the anæsthetist said: "The pulse is gone;" "She doesn't breathe;" "Doctor, she is dead." To the surgeon who has encountered such experiences I need not describe the shock that I felt, and which was intensified by the fact that within that year in Indianapolis four deaths had occurred from anæsthetics in the hands of leading physicians, the last of which had figured in the coroner's court and all the newspapers, in a most aggravating manner.

Fresh air, friction, holding her with head inverted, whiskey and strychnine hypodermically and artificial respiration with greatest fidelity, were indulged in for a long time — which seemed ages, but, probably, for from five to ten minutes — without in the least provoking signs of life. Her cadaveric face and static heart and lungs were proof to all that she was dead. Finally, I thought of Dr. Pratt's remedy which I had never tried. Dilating the blades of the rectal bivalve, in situ — I was electrified by the glad sound of a gasp from the patient. Again and again she would gasp whenever I repeated the motion, but only then. Fifteen minutes later, she was sufficiently restored to allow completion of operation.

Recovery was prolonged but sure. She gradually lost all evidences of gastric incompetency and œsophagal stenosis, recovered power of digestion, and health and strength to such degree that she has voluntarily postponed all thought of the cervical operation, claiming that she does not need it. The diagnosis of organic disease of the stomach has been annulled, and she is filling her place as a useful member of society.

Mr. W.; aged 25; for many years an art student at The Hague, gradually became incompetent and was reported insane. Having been returned to this country, he was kept for several months in an insane hospital in New York City, and then transferred to another in Cincinnati, where he remained for one and a half years. During all this time a special male attendant was provided and he was guarded with the utmost watchfulness. Several times he eluded the vigilance of his keeper, and escaping to city or country, carried terror wherever he went. Once he was found in an adjoining county during cold weather, in a semi-nude condition, and was returned by the sheriff. Having witnessed the marvellous effects of orificial surgery, his father was determined to have it employed in his son's case. To this the hospital physician objected, ridiculing and declaiming against orificial surgery to the utmost, and it was only by threat

of legal procedure that he was able to wrench him from the grasp of this eminent neurologist.

Sure enough, I found a morbid rectum — piles, pockets and papillæ — a condition almost of shreds and tatters. After the American operation, and on the same day, the guard who brought him from the asylum was dismissed and a nurse installed.

The recovery was uneventful. The "disease of mind had been ministered to," and there was nothing to recall the hideous past. Within a month he was making social calls upon his old friends in the city, unattended. He gradually resumed his art work. Has spent the summer sketching and painting in the country, and at the present time has four of these paintings on exhibition at the New York Academy. And all this within a year.

I have presented here a selection of rectal cases because this has been neglected pathology, and to prove also, that the rectal branch of the pudic is not altogether behind in morbid agency. The reflexes of the uterus in particular have already won their standing, and it only remains to prove that other members of the group have companion ability.

In a short paper like this, one is wholly unable to present all the cogent reasons for a firm belief in the teaching referred to, and must be satisfied if he shall be able to provoke a vigorous discussion of it — to draw out the pros and cons in strongest Saxon — and be able to lead some into honest experimental investigation of the claims put forth.

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*STATE MEDICAL LICENSURE. THE RESULTS OF TWO YEARS OF TRIAL IN THE STATE OF NEW YORK.**

BY H. M. PAINE, M.D., ALBANY, N. Y.

The system of State examinations established under the medical law of the State of New York, is an outgrowth of a purpose, persistently held during an incubation of forty years, to secure tests of medical learning that would be satisfactorily trustworthy, and more nearly uniform as to standards.

During the first thirty years of that period sincere efforts were made by members of medical faculties themselves, to establish within their own membership, a uniform system of standards and similar requirements as to the terms and courses of medical lectures; that is to say, the faculties of medical colleges earnestly endeavored to make the diploma a satisfactorily

*Extracts from the Report of the State Board of Homœopathic Medical Examiners, presented February 13, 1894.

reliable evidence of the possession of competent medical knowledge.

All of the efforts put forth by the faculties of medical colleges having repeatedly failed, and there being no reasonable hope or expectation of permanent improvement from that source, leading members of the medical profession at large, about ten years ago, took the work in hand, and devised and established the present system of State medical licensure.

This independent system of medical licensure has been established by the profession at large, purely for its own protection and betterment and for promoting public interests.

State medical licensure constitutes in fact an effective barrier, and at the present time the only one, to the foisting upon the profession and the community, of numbers of incompetent practitioners, the percentage, as indicated by two years of trial in New York State, being one in ten.

It has been purposely designed and is maintained in order to detect fraud and prevent favoritism on the part of the medical colleges; and the members of these examining boards have already found in their limited experience, abundant evidences of both, and a complete justification of the actual necessity for the administration of the judicial trusts temporarily committed to their charge.

Having no selfish interests to subserve, and no sinister purposes to promote, these boards are disinterestedly engaged in a most important and highly desirable work; one the practical utility and necessity of which will be even more forcibly demonstrated by the results of accumulated experience.

While this system may not be the best model as to methods and form of construction, although it would seem difficult to see how better ones can be devised, it is rapidly accumulating proof of its satisfactory effectiveness; hence is worthy of and should receive the united support and cordial endorsement of all who have at heart the permanent elevation of standards of medical learning.

For these reasons, therefore, let the members of these State examining boards receive encouraging expressions of loyalty and confidence on the part of the profession, and let every proper effort be put forth for permanently establishing this exceptionally serviceable system throughout the whole country.

The report of the New York State Board, after a satisfactory trial of two years, shows, beyond all question, the real necessity for establishing tests and standards other than those represented by the diploma alone.

The report embraces in part the following divisions:

"Administration of the medical law of the State of New York.

"Schedules and dates of examinations and places where held.

"Analysis of examinations, showing percentages of results.

"The elevating and unifying results of the State licensing system.

"Copies of circulars and blanks issued by the Regents in order to render the provisions of the medical law practically effective.

"Copy of the medical law of the State of New York.

"The legislation by which the University became the only authority to issue licenses to practice medicine in this State, was secured by demonstrating to the Legislature, that the United States was almost the only civilized country which had never realized the necessity for protecting its citizens from the imposition of quacks by controlling the licensing power. As a result, the terms 'American doctor,' 'Philadelphia doctor,' etc., had become current in Europe as synonymes for incompetency.

"New York took a most important step in advance of sister States, in assuming control of the licensing of physicians through State medical examinations, conducted by the University.

"This law has now been in force for two years, and the promises of its advocates have been more than fulfilled.

"Licenses issued under it are rapidly acquiring the same value as those given in European countries, where only those physicians are recognized who have passed State examinations.

"Similar laws in other States will, before many years, give the American medical profession as a whole a position of eminence, which it can never reach through the genius of a few individuals."

The schedules of dates of examinations are as follows:

1893.	1894.	1895.
April 11-14.	January 23-26.	January 22-25.
May 16-19.	April 3-6.	April 2-5.
June 20-23.	May 15-18.	May 14-17.
July 11-14.	June 19-22.	June 18-21.
September 26-29.	September 25-28.	September 24-27.
November 27-20.	November 26-28.	November 25-27.

The examinations are held simultaneously at New York City, 21 Cooper Union; Albany Medical College; Syracuse Medical College; and Buffalo High School.

The daily examinations occupy six hours; three hours in the forenoon, from 9 to 12, and three in the afternoon, from 1 to 4 o'clock.

The subjects arranged for each day are: Tuesday, anatomy, physiology and hygiene; Wednesday, chemistry and surgery;

Thursday, obstetrics, pathology and diagnosis; Friday, therapeutics.

The number examined and the percentages of accepted and rejected candidates, are as follows:

State Board, 1892. Number examined, 56; accepted, 51 (91 per cent.); rejected, 5, (8.9 per cent.)

State Board, 1893. Number examined, 267; accepted, 247, (92.5 per cent.); rejected, 20, (7.4 per cent.)

Homœopathic Board, 1892. Number examined, 8; accepted, 6 (75 per cent.); rejected, 2, (25 per cent.)

Homœopathic Board, 1893. Number examined, 21; accepted, 19, (90.4 per cent.); rejected, 2, (50 per cent.)

Eclectic Board, 1892. Number examined, 4; accepted, 2 (50 per cent.); rejected, 2, (50 per cent.)

Eclectic Board, 1893. Number examined, 7; accepted, 5, (71.4 per cent.); rejected, 2, (28.5 per cent.)

The charge has been made that the New York medical law, by requiring *all* practitioners, those of long experience as well as recent graduates, to pass an examination before entering upon practice, will prove an insuperable barrier to the admission of older practitioners, and will work an injustice to a class well qualified for usefulness, although deficient perhaps in the technics of modern medical literature.

By dividing the thirty-three years of practice represented by the nearly four hundred candidates, into *three* periods of eleven years each, 345 candidates were examined during the *first* period (practitioners of less than eleven years), the rejections, 26, being 7.5 per cent.

During the *second* period (practitioners of more than eleven and less than twenty-two years), the rejections, 3, being 30 per cent.

During the *third* period (practitioners of more that twenty-two and less than thirty-three years), the rejections, 2, being 66 per cent.

It must be admitted that the supporters of the New York medical law have no desire to render an injustice to any class of practitioners; hence, if further experience shall demonstrate the necessity for amending the law so as to secure a thorough yet equitable application of its principles, in the interests of all classes of the profession, those of riper experience as well as recent graduates, such amendments will be made.

The utility of State examinations is forcibly illustrated by the fact, that the boards, during the first two years of work, have been directly instrumental in preventing at least forty incompetent practitioners from entering upon practice in this State.

It is to be remembered also, that all of these forty candidates

were legally graduated physicians, and, under the *régime* of the diploma, would have been foisted upon the community as properly qualified practitioners.

These forty rejected applicants also bring out the further fact, with most potent effectiveness, that at least ten per cent. of the graduates of medical colleges are wholly unqualified for entering upon the responsible duties of active practice.

And not only have these forty incompetent practitioners been actually excluded, but the thorough application of the preliminary educational requirements established by the Regents, under the admirably constructed New York medical law, has proved a reasonably effective barrier to the ingress of still larger numbers of illiterate practitioners, the presence of whom would be no credit to the medical professsion, and little, if any, benefit to the public.

These figures do not, however, by any means represent the elevating and unifying work accomplished through the application of the law regulating the practice of medicine in the State of New York. Formerly, without considering the numbers of practitioners coming from other States, between six and eight hundred physicians were annually graduated from New York medical schools with authority to practice medicine in this State. In 1887, the number was 610; 1888, 632; 1889, 611; 1890, 739; 1891, 790. Under the present medical law the total numbers licensed annually will probably fall short of four hundred.

SOURCES OF GRADUATION OF SUCCESSFUL HOMŒOPATHIC CANDIDATES.

New York Homœopathic College and Hospital	8
New York Homœopathic Med. College for Women	1
Pennsylvania Homœopathic Medical College	2
Boston University School of Medicine	2
Chicago Homœopathic Medical College	1
Hahnemann Medical College, Chicago	1
Cleveland Homœopathic Medical College	2
Missouri Homœopathic Medical College	1
University of Michigan	2

SOURCES OF GRADUATION OF UNSUCCESSFUL CANDIDATES.

Cleveland Homœopathic Medical College	2
University of Michigan	1
Hahnemann Medical College, Chicago	1

In order to enable applicants for an order for examinations to easily and legally comply with the numerous and somewhat complex provisions of this admirably constructed statute; in short, in order to give practical effect to the requirements of

the New York State medical law, the Secretary of the Regents of the University, has issued a series of eleven circulars, qualification blanks and codes of rules. These are furnished on application.

The Revision Commission, appointed to revise, consolidate and codify all the general laws of the State of New York, included in its report to the Legislature of 1893, a revised form of the three medical laws then in force.

This revised codification, called "The Health Law," divided into eight chapters, embraces all matters and departments that in any way relate to public health; one of which, Article VIII, entitled "The Practice of Medicine," embodies in one act all the essential provisions of the three medical laws, viz.: The registration law of 1887, the preliminary education law of 1889 and the three-board licensing law of 1890.

This law, as now constructed, may be considered more emphatically than ever, a recognized model of completeness as to scope, and of terseness, brevity and compactness as to form. Copies are furnished on application.

CASES TREATED AT THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF J. P. SUTHERLAND, M.D., ASSISTED AND CASES REPORTED BY F. P. BATCHELDER, M.D. JULY 1ST TO OCT. 1ST, 1893.

During the quarter several cases of special interest were under treatment, and some of the more important ones are presented in detail.

The following summary presents the entire list of medical cases treated during the quarter:

SUMMARY.

Diseases.	Number of Cases.	Cured.	Improved.	Not Imp.	Not Treated.	Died.	Remaining.
Abscess, Renal,	2		1				1
Anæmia,	1	1					
Asthma,	1	1					
Bronchitis,	3	2	1				
Carcinoma of Liver,	1			1			
" " Pleuræ (secondary),	1					1	
Cardiac Dilatation,	1					1	
" Weakness,	2		1	1			
Cellulitis, Pelvic,	2						2
Convulsions,	1	1					

SUMMARY. — CONTINUED.

DISEASES.	Number of Cases.	Cured.	Improved.	Not Imp.	Not Treated.	Died.	Remaining.
Cornea, Ulcer of,	1						1
Coryza,	1	1					
Dermatitis,	1	1					
Diarrhœa, Acute,	2	2					
Eczema,	1		1				
Empyema,	1	1					
Endo-carditis, chronic, valvular, with atheromatous arteries,	1						1
Enteritis, Chronic Catarrhal,	1					1	
Fever, Catarrhal,	1	1					
" Enteric,	3	1					2
" Intermittent (malarial),	5	3					2
" Remittent "	2	2					
Fæcal Impaction,	1	1					
Gall Duct, obstruction of,	1						1
Gastralgia,	1	1					
Gastric Catarrh,	6	4	2				
Gastro-enteritis,	1		1				
Iritis,	1						1
Melancholia,	1						
Meningitis, Cerebro-spinal,	1	1					1
" Tubercular,	1					1	
Menorrhagia,	1						1
Mitral Regurgitation and Senility,	1						1
" " etc.	1						1
Neurasthenia,	14	1	6	1			6
Neuritis, Multiple,	1						1
No disease,	1						1
Oxaluria, with threatened melancholia,	1	1					
Peritonitis, from rupture of bladder,	1					1	
Pneumonia,	1	1					
" Chronic,	1		1				
Pregnancy,	1						1
Pruritus,	1						1
Phthisis,	2		1				1
" incipient,	1		1				
" and Glycosuria,	1						1
Rheumatism,	5	3	1				1
" Chronic,	2		1				1
" with Mitral Regurgitation,	1	1*					
Senility,	1						1
Spastic Paraplegia,	1						1
Tape-worm,	2	1			1		
No diagnosis.	4	1	1				2
Total, ...	94	33	18	4	1	5	33

*Chronic rheumatism cured only.

TWO CASES OF REMITTENT-INTERMITTENT FEVER.

These cases, mother and daughter, while occurring under the same conditions, present individual peculiarities.

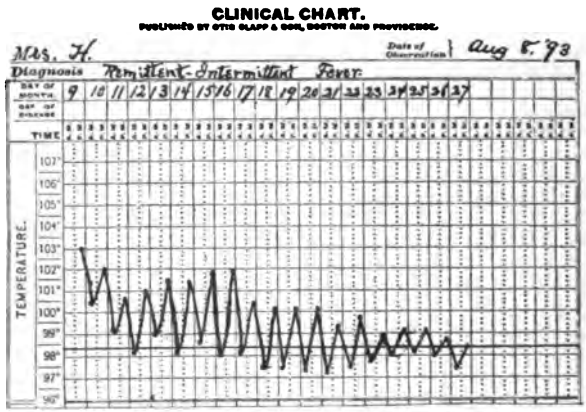
The mother was taken ill eight or nine days before the daughter, and her case at the beginning was watched closely by the family physician, as there were indications that it might eventually prove to be typhoid.

When fully developed it was found to be malarial fever, remittent-intermittent in type.

In the daughter's case the typical condition was present from the beginning.

CASE I. Mrs. H.; American; age, 35; admitted Aug. 8, 1893. Duration of illness, two weeks.

The more prominent symptoms had been marked weakness, vertigo, chills each morning, headache, profuse sweats, fever; pain in abdomen, referred particularly by the patient to region of stomach; diarrhœa, with great frequency of stools up to third day before admission to hospital: character, dark, tending to bloody, very offensive odor, with pain in stomach at the time. At the time of admission the temperature, as given on the accompanying chart, was 103°, and the following morning,



100 2-5°. Tongue heavily coated, bitter taste in mouth, nausea, vomiting of much mucus and some blood for the past four days. On physical examination the spleen was found considerably enlarged, and very sensitive on pressure, and the pain before mentioned undoubtedly originated in this locality. Patient was given a liquid diet, and merc. cor. was prescribed.

On the 9th, the remedy was merc. bin. No movement of bowels since admission. The chill continued to appear each

evening, at a time when temperature was already considerably elevated, and was followed by profuse perspiration.

On the 15th, quin. sulph. with the free use of lemon decoction was prescribed. Two days later the pain subsided, and the next night there was a small stool consisting chiefly of mucus, with a little dark blood, and very foul odor.

On the 19th, ars. was given and continued till the patient was discharged. She had no chill after this date and her condition gradually improved. Discharged, Sept. 31st. Cured.

CASE 2. Miss F. H.; age, 15. Duration of disease about a week. Admitted Aug. 10, '93. At the onset, she had a chill followed by fever, and dull pain in abdomen, most intense in splenic region. The bowels were regular, stools natural from beginning.

Two days before admission, the pain became sharp and shooting, worse at each respiration. Skin hot, at times moist and again dry. Tongue moist, coated slightly, lips cracked and dry. Respiration short and rapid (40 per minute) with slight cough. Physical examination revealed exaggerated respiration in left lung in the scapular region. Spleen perceptibly enlarged. Had a chill the night previous to admission, with increase in fever and profuse perspiration. Treatment: Verat. vir., a few doses, followed by merc. viv.; cool sponging when necessary and cool pack.

Aug. 10, P. M., temperature, 105 2-5°; pulse, 120.

Aug. 12, A. M., temperature, 98 2-5°; P. M., 102 1-10°. Merc. bin. was prescribed. The pain gradually subsided, though tenderness on pressure over spleen continued for some time. The bowels were constipated and sluggish, so that enemata were required. The temperature curve gradually changed from a remittent one to an intermittent one, with the lowest point from one to two degrees sub-normal. The splenic enlargement and tenderness subsided, and the case was much improved when she left the hospital. The remedial treatment consisted of merc. viv., merc. bin., bry., quin. sulph., ars., chin. ars. and sulphur, according to indications.

CASES OF INTERMITTENT FEVER.

Four cases were admitted to the hospital during the quarter, three of which were of a quotidian type and one tertian. The most interesting cases appear here.

Mr. C.; age, 42; entered Aug. 31, 1893. For ten days preceding had had a daily chill, followed by high fever, and that by profuse perspiration with thirst throughout paroxysm. During fever pain in back and limbs, and vertico-occipital headache.

Patient had chill on 31st, at 12.05 P. M., shortly after admission; duration one hour. Temperature before chill, 97.2°; temperature during chill, 100°; temperature after chill, 105°. Fever continued till 8 P. M. He was at once placed on a liquid diet, and allowed to sip freely of lemon decoction. Quin. sulph. 2 grs. was given every 2 hours.

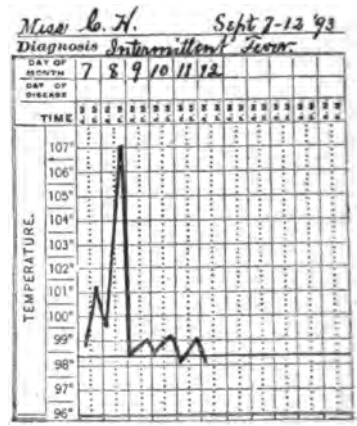
The following day he escaped his usual chill, and there was no appreciable elevation of temperature.

On the 3rd of Sept., diet was increased somewhat. Improvement in every way continued, and on the 17th, he left the hospital, having had no chill since the day of his admission.

For several days previous to his discharge, he received no medicine at all. About twenty-two days after his last chill he had a return of fever without any decided chill, which speedily subsided under treatment.

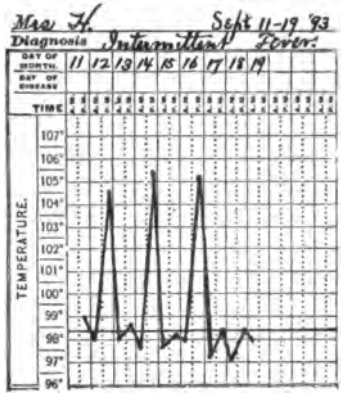
Miss C. H.; age, 23; domestic; admitted Sept. 7, '93. History, negative. Had been ill four weeks. During the first two weeks she had chill, fever and perspiration on alternate days. During the first two weeks she had chill, fever and perspiration on alternate days. During the first two weeks she had chill, fever and perspiration on alternate days. During the third week symptoms subsided, to return for the fourth week with the time for chill anticipating.

The day following her admission to the hospital, she had a chill at 10 A. M., followed by high fever and profuse perspiration with thirst. She was placed upon modified diet, and quin. sulph. was the remedy selected, with frequent use of lemon decoction. This treatment was continued for several days with increased diet. The accompanying chart shows the characteristic drop in the temperature. No chill or fever appeared after Sept. 8th, and she was discharged on the 18th, cured.



Mrs. H.; age, 62; admitted Sept. 11, '93. Had not been strong for many months. Two weeks before entering hospital, the present illness commenced. She had chill and fever with perspiration occurring every other day. This has occurred regularly, except that the paroxysms had tended to anticipate from one to three hours each time. A mild painless diarrhœa had

been present several days. The accompanying chart presents data with reference to the occurrence of the paroxysms. This case was of a distinctly tertian type.



Up to Sept. 15, nux. vom. was the remedy employed, with the free use of lemon decoction. On that date, quin. sulph. was prescribed and the decoction continued. The last paroxysm occurred the following day, and from that time recovery was uninterrupted and complete.

A CASE OF EMPYEMA.

Miss G.; age, 26; was admitted to the hospital, June 29th, 1893, presenting the following history:

For three weeks previous had suffered from a severe cold, with extension of catarrhal condition to bronchi, with cough and muco-purulent expectoration, which was increased by the use of ether as an anæsthetic for extraction of several teeth.

On June 9th, began to have sharp, stitching pain in right side of chest, increased by deep inspiration or coughing; cough dry at this time, with some fever, thirst, anorexia and prostration. Sleeps poorly. Lips dry and cracked.

On physical examination, dulness and absence of respiratory murmur on right side below seventh intercostal space and lower angle of scapula posteriorly with diminished movement of chest wall. Respiration above these limits was bronchial or broncho-vesicular. Temperature, A. M., 101.4; P. M., 102; respiration, 33; pulse, 108. Heart somewhat displaced to left side. Under the use of bryonia and compresses, pain largely subsided and temperature began to drop.

On July 3, the P. M. temperature was rising; and subsequently excessive, fœtid perspiration, particularly nocturnal or during sleep was very marked, with much prostration; fœtid breath; hectic, etc.

Early on the 7th, patient had a very severe attack of coughing, which ended in profuse expectoration of thin, greenish, sero-purulent material, with much depression and pallor, followed by gradually increasing cyanosis, with gasping respiration and weak, irregular pulse. A diagnosis of rupture of the lung tissue was made.

Patient was placed in an inclined position, face downward to facilitate the discharge of pleuritic effusion already within the air passages, and then right pleural cavity was aspirated, and a pint of fluid like that expectorated was removed. The outlook seemed hopeless, but patient rallied sufficiently to take a very little nourishment and brandy, and speak a few words. Camphor IX was given. The cyanosis gradually subsided and pulse and respiration improved. Late in the afternoon of 9th, another suffocative attack was cut short by aspiration, and the withdrawal of another pint of the effusion.

11th., A. M. temperature, 98.4; pulse, 100; respiration, 40. Patient slowly rallying.

On the 12th and 13th, patient ceased to improve, temperature, pulse and respiration rising, and on the latter date she was transferred to surgical side, and pleurotomy with resection of two ribs was performed under chloroform by Dr. N. W. Emerson. The previous diagnosis of rupture into the lung was confirmed at this time, the ragged opening being about on a level with eighth rib in the anterior axillary line.

Patient immediately began to improve, all untoward symptoms subsided, and the lung gradually expanded so that the abscess cavity was obliterated, and at the time of writing patient is in good health.

TWO CASES OF RENAL ABSCESS

It is noteworthy, especially in connection with cases of this character, how, in the absence of repeated thorough physical examinations, they may, and often do, pursue their course for months, unrecognized. A careful examination of the urine usually presents evidence of the condition which can usually be corroborated by a careful physical examination.

CASE I. Mrs. P.; age, 42; admitted June 22, '93. Her general health for several years had been below par. Has two children. Menstruation ceased at 40. Temperament, nervous; figure slight. Eighteen months ago she first noticed indications of trouble with the bladder, such as frequent and painful micturition, and later, more or less continuous pain referred to left half of pelvis. Patient had been under treatment much of the subsequent time, with no marked change for the better.

At the time of admission she was suffering with pain before, during and after urination, the latter often occurring at intervals of six to twelve minutes. Twenty-seven ozs. urine passed in twenty-four hours. A large quantity of pus was present in the urine. Irrigation of the bladder with boracic acid solution (teaspoonful to the pint) revealed very marked diminution in its

capacity. At first the bladder could hold only one ounce, later four ounces.

July 12. Temperature, A. M., 97°; P. M., 103°. Condition not improving. Examination of bladder with a sound revealed a very sensitive area about and anterior to entrance of left ureter; also marked thickening of bladder wall and peri-vesical tissue on left side. Subsequently, more careful abdominal palpation revealed a mass in the region of the left kidney and anterior to it. Outline irregularly oval; density, uncertain. Diminutions of amount of pus in urine were followed by a rise of temperature.

In course of time patient was carefully examined while under the influence of an anæsthetic, by several members of staff in consultation. The condition of the bladder previously referred to existed unchanged, and very marked evidences of former extensive inflammatory processes were found in left half of pelvis. The enlargement in left renal region was found to have its origin from the left kidney, and, unquestionably, that viscus was the seat of an extensive suppurative process. Nephrotomy was advised, but the patient was unwilling to undergo such an operation until cooler weather. She subsequently left the hospital, and her condition was considered very unfavorable. The treatment of the case consisted of frequent vesical irrigation, proper dietetic measures and the use of cantharis, puls., nux vom. or china, according to indications.

Case 2. Miss M.; age, 34; occupation, cook; born in Nova Scotia; admitted Sept. 6, '93. About four and one-half years ago had what was termed gastric fever, since which time careful attention to diet has been necessary, and, occasionally, has had attacks of vomiting and pain in epigastrium. Two years previous to admission, she was treated for a number of months for what was diagnosed cystitis, without full relief. Her father died of organic heart disease. Mother and sisters all living and in good health. During the present summer has had two severe and prolonged attacks before the present one, in which headache, vomiting and epigastric pain were marked. The present attack is of eight days' duration; some elevation of temperature, headache, vomiting, quite sudden and severe at times, very apt to occur a short time after taking food, preceded occasionally by slight nausea; bowels constipated, much pain in epigastric region and tending to pass around the body; much thirst.

Diet prescribed, malted milk and koumyss in alternation. ℞. Bell. IX. Examination of the urine showed the following: 24 h'r's., am't. 40 fl. oz.; sp. gr., 1014; reaction, alkaline; urea, 20.9 grams. Large amount of thick, ropy sediment, which, on microscopical examination, was found to consist of pus corpus-

cles and mucus. Consequently, considerable albumen was present. On closer examination, the focal point of pain was found to be in the region of left kidney, rather than in epigastrium proper. A resistant, sensitive mass was found immediately behind the abdominal wall, lying between it and the left kidney and connected with the latter.

Another urinary analysis showed 24 h'r's. am't. 72 oz.; sp. gr. 1008; reaction, neutral; sediment considerable in quantity; character unchanged; urea, 7 grams to 1,000 cc. The urine was saved continually, and the sediment from the whole 24 hrs. amount allowed to settle. The following table will give the results for several days:

Sept.	18.	Amt. of urine,	1440 cc.	Amt. of pus,		55 cc.
"	19.	" "	1470 cc.	"	"	55 cc.
"	20.	" "	1215 cc.	"	"	40 cc.
"	21.	" "	? cc.	"	"	115 cc.
"	22.	" "	1671 cc.	"	"	60 cc.
"	23.	" "	1464 cc.	"	"	120 cc.
"	24.	" "	1301 cc.	"	"	50 cc.

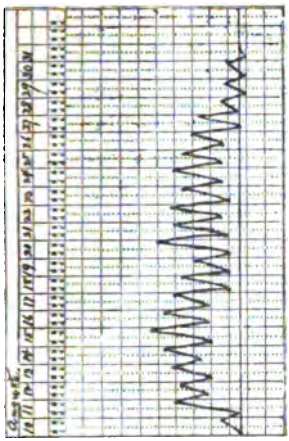
The patient's general condition failed to improve, in spite of remedial and dietetic measures. Hectic became pronounced; skin dry; headache; more or less vomiting; sleepless at times. She was transferred to surgical side, Oct. 1st, for operative measures.

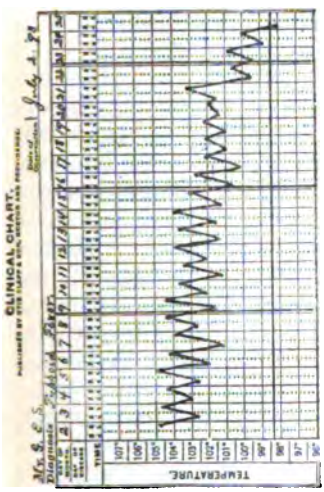
CASES OF ENTERIC FEVER.

CASE 1. Typhoid fever with relapse. Mr. S.; age, 30; occupation, carpenter; admitted July 2, '93. The present illness commenced about June 10th, with steady grinding headache, malaise, loss of appetite, "felt all played out." In a short time the temperature began to rise, and for two weeks before admission it was steadily rising, and marked perspiration was present with increasing diarrhœic stools.

When admitted the evening temperature was 104 3-5°. (See accompanying chart). Pulse, 120. Tongue coated yellowish white, edges and tip red; great thirst; wants to remain quiet. Abdomen distended; tympany; marked gurgling and tenderness on pressure in ileo-cæcal region, and obliquely upward toward umbilicus. Had from four to six yellow "mushy" painless stools daily. Roseolæ present on chest and abdomen. Patient was placed on a milk diet. Cool sponge baths were given frequently and rhus tox prescribed. Later, subsultus was marked.

July 4, eruption disappearing. Examination of urine showed chlorides absent, phosphates diminished, albumen abundant. Same treatment continued.





July 7, tongue coated brownish yellow; sordes on teeth; lips and mouth very dry; answers questions very slowly. Only one stool in past twenty-four hours; character unchanged.

July 9th, delirium for the first time last night, with efforts to get up; "wants to go home." Hyoscyamus. The daily number of discharges from bowels varied greatly, from one or two to seven or more, but their character did not change essentially.

July 16. Involuntary urinations twice in twenty-four hours; continuous delirium; understands with difficulty what is said to him. Increasing tendency to insomnia.

July 18. Profuse perspiration; pulse, 125 (19th, 140). Excessive subsultus. General depression, very great. Carphologia. Whisky in small quantities was administered in milk at stated times. ℞. Ars. (nights); hyosc. (days).

July 21. Noticed more of what was said to him; less subsultus; pulse growing perceptibly stronger. Voluntary urination and defecation. Tongue less coated, odor of breath diminishing. Same treatment. The following night he slept most of the time, and from that time improved. The gradual fall of the temperature is well shown in the accompanying chart.

During the interval (July 25th to Aug. 10th) shown on the chart he made excellent progress in his general condition, but his mental state was peculiar in that on Aug. 4th he had fixed delusions, e. g.: "Rice eaten forms pebbles in his stomach and he had a surgical operation performed three weeks before for relief." "Large hole under his bed from which come large draughts of air." "Insisted his improvement was due to diet of mashed potato and escalloped oysters." Nux vom.

Aug. 8. Broth, with rice or barley. Very hungry. Urine

examined. 24 hrs., amt. 36 oz.; s. g. 1025; reaction and albumen only a trace; phosphates normal.

Aug. 12. Elevation of temperature; drowsy; no pain; more marked delusions. "Dinner distressed him; stomach cut open and he was relieved." Greatly surprised that the doctors could find no scar.

Aug. 15. Temperature still rising; abdomen slightly tympanitic; no sensitive point. Delusions persist. "To-day some spikes stuck through mattress and penetrated his stomach; finally he pulled them out." Ars.

Aug. 17. Sore area just below and to the right of umbilicus; slight swelling at this point. Temperature declining. Diet, toast, cereals and farinaceous material.

Aug. 21. Profuse perspiration at night; weak, but feels better. China.

Aug. 24. Small abscess forming below left ear. Opened four days later.

The condition of urine and bowels was excellent, and from this time recovery was continuous and he was discharged Sept. 20. Cured.

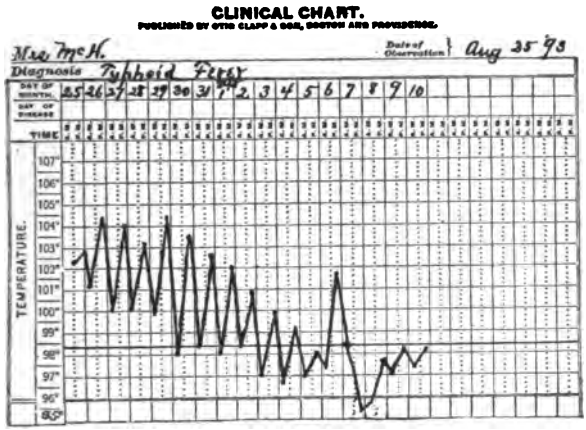
Mrs. Mc. H.; age, 25; admitted Aug. 25, 1893; had been sick since the birth of her child in July, but during the three weeks before her entrance to the hospital her condition assumed a more serious aspect. Temperature, rising; diarrhœa: stools yellow, painless, marked odor; and mental power was failing; memory of many events uncertain or entirely lost. When admitted, the case presented the following important features: Cheeks bright red; fetid breath; tongue bright red, dry and fissured; lips the same; sordes on teeth; thirst great, wants small quantities of water often; great prostration; abdomen not distended; gurgling on pressure in ileo-cæcal region, but no tenderness; stools yellow and mushy, not very frequent; a few roseolæ on abdomen; sudamina on chest.

Treatment: Milk diet; cold sponge baths, and ars. 3x.

Aug. 26. The accompanying chart shows the range of temperature; the pulse ranged between 120 and 135; skin hot and moist; talks during sleep; two characteristic, mushy, yellow stools to-day. Cool pack at 8 P. M. for fifteen minutes, same treatment.

Aug. 29. Urinary analysis: twenty-four hours, amount 34 oz., specific gravity, 10.18; reaction, neutral; sediment contained triple and amorphoric phosphates, ammonium urate and leucocytes; albumen, small amount present; urea, 30.6 grains in twenty four hours.

Aug. 31. Sleeping more, both night and day; evening temperature declining slightly. At this time marked delusions



appeared: "Husband committed suicide; all her children and friends were dead; was well and must go home." These persisted until Sept. 5, when she became aware of her serious condition. Temperature at this time nearly normal, and condition of bowels much improved.

Sept. 6. Temperature and pulse steadily rising; diarrhœa returned, and during twelve hours of the following night she had ten discharges, quite thin and streaked with blood, though the total quantity of latter was small; temperature full, and pulse rose to 146 — was very weak and irregular; first sound of heart could not be heard. Stimulants were administered with hot nutrimemt (peptonized milk) with a decided improvement in the heart's action.

Sept. 8. Four thin, light-yellow stools; temperature in the night reached 95 2-5°; pulse, 112. Digitalis, ℈ gtts., 2.— 2 hrs. The improvement, during the four days immediately following, was very marked. The heart's action was now nearly normal; much more nutriment could be taken, e. g., milk, rice, jelly, and bovinine, and the stools became formed.

Sept. 14. Tongue clean and moist, pulse firm and strong.

On the 18th, a superficial abscess, near the right nipple, was opened and a large quantity of pus evacuated. Kali iod., Diet slightly increased.

Sept. 22. Temperature practically normal for past four days. Sleeps well; good appetite; heart's sounds strong and in correct proportions; commenced to sit up. Half diet, kali iod. continued.

The abscess referred to healed well, and at the close of September the patient was thoroughly convalescent, and a few days later returned to her home.

A CASE OF CHRONIC RHEUMATISM.

The following case presents some features of interest, in that the pneumonic condition, while approximately typical at the onset, continued for many weeks, and when resolution commenced, it was slow and imperfect.

Examination of the sputum, in July, revealed large numbers of the bacillus pneumoniæ crouposæ with the usual micro-organisms present with suppuration. No tubercle bacilli were found.

An examination of the sputum made just before her discharge, showed tubercle bacilli, though not in great numbers. This simply confirmed the conclusions drawn from the progress of the case, and the results of repeated physical examinations, viz., that the condition of chronic pneumonia was gradually passing into one of phthisis pulmonalis.

The patient was under the care of the attending physician, Dr. D. G. Woodvine, for the preceding quarter, nearly three weeks before July 1, and her condition was improving at that date. The attack commenced May 28, with severe pain in right half of chest. Fever and cough were pronounced, and white frothy expectoration appeared. The temperature for two weeks previous to her admission, June 13, had daily reached 105°. Physical examination of right lung showed solidification of the entire organ, with bronchial respiration and marked bronchophony. Exaggerated respiration in left lung. Two days after her admission, Dr. H. C. Clapp made a careful examination and pronounced the case one of pneumonia with a prognosis pointing towards phthsis. The cough and expectoration as well as temperature and respiration diminished somewhat during the remainder of June.

On July 3, physical examination revealed bubbling râles in apex of right lung, with bronchial respiration persisting in lower lobes of lung. Expectoration was thin, watery and frothy. Hepar sulph. Patient slowly improved, the diet was gradually increased, and she was given cod-liver oil twice in day. The character of cough changed soon after commencing the oil, and expectoration gradually became more muco-purulent.

July 22. Respiratory murmur at apex normal and distinct, still very faint over lower lobe of right lung, where numerous moist râles are present; no râles heard in apex; temperature at night elevated 1½ to 2½°. Kali iod. Patient continued to improve in appetite, slept well, and was strong.

Sept. 16. Sputum showed tubercle. Physical examination showed dulness anteriorly over upper two-thirds of right lung, bronchial respiration and bronchophony, but no râles; cough and expectoration slight. Discharged Sept. 17, condition much improved, but the outlook far from hopeful.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, March 1st, 1894, at 7.45 o'clock, William L. Jackson, M.D., President, in the chair.

By vote of the Society a portion of the records of the last meeting was read. The following physicians were elected to membership: Mary B. Currier, M.D., of Somerville and Emily A. Young, M.D., of Westborough. Charles E. Dodge, of Manchester, N. H., was elected as a corresponding member.

The following by-law was adopted:

"Each section shall organize at the beginning of the meeting at which it reported to the Society, by choosing a chairman, secretary and treasurer for the ensuing year, who shall, aside from the usual duties pertaining to their respective offices, be an Executive Committee to arrange for meetings and the work of the Section, appoint committees or perform other duties properly delegated to them."

SCIENTIFIC SESSION.

Dr. Horace Packard presented seven pathological specimens which he had removed during recent operations.

1. A dermoid cyst of the ovary, which was removed with some difficulty, as it was firmly adherent to the surrounding tissues. The contents of the cyst were hair and fat.

2. An enormous colloid tumor of the right ovary. This tumor had ruptured some time previous to the operation, a large amount of colloid material having been found free in the peritoneal cavity. Weight of tumor, seventy pounds. Patients lived for twelve days after the operation.

3 and 4. Specimens of the appendix vermiformis, both cases having been operated upon during the quiescent stage. An interesting feature of the cases was that they were brothers. Both recovered.

5. Two multilocular ovarian cysts.

6. An ovarian cyst, about two inches in diameter. In small cysts where the ovary is otherwise normal, Dr. Packard believes in enucleation of the cyst wall, without removing the ovary.

7. Ovarian cyst and uterine appendages.

Dr. W. J. Winn presented specimens from a case of double pyo-salpinx. The removal was effected with some difficulty as h e patient was very fleshy. A small cyst of one ovary was uptured, the fluid escaping into the peritoneal cavity. Adhe-

sions were broken up with difficulty and the ovaries and tubes removed.

Dr. I. T. Talbot reported a case of a large ovarian tumor in a patient seventy-two years old which occurred over twenty years ago. In those days one would as soon have cut the throat as to have made an abdominal section. A trochar was introduced and no fluid escaped. Later, a larger trochar was used, and a quantity of colloid material resembling calf's-foot jelly was drawn off by aid of a Bowditch's pump. The removal of five or six pounds of this gave the patient considerable relief. This treatment was continued at intervals of about six weeks for two years. Post-mortem revealed a tumor weighing twenty pounds, filled with colloid material, portions of which had escaped into the abdominal cavity.

Dr. Geo. H. Earl presented a fœtus of four months which had evidently been dead *in utero* for three or four weeks. The specimen presented the following abnormalities: Non-closure of abdominal walls, spina bifida, malformation of the left hip, marked club-foot on right side.

Dr. G. R. Southwick exhibited an ingeniously made gynæcological table of his own design, also rubber stamps showing a diagram of the pelvis, an antero-posterior section of the same and view of cervix uteri.

SECTION OF GYNÆCOLOGY AND OBSTETRICS.

G. R. Southwick, M.D., Chairman; Geo. H. Earl, M.D., Secretary; Annie M. Selee, M.D., Treasurer.

The first business of the section was the election of officers for the ensuing year as follows: Chairman, Adaline B. Church, M.D.; Secretary, Emily A. Bruce, M.D.; Treasurer, Annie M. Selee, M.D.

Annie M. Selee, M.D., then presented a paper entitled "Cimicifuga: Its Possible Place in the Therapy of Gestation and Parturition."

"Diagnosis in Gynæcology" was the subject of a paper by Leslie A. Phillips, M.D.

Geo. H. Earl, M.D., cited cases in which arose "Conditions Requiring Curettement."

"Pelvic Inflammation and Its Treatment by Icthyol" was the subject of an exhaustive paper by Geo. R. Southwick, M.D.

DISCUSSION.

Opened by Dr. Southwick who expressed strong doubts that chlorosis and other blood-diseases were necessarily the result of pelvic disorders, and, consequently, objected to indiscriminate pelvic examinations especially in unmarried women. Thought

it possible that theatre-going and parties might have full as much to do with pelvic disorders as student life. Was glad of the aid afforded by our materia medica in treating gynæcological diseases.

Dr. L. A. Phillips wished to impress members of the Society that it was not in all cases of anæmia and chlorosis that he would advise pelvic examination, but in those cases where other means had been tried without relief. He said our materia medica is of great value in the treatment of gynæcological cases, but deficient in accurate symptomatology.

Drs. A. H. Powers and Geo. H. Earl both referred to the exceedingly poor sanitary condition of the place where one of the cases cited by Dr. Earl had been confined, as a causative factor of the subsequent pathological condition.

Dr. I. T. Talbot was exceedingly interested in the paper presented by Dr. Selee. It is twenty-five years since women were first admitted to the American Institute of Homœopathy, and during that time much has been accomplished in the proving of drugs with regard to their special relation to the reproductive organs. Women physicians have a special duty in this branch of medicine, and they should take it upon themselves to study carefully and observe the effects of drugs. Women should come together and determine lines of work which they would follow. In no other way can they do more to assist the profession.

Dr. W. H. Stone, of Providence, thought we should make vaginal examinations in certain cases we were taught to omit, i. e. "never examine a young girl or unmarried woman." He cited a case of chlorosis which had been under the charge of an excellent physician all her life, where a thorough medical treatment had been conducted for years without improvement. She was nervous, hysterical, anæmic and chlorotic. A vaginal examination revealed retroflexion of the uterus with adhesions. Under ether the adhesions were broken up and a supporter adjusted. The patient made a rapid recovery and has been entirely well since.

Dr. W. J. Winn cited a case of nocturnal enuresis following an attack of scarlet fever, which had been under able treatment for two years without improvement. He treated the patient for three months and the condition remained unchanged. His attention was called to the clitoris as a possible cause of the enuresis through an article in one of the medical journals. He asked for an examination and found extensive adhesions of the clitoris, which he broke up and a perfect cure resulted.

Dr. W. H. Stone referred to a case of chlorosis in a woman fifty years old, where on examination under ether adhesions of the hood of the clitoris to the latter were found and removed.

The sphincter ani was dilated and several pockets were found in the rectal mucous membrane and excised. A complete cure of the chlorosis resulted.

Dr. Mary E. Mosher mentioned a case of a young lady who two years ago fell on a show case. She grew worse until she was confined to her bed. An examination was made under ether and the uterus was found retroverted. It was reposed and the sphincter ani forcibly dilated. Patient rapidly recovered. Dr. Mosher feels much averse to vaginal examination in girls.

Dr. F. W. Elliot alluded to the case of a lady, occupation, house-keeper, who developed an erotic tendency, and her condition became so bad that she was hysterical, had fainting spells and was nymphomaniacal. Examination revealed an adherent clitoris with remarkable development of the organ. Amputation was done and a perfect restoration to health ensued. He also mentioned a case of confinement in which a temperature of 106° F. appeared on the eighth day. After use of the Holbrook curette the temperature fell quickly to normal.

J. Emmons Briggs, *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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Medical Jurisprudence, Forensic Medicine and Toxicology. By R. A. Witthams, A.M., M.D., and Tracy Becker, A.B., LL.D. New York: Wm. Wood & Co. 445 pp.

The first volume of what promises to be a most authoritative and encyclopædic work on subjects of very great interest to two leading professions, is here given to the public. For the first time in the literature of medical jurisprudence, we have the subject handled in all its important subdivisions, by acknowledged experts, so that the possessor of this completed work may obtain, on demand, exhaustive enlightenment on any mooted question of the legal status of the physician in any of the United States or of the provinces of Canada, or on the legal possibilities of expert testimony. The introduction gives a summarized and exceedingly interesting history of medical jurisprudence in all countries and from the earliest times. There follow fifteen articles, each on some branch of medical jurisprudence or of forensic medicine, among which are "The Legal Status of the Dead Body," by T. C. Becker; "Medico-Legal Autopsies," by H. P. Loomis; "Personal Identity," by J. C. Rosse; "Death by Heat and Cold," by E. V. Stoddard; and "Medico-Legal Relations of Electricity," by W. N. Bullard.

Such specialization of a subject on which neither the physician nor the lawyer can afford to be ignorant, cannot fail to result in a work of the highest interest and value to both professions. The initial volume will earn a welcome for the completed work. It is offered in handsome and durable shape.

A TEXT-BOOK ON THE THEORY AND PRACTICE OF MEDICINE. Edited by Wm. Pepper, M.D., LL.D. Vol. II. Philadelphia: W. B. Saunders. 1049 pp.

The completion of this admirable work fulfils the expectations aroused by its first volume. Among the contributors are Drs. Henry N. Lyman, William Osler, William Pepper, James C. Wilson, Francis Delafield, and Reginald H. Fitz. The subjects treated cover a wide field, and include — instances chosen almost at random — treatises on "Diathetic Diseases," "Rickets," "Gout," "Neuroses of the Heart," "Practical Urinary Examination," and "Diseases of the Pancreas." A paper of great value is that, by Dr. William H. Welch, on the "Biology of Bacteria, Infection and Immunity." The article is a model of graphic summarization and condensation; many illustrations add to its practical helpfulness. Dr. Pepper's paper on "Diseases of the Intestines," is a thoughtful and well-considered one. His remarks on "Appendicitis" are especially interesting, a notable point being his recommendation that operation, when proven necessary, be performed during one of the attacks, rather than in an interval between them.

The completed work offers an excellent digest of the newest allopathic methods of practice in most of the ills to which flesh is heir. As "allopathic methods of practice," include sound knowledge of pathology, as well as much helpful employment of simple adjuvant measures, adaptation of diet, hygienic conditions and the like, to the the various diseased states treated of, it follows that much in the work is of exceeding interest to all practical physicians, whatever their therapeutic bias.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. 1893.

The present volume of transactions of this active and hard-working society, which has now reached its twenty-ninth year of useful life, is marked not only by the number and variety of its papers, but by their individuality. Thus Dr. Van Baum's paper on "The Significance of Albuminuria," is rich both in scholarly research and in chronicle of wide personal experience. Dr. Parsons' paper on "Mental and Nervous Effects of the Mother Upon Her Offspring," is especially instructive as dealing, not with theories, but with apparently well-authenticated

cases of what is called "maternal impression." "A Typical Case," admirably reported by Dr. Sarah J. Coe, pictures the suffering, self-control and final restoration to health of a resolute, working woman through a ten-years' siege of climacteric disorders. Dr. Miller's article on "Home, the Only Health Resort," is full of sound sense, though couched in language that is pungently unconventional. The volume, as a whole, furnishes more suggestive and practically helpful reading than is found in many an ambitious and widely-advertised "medical work," technically so called.

OPERATIVE SURGERY. By M. Kocher, M.D. New York: Wm. Wood & Co. 279 pp.

Dr. Kocher's book is modern, practical and concise. In one-fifth the bulk of the classic and exhaustive text-books on surgery, it gives the leading facts of this vast subject clearly, if briefly; states the newest and most widely-accepted procedures, and teaches largely by the use of numbered illustrative diagrams, to which direct and constant reference is made in the text. The work is offered in very handsome form: heavy, wide-margined pages, and type which is a refreshment to the eye.

The March CENTURY has — an article of unique and profound interest — Major Andre's own story of the "Mischianza," now for the first time published. Mr. Edwards contributes a sequel to his delightful "Two Runaways," in "Isam and the Major." Edward Holden has an instructive paper on "Earthquakes and How to Measure Them." Mark Twain and Mary Hallock Foote continue their interesting serials. New York: The Century Co.

Among the more significant contributions to the POPULAR SCIENCE MONTHLY for April, are papers on I. "From Creation to Evolution." II. "Theological Teachings Regarding the Animals and Man." By Andrew D. White, LL.D., L.H.D. "New Lights on the Problem of Flying," by Prof. Joseph LeConte, (illustrated). "The Ice Age and Its Work," II., by A. R. Wallace, F.R.S. "The Beaver Eater," by Horace T. Martin, F.Z.S., (illustrated). "The Late Professor Tyndall," by Herbert Spencer. New York: D. Appleton & Co.

The complete novel of LIPPINCOTT'S MAGAZINE for April, is "The Flying Halcyon," by Richard Henry Savage. "The Trespasser," Gilbert Parker's powerful and original story draws near its climax. Mr. Walsh writes suggestively on "Coöperative Housekeeping." Philadelphia: J. B. Lippincott Co.

AN editor's excuse for discontinuing the publication of his paper was that everybody else stopped the paper, and so he thought he would. — *Tidbits.*

MISCELLANY.

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A SURGEON is the man who has to carve out his fortune if he gets any. — *Detroit Free Press.*

SAID Rev. Milsted at the Congress, "a good many people who pray, 'Good Lord deliver us!' should say, 'Good Lord reliver us!'"

DOCTOR. — "There is no doubt about it. You have a stone in the bladder."
Solomon Levi. — "Do you think it was a diamont?" — *Med. Ind.*

"JUSTIFIABLE homicide," was the verdict of the coroner's jury that sat over the remains of the man who had said that "sneezing was like a water-fall, because it is a catar(rh)act." — *Medical Advance.*

A GOOD many folks in dis world git credit for bein' clever wen de fact ob de matter is dat dere cleverness consists in dere ability to keep de world from findin' out how ignorant dey really are. — *Plink Plunk.*

A PHILOSOPHER says: "In the economy of nature nothing is lost. The inside of an orange may refresh one man, while the outside of the same fruit may serve as a medium for breaking another man's leg." — *Hospital Echo.*

FIRST BOY. — "No, sir, you don't catch me shamming off sick to stay home from school, and get all dosed up with castor oil and such stuff."
Second Boy. — "Oh, I'm all right on that, we're homœopaths at our home." — *Life.*

PERSONAL AND NEWS ITEMS.

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A HOMŒOPATHIC physician is wanted at Kennebunk, Me.

DR. IDA F. BARNES, class of '93, has located at Beverly, Mass.

DR. ELLEN A. K. HUTCHINSON, class of '93, has located at Newburyport, Mass.

DR. F. L. MARSHALL, class of '92, B. U. S. of M., has located at Orange, Mass.

DR. S. W. HOPKINS, of Lynn, has removed his office and residence to 65 Broad Street.

DR. NOBLE H. HILL, class of '92, B. U. S. of M., has located at 9 Charles St., Boston.

DR. W. S. HINCKS has removed from Hyde Park, Mass., to 720 Main St., Worcester, Mass.

DR. D. J. HANLON, class of '91, B. U. S. of M., has removed from Hopkinton, Mass., to Hyde Park, Mass.

DR. HENRY B. BABBITT has removed from Cambridgeport, Mass., to Arlington, Mass, 236 Arlington Avenue.

DR. L. B. PARKHURST, formerly of Northampton, Mass., and lately of Allston, has removed to Waltham, Mass.

DR. H. J. HASCALL has removed from Massachusetts Avenue (West Chester Park), Boston, to Shrewsbury, Mass.

DR. GEO. L. FORBES, graduate of the class of '93, N. Y. Homœopathic Medical College, has located at Burlington, Vt.

DR. CHAS. M. FULLER has removed from Dartmouth St., and has taken up his residence at 1 St. James Ave.; office at 229 Berkeley St., Woodbury Building.

PHYSICIANS in want of good horses can find them at prices ranging from $1 50 to $600, by applying to Dr. L. A. Phillips, 229 Berkeley St., or W. H. Wright, Concord, Mass.

DR. FRANK C. RICHARDSON has secured offices at Hotel Cluny, Copley Square, Boston, where he will devote special attention to nervous diseases and gynæcological electrotherapeutics. Dr. Richardson may be consulted at the above address, Tuesday, Wednesday, Friday and Saturday, 11 A.M. to 1 P. M.

WANTED. — A good location for a homœopathic physician, within twenty miles of Boston. Would be willing to go as assistant to some older physician in general practice. Age, 32. Married. Address

"F. E. A.," care N. E. MEDICAL GAZETTE.

ONE of our friends writes us that if we hear of any physician having lost a bag and contents he would like to be put in communication with him, by mail, and ask him to give a description of his loss. Address

A. W. BOWMAN, care Otis Clapp & Son, 10 Park Sq., Boston.

THE fourth annual meeting of "The Association of Military Surgeons of the United States," will be held in Washington, D. C., May 1st, 2d and 3d, 1894. This national organization is composed of medical officers of the U. S. Army, U. S. Navy, National Guard of the United States and the Hospital Marine Service — in whose service are many of the celebrated and distinguished surgeons of our country. A brilliant and able literary programme will be presented. The afternoon of one day will be set apart for an object lesson from the "Manual of Drill," by the hospital corps. There will be about five hundred delegates in attendance.

ANNUAL REUNION OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, TUESDAY, MAY 8th, 1894. — The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College, at its annual reunion and banquet, on Tuesday, May 8th, 1894.

The business meeting will convene at 4.30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the banquet will be held at 10 P. M., at "The Stratford," corner of Broad and Walnut Streets.

The trustees and faculty of the college extend a cordial invitation to all the members of the Alumni and their friends to attend the forty-sixth annual commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust Sts., Philadelphia.

Banquet cards can be secured from any officer of the Association, at $3.50 each. The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after May 7th, 1894. If you can make arrangements to be present at the banquet, notify the secretary and he will secure a place for you.

419 Pine Street, Philadelphia, Pa. W. W. VAN BAUN, M.D., *Sec'y.*

THE Report of the Maryland Homœopathic Hospital and Dispensary for three years ending October 1, 1893, shows a very gratifying prosperity and growth. The Hospital was opened on the first of October, 1890, and in its first year treated 130 patients, of whom 49 were free; in its second year 189 patients, of whom 101 were free; and in its third year 230 patients, of whom 170 were free; making 540 in all, of which number 320 were free patients. Of these 402 were discharged cured, 90 relieved, and 28 died, or 4 per cent. of the whole number — a remarkably low death rate.

The Dispensary was opened July 1, 1890, and treated in its first three months 616 patients with 1,154 prescriptions; in the year following 4,331 patients with 7,978 prescriptions; in the second year 4,067 patients with 10,093 prescriptions, and in the third year 4,891 patients with 12,774 prescriptions, making a total of 13,905 patients with 31,999 prescriptions. Meanwhile a college has been started and a medical journal has come to them full fledged. What with a hospital, a dispensary, a college and a medical journal, all in successful operation, where four years ago neither of these existed, it shows a development and progress which cannot but be most encouraging to the large and increasing corps of physicians in a city which for more than thirty years could number its homœopathic physicians on the digits of a single hand.

THE

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

EDITORIAL.

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THE OUTLOOK FOR DENVER.

The forthcoming session of the American Institute promises to be the most noteworthy in its history. The list of subjects to be treated covers practically the entire field of medicine, and the admirable plan of "sectional meetings" gives each physician his individual choice of the subjects to which he will devote his attention. The place chosen for the meeting ensures novelty and delight in the way of scenic sights and surroundings to the great majority of the members. Arrangements for transportation have been practically completed; and for the enlightenment of our readers, and we hope as conclusive inducement for them to join the goodly company so soon to "go West," we take much pleasure in reproducing the committee's circular in full:

CHICAGO, April 21st, 1894.

AMERICAN INSTITUTE OF HOMŒOPATHY — OFFICIAL ANNOUNCEMENT OF THE COMMITTEE ON TRANSPORTATION.

The transportation committee of the American Institute of Homœopathy takes pleasure in announcing that it has made unusually satisfactory arrangements with the railroads whereby members attending the Denver meeting, June 14-22, can reach that city and enjoy a vacation in the Rocky Mts. at a minimum of expense and with unusual pleasure and comfort.

From the Atlantic Seaboard the Trunk Line Association tender the usual fare and a third for the round trip to the Eastern

termini of the Western Passenger Association's territory, St. Louis and Chicago. This may yet be reduced to one fare.

From Chicago and St. Louis the committee has contracted with the Chicago & Alton-Union Pacific combination to take us to Denver in an "American Institute of Homœopathy Special," composed of the finest passenger car and sleeping car service running out of those cities. This line, the best leading from Chicago and St. Louis to Denver, and the most direct from those cities, has made the occasion a thirty-day ticket, that we may have the pleasure of a summer vacation in the Rocky Mts., and a one fare rate for the round trip. They further give to all who hold tickets over this official line, a complimentary excursion to Silver Plume Mt. and return, compassing the world-famed Georgetown Loop, and their experienced agents will attend to all the railway business of the convention, thus avoiding the dissatisfaction and annoyances incident to the management of railway matters by this committee, wholly inexperienced in the complications belonging to the passenger department of railway details. The official line also saves the Institute several hundred dollars by printing at its own expense the very handsome official circular of this committee, of which ten thousand copies are being sent to physicians whose names have been furnished by us.

In consideration of these facts it is the desire of your committee that all who contemplate attendance upon the Denver convention shall reciprocate the courtesies extended the Institute by the line selected by journeying in a solid railway caravan "Across the Plains." The itinerary embraces a start from Chicago on the evening of June 12th, Tuesday, at six o'clock, in a magnificent American Institute of Homœopathy Special. This train will arrive at Kansas City Wednesday morning, and will there be joined by the delegations who find it more convenient to go via St. Louis. The start from that city will also be made on Tuesday evening, at 8.40 o'clock. The parties will unite at Kansas City on the morning of Wednesday and will journey together through Kansas by daylight, arriving at Denver on the morning of Thursday, June 14th. The railway service is to be of the very best in every particular, and special dining-cars are

to be run for the convenience of the tourists, thus avoiding the necessity of making stops for meals. Special fast time will be made, our train stopping only at leading points along the line. The itinerary takes us through the most delightful part of Kansas, and early in the afternoon the climb on the high prairies of the western part of the State begins.

Since the announcement of a one-fare rate by the Alton & Union Pacific, other lines leading to Denver have fallen into line, so that members living along them all will have the benefit of the reduced fare. But the line selected has made the rate for us, gives us the very best that is to be had in the way of train service, accommodations, time and side trips in the Rockies, and the pleasure of journeying in a family caravan, making the trip a fraternal one. These inducements should result in its selection by all who contemplate attendance upon the convention.

A special party is forming in New York, under the management of Dr. A. B. Norton, 16 West 45th St., to travel over the Pennsylvania line to St. Louis, there to take the Chicago & Alton, journeying thence to Kansas City where it will join the official train from Chicago on the morning of Wednesday. Another party under the management of Dr. W. A. Dewey, 170 West 54th St., New York, is forming to journey from the northern part of that State and New England via the Michigan Central to Chicago, here to join the official train on the evening of Tuesday, June 12th. Applications for sleeping-car accommodations in these parties should be made early to Dr. Norton or Dr. Dewey. At Philadelphia, Dr. W. W. Van Baun, 419 Pine St., representing the committee as its member for that city, will receive applications for sleeping-car accommodations over any of the lines leading to Chicago and St. Louis, and at Pittsburgh, Dr. L. H. Willard, Allegheny, member of the committee for those cities, will perform like service for members applying to him. At Denver, Dr. J. M. Walker, of the committee, will serve members living in the West, and at San Francisco Dr. George H. Martin will perform like service for the Pacific coast. Applications for accommodations from Chicago or St. Louis should be made to the undersigned at 31 Washington St., Chicago.

In Colorado, a number of excursions are in contemplation. The Colorado and Utah lines all tender a one-fare rate and fifteen-day ticket, with stop-over privileges in each direction, and the Yellowstone Park tickets on sale at Denver during the summer give all who wish it a chance to visit that delightful spot at reasonable cost. For those who contemplate a visit to the Pacific Coast nothing better can be had than the regular midwinter fair ticket, on sale everywhere. In purchasing these, members should see to it that their tickets read via the "Chicago & Alton & Union Pacific" from St. Louis or Chicago, in order to have the pleasure of travelling with their fellow-members and of enjoying the side trips of the official line.

From Omaha members living in Minnesota, Iowa, Nebraska adjoining States will find the one-fare rate of the Union Pacific to Denver advantageous; and only holders of tickets over that line will be tendered the pleasure of the complimentary side trips of the official route.

C. E. FISHER, *Chairman Transportation Committee.*
31 Washington St., Chicago.

EDITORIAL NOTES AND COMMENTS.

ON THE PLAN THAT AN "OUNCE OF PREVENTION IS WORTH A POUND OF CURE," the forthcoming International Cholera Conference at Paris promises to be fruitful in excellent and far-reaching results. While cholera has not, of late, presented itself to European countries as the devasting epidemic which once it was, it has yet, for two or three years past, clung about their borders, and occasionally crossed them, in a fashion to cause much just apprehension. At the forthcoming conference, the leading European nations will be represented by distinguished scientists, each of whom has made careful and specialized study of the subject under consideration. From the *British Medical Journal*, we quote the following interesting account of the purposes of the conference:

"M. Hanotux, Minister Plenipotentiary, Director of the Consulates of France, and delegate of France at the forthcoming

International Cholera Conference at Paris, has stated to a representative of the French press, in a published interview, the precise object and anticipated results of this conference. The Conference, he states, will occupy itself with tracking the cholera to its seats of origin — that is, Asia, and India, dealing especially with the Meccan pilgrimage. The principal question laid before the Conference is to find thus "the examination of the Asiatic origin of cholera, and the measures to be taken relating to the defence of Europe against this scourge." Without prejudging the rusults, M. Hanotaux has reason to hope that the Sultan and the Shah of Persia will assist in arresting the development of cholera at its Asiatic ports of entry and posts of reinforcement. "The English," he observed, "are especially interested, since they hold both ends of the inlet and outlet, India and Egypt." Mr. Hanotaux continues as follows: "The Conference builds largely upon the assistance of Great Britain, for one of the most brilliant European hygienists, Mr. Ernest Hart, has denounced Mecca as a main centre from which European cholera spreads, in an address of widespread influence. He has pointed out that Hagar's well, where the Mussulman pilgrims wash and drink, is nothing better than sewer water; in one day (June 26, 1393) there were 500 deaths at Mecca from drinking this water. Let the pilgrims die for the glory of Mohammed, that is their affair; but they spread the cholera to the rest of the world, and they must be prevented from making us that present. The Paris Conference will mainly occupy itself with this object; it will not be far from agreeing with the English sanitarian, Mr. Ernest Hart, in saying that the extinction of epidemic cholera in Europe may be secured without great difficulty. There are two ways of attaining this result: to ensure everywhere perfectly pure drinking water, and meantime put on end to the cause of insalubrity of the Meccan pilgrims. It will agree with him that 'outside of this all measures are illusionary; fumigations, railway and frontier quarantines, powderings and antiseptic fluids, are only vain ceremonies, simple sacrifices to popular ignorance, the idolatrous homage which dirt pays to cleanliness. The prime focus of cholera is India; its gates of invasion are the Indian fairs and the Meccan

pilgrimage. Mecca is the reinforcing station of cholera between the Gulf of Bengal and Europe; it is there especially that the chief danger lies.'"

The measures, therefore, which the International Conference on Cholera at Paris will be called upon to resolve are, M. Hanotaux announces, those indicated by Mr. Ernest Hart in his addresses at Edinburgh and in America. "Thus we shall undoubtedly install medical posts and posts of inspection at two points, which he points out as the most important to be watched — Thor and Camaran. Every ship and every caravan of pilgrims will be accompanied by a medical staff furnished with all that is necessary for the purification and disinfection of the sick. The Conference will consider resolutions as to the necessary re-organization of the sanitary service of India, the regulations of the great fairs of that country, the organization (as suggested by Mr. Hart) of a system of inspection of the pilgrims before leaving the Indian ports, and the curatorship of the sacred wells in which the Mussulmans bathe and drink at the same time." To carry out this, M. Hanotaux concluded, "will be to win a decisive victory over cholera; such a battle is worth waging."

To suppress a foul stream at its source is a far saner measure than to attempt its purification at any point of its subsequent flow. If through the counsels of this Conference, the European and Asiatic governments can be persuaded to united effort at the extinction of cholera in its very incipiency, one of the greatest and most beneficent triumphs in the history of sanitary science will stand written down to the credit of our present year.

Dangerous Nuisances of City Streets is a theme on which the *Medical News* has lately had some exceedingly sensible words to say. We quote from these, with hearty endorsement of approval:

"It is almost a daily occurrence that the street-sweeping of certain cities is carried on without proper sprinkling. The result is that a blinding, mouth-filling cloud of filthy dust is raised that floats into every household for squares, and that is sucked into every lung that breathes it. To physicians, who know the

danger of this, and even to the decently cleanly citizen of any calling, this is a shame that should not be permitted.

The police of at least one of our cities have no sort of an idea that the poor people who happen to live in the houses have any rights, so far as quietness or sleep are concerned. The tyrants who drive the carts and wagons, who condescend to gather the street-dirt, the hawkers, the "musicians" — all the street-owners — bawl and howl at their poor animals or their fellows at all hours and times, and especially at night, with vocal energies to give a fog-horn lessons. The hoodlums, and especially the young ones, from ten to twenty years of age, occupy their every loafing hour of day or night with rivalry as to who can make the loudest, most hideous, and most inhuman yells and yowls. How many are made ill, how many prevented from recovery by these and similarly outrageous city noises?"

To the nuisances above enumerated as militating against public health, we would take leave to add those of the electric car gongs and whizzings; and finally — but not least — the torture of the "piano organs," and of the street bands, no two of whose instruments are attuned, and no two of whose performers seem to possess musical intentions in common.

A New Medical Fad, — or rather a variation of an old one, — is to have exploitation in a sister state. The employment of color therapeutics in various diseases, chiefly, however, nervous ones, has been often experimented with, though hitherto with no very remarkable results. Now, according to the *Medical Record*, we are to have red light on small-pox. "It is announced that one of the small-pox pavillions at the Riverside Hospital on North Brother Island is to be fitted up with red glass windows, and with red-glass globes for the lights used at night, in accordance with the alleged discovery that the skin of small-pox patients is extremely sensitive to the violet-colored rays of light, and that it is these which rise to the pitting. The experiments which it is claimed demonstrated this fact were made by Drs. Lindholm and Finsen, in the City Hospital, at Bergen, Norway. New York will, therefore, be the first city in this country to try the efficacy of the red light, which is the same as that used by photographers in developing sensitive plates."

THE SEPARATION OF SHEEP AND GOATS, medically speaking, seems to have begun, at last, even here in Massachusetts, the state so long the charlatans' pet prey and possession. At present writing it seems that a modest but most significant first step in this highly important direction were in a fair way to be taken. The bill which is well on the way to become law, provides merely for the registration of medical degrees by physicians possessing them; and the forbiddance of the use of the title of "Doctor" to any would-be practitioner not being legally entitled to it. As we understand it, this does not prohibit practice to any one who can find a trusting patient; but it does forbid practice under false pretences of educational qualifications. In a state where medical charlatanry has hitherto had high holiday, and all attempts to restrict it from any side have met with the promptest and most overwhelming defeat, the fact that even such a simple and tentative beginning of reform as that outlined above, is in a fair way to be established, argues a very encouraging change and advance in the public opinion of Massachusetts, in matters medical.

COMMUNICATIONS.

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THE TREATMENT OF MALARIA WITH THE SINGLE HOMŒOPATHIC REMEDY.

BY FRANK W. PATCH, M.D., SOUTH FRAMINGHAM, MASS.

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

In asking your indulgence for a few moments in the consideration of this subject it is my wish to call attention to that form of malaria known as intermittent fever, with which physicians of Eastern Massachusetts have become unpleasantly familiar within the past few years. I say unpleasantly, because it will be conceded by nearly all, that this lesion is one with which it is often difficult to cope successfully by any method of treatment. While there are several so-called specifics against malaria, each much vaunted by its adherents, we have yet to meet the empirical remedy that is not a failure as often as a success, quinine not excepted. It is to be supposed that, as followers of Hahnemann, we should be able to rely equally upon the solid work of our homœopathic materia medica in the treatment of intermittent, as well as typhoid, or any other fever.

Yet, surprising as it may seem, we observe among our brethren great difference of opinion on this subject, one man advocating the use of a small daily dose of quinine in conjunction with the indicated remedy; another, of Fowler's solution; still another, of a pill composed of arsenic and quinine, and so on, *ad libitum*. It is astonishing to note the numbers of homœopathic physicians who seem to feel that cinchona in some form is necessary in the treatment of every case of intermittent; and that as soon as the diagnosis is made, all well ordered thought on our own long-tried methods of individualization and drug exhibition is scattered to the wind.

Instead of proceeding in a systematic manner in the taking of the case by history and symptoms present, many seem to feel that they have met a hideous monster which must be crushed immediately with an iron hand, regardless of consequences. It is my aim to demonstrate, if possible, the belief that in thus meeting the manifestations of malaria, we are making a grave mistake, that we are missing our heritage and accomplishing no better results than members of other schools, beside bringing the fair name of homœopathy into disrepute among the laity as well as the profession; hence, let us be warned in season, before it is too late to repair the damage already done. In regard to the theories of causation, pathology, etc., of malarial troubles there is nothing new to say. It is enough for our present purpose to know that we are dealing with an entity which is not often difficult of recognition. Indeed, the patient has usually made his diagnosis before consulting his medical attendant. What we are expected to do is to meet the invader and endeavor to outgeneral him. It was my fortune when leaving college to locate in a section that has often been called a "hot-bed of malaria;" and I have been obliged, during the last five or six years, to listen to the maligning of the fair name of Framingham by physicians in town and out. A prominent Boston professor, not long since, to my knowledge, ordered his patient not to live within the precincts of our town for at least three years. Now this involves an unnecessary hardship on the people and it seems to me that we, as homœopathists, have a stern duty to perform in demonstrating to our followers, not by faith and words alone, but by works, that it is possible to combat malaria by the same intelligent methods that we employ in other diseases, that by far the great majority of cases are perfectly curable; and, moreover, that when once properly cured, patients can live even in the malarial bounds of Framingham, or amid other similar surroundings without unusual danger to health. At the beginning of practice, intermittent fever, then very prevalent, presented itself as something

entirely new; we had seen nothing of it in dispensary work and reading on the subject had been rather vague. It resisted our feeble attempts at prescribing in the usual manner, and advice was sought from friends who urged quinine as the only thing that could be expected to bring satisfactory results. It was given in varying doses, for a time, in one form or another, in nearly every case. The effect did not seem what had been expected for some reason. In a few of the cases chills ceased and the patient recovered; more often they did not recover; some grew worse; several dragged along in a half-hearted way, disgusting the patient and physician till it was resolved to make a decided change in methods. So, with the aid of that invaluable book, Allen's "Intermittent Fever" and other kindred works, we endeavored to learn how to treat this disease in a proper manner, according to the best homœopathic knowledge, if such a thing were possible. Dr. P. P. Wells had cured fifty consecutive cases by the aid of the single remedy on the first prescription, why should not others do half as well, at least? Success at first was very indifferent and discouragements frequent, the good resolution often giving way meanwhile; still, after persistent trial, it is now possible to reiterate what was said a few moments ago, that the great majority of cases of intermittent fever are curable with the aid of the single homœopathic remedy alone, and that usually these cases remain cured indefinitely, notwithstanding they continue to live in a malarial region.

In regard to methods there is no royal road to success for me to make mention of — it is the old story of study of the case, individualization and comparison with the drug provings. If there is any one disease where this should be carried out more carefully than in another it is intermittent fever. We must learn what symptoms to allow weight and which to discard as worthless in our search for the similimum, and this can only be done by familiarity with the disease and the careful study of each case by itself; the moment we begin to generalize we are lost. After a time we learn the relations between the different remedies most likely to be indicated in our cases and the task of selection becomes less difficult. And then we must study the action of the remedies in order to know when to let them alone and when to change. It is often the case after giving a remedy, that, even if well chosen, improvement is very slight, again, there may be a simulation of improvement when really none is present. If we have been in the habit of using large doses of quinine we are apt to feel that unless the chills cease at once matters must be hurried; but in malaria, as in many other conditions, it is well to heed the old adage and "make haste slowly."

In a given case of intermittent, where the chill anticipates its predecessor by one or two hours at each recurrence, as is so often the case about here, beware of changing your remedy if this anticipation is lessened or even if the time remains stationary though the paroxysm itself is not diminished in severity for one or two days. With a cessation of anticipation we have a pretty sure indication that the intensity of the fever is broken and that our remedy has begun to accomplish its work. Let it alone! In curing a case of malaria with the homœopathic remedy you will find the improvement almost always to be very gradual, particularly if it has been a severe attack.

It is not unusual for the paroxysms to recur for a week, growing less and less severe each time, but we may feel perfectly safe in assuring the patient that he will be completely recovered in a short time if he can only bring himself to remain undisturbed, and upon this assurance most people are willing to rest content. Dunham said the "taking of the case" is the most difficult part of our duty, and something that requires "great knowledge of human nature," and we may also add in this connection, familiarity with the different manifestations of the disease in question. It is best to see a case, if possible, on the "good day" or at some time when he is not suffering from the intensity of the paroxysm, and then inquire minutely and systematically into all the conditions present, beginning with the prodromal symptoms and proceeding carefully through all the stages of chill, fever, sweat and apyrexia, not forgetting such seemingly trivial occurrences as thirst, or lack of it, for hot or cold water, and whether it is well borne or not. The head symptoms, the decubitus, place of beginning, as well as the hundred other minute inquiries which should be instituted in regard to each stage and all carefully written down for future study and reference. This takes time at first, but will prove time saved in the end, and, in fact, is almost the only means by which we can hope to have the success desired.

Once in the study, this mass of evidence, for malaria is usually rich in symptoms, by the aid of Dr. Allen's repertory soon assumes a coherent shape and we can centre our application on two or three remedies for particular consideration; one of these is almost sure to be the desideratum. Now for the sake of showing the truth and the application of these principles a list of ten cases has been prepared, each cured by the aid of the single remedy; this list might be extended were it not sufficient for the present purpose.

CASE I. May, 1889. Mrs. W.; tertian form, chills at 6 P. M., beginning in chest, with dry, hacking cough and sensation of "filling up," tightness and pressure across chest; oppression of

breathing; marked restlessness during chill; nausea; chill followed by fainting; intense aching of back and limbs during heat; thirst only during the heat; head feels too large; profuse flowing, worse after the chill; mouth tastes badly; menses every two weeks. Rhus tox proved the curative remedy. This case was reported in the *Medical Advance*, for December, 1891, and is now mentioned on account of subsequent development. The patient remained free from symptoms of intermittent until last August when, contrary to our usual experience with this disease, which seldom returns after being once homœopathically cured, she again developed a train of obscure symptoms culminating in a very severe attack of intermittent fever with the following characteristics.

CASE 2. August, 1893. Mrs. W.; tertian form, chill anticipating from one to two hours at each recurrence. Morning, beginning with severe pain in the head and coldness of extremities; restlessness, thirst for hot drinks in chill, for cold in the heat; the terrible pain in head continues into the heat with delirium, finally relieved after sweating is established; sleepless and restless night before the chill. After several unsuccessful prescriptions arsenicum was given with good results, and while she felt the milder symptoms of an attack every seventh day for some time, there has been, as yet, no distinct recurrence. It will be noted that the second attack differed entirely in its characteristics from the first, which fact might give rise to some interesting questions as to the probable cause of the fever.

CASE 3. July, 1889. Mr. B.; tertian chill accompanied by most intense aching of back, head and limbs. The three stages of chill, fever and sweat distinctly marked, the perspiration being very profuse, so that it proved the guide to the selection of the remedy — sambucus. No return to date.

CASE 4. November, 1891. Miss T. This case exhibits some striking characteristics that it may be well to emphasize. The woman presented herself with the following symptoms: Severe periodical pains in the head, right side, including the eye and temporal region, worse in the day-time. The condition had been present to a greater or less extent for a year, dating from an obscure ear trouble, but it had never been as bad as of late. Sensation of pulling backward behind the right eye. Pains worse in the middle of the day; from noise; jars and confusion; better in cool air; while lying on painful side; from hard pressure; from sitting quietly or lying down. Belladonna was prescribed with an apparent aggravation as a result at first, followed by an absence of action. It was now discovered that several weeks before the present consultation, Miss T. had sufered from an attack of malaria with tertian chill; paroxysm

beginning with hacking cough which continued during chill; great thirst before and during chill followed by a dry heat lasting all night. This was treated by an old-school physician with "capsules." The patient now received a dose of silicea which was followed by marked improvement in the neuralgia, and also on the second morning by a well-pronounced malarial chill, which was, indeed an encouraging symptom of the final outcome of the case. The characteristics were as follows: Severe, hacking cough before and during chill; thirst also before and during paroxysm; great restlessness; nausea, but no vomiting; chill begins in arms and hands. The neuralgia was present during and for a time after the chill. It was now very evident that rhus tox was the needed remedy; it was administered and the case made a good recovery with no return of either neuralgia or intermittent to date.

CASE 5. July, 1893. Miss W.; tertian fever, anticipating, forenoon chill with severe headache in forehead and occiput; chill begins in hands and feet; restlessness; no thirst during chill; duration one hour; chill followed by sleep; oppression of chest; during heat much thirst; awakes bathed in perspiration and with the continuance of the severe headache; hot stage short. Gels.

CASE 6. Mrs. C.; tertian attack, chill anticipates, begins in back and shoulders and spreads thence over the body; severe vomiting before and during chill; thirst for hot or cold water which increases vomiting; restlessness. During the prodrome there is steady pain in nape and muscular aching. Duration of chill four hours, followed by sleep; hot stage hardly perceptible; thirst during sweat; eruption of fever sores on nose and lips with burning and itching; great thirst with mouth so dry as to be absolutely painful. Nat. m.

A week or two after recovery this patient visited the fair at Chicago, which brought a return of the attack, a peculiarity of which being that while readily controlled by the same remedy, it was necessary to use the 200th instead of the cm. potency which was successful at first. The health of the patient has remained excellent through the summer, although living in what would be considered particularly malarial surroundings.

CASE 7. July, 1893. Mr. G. After a train of uncertain symptoms the following symptoms developed: Type of fever, tertian; anticipating morning chill lasting an hour with severe shaking, restlessness and delirium, followed by long-continued heat — three to four hours, with thirst and severe headache; mouth dry and burning; great drowsiness. This is followed by a stage of profuse prespiration, all over, with thirst and diminution of headache. The apyrexia marked by an entire

want of appetite. The patient became much prostrated, thin and jaundiced, yet he made excellent recovery under nat. mur.

CASE 8. Sept., 1892. Mrs. W. Anticipating morning chill, tertian form, with severe and profuse vomiting and great thirst for cold water during the chill and heat; restless and peevish during heat. Nat. mur. No return to date.

CASE 9. May, 1893. Mrs. S. Tertian type with irregularly developed chill, preceded by terrible aching in left knee; during chill sensation of cold water being poured over her, duration three to four hours: no improvement from covering; vomiting after chill; dry mouth with thirst; very irritabie and nervous; profuse sweat all over during third stage. Gels.

CASE 10. June, 1892. Master G.; aged 10 years. This case came after quinine treatment by others. Tertian form, morning chill lasting an hour; desire to be warmly covered; thirst for cold water during chill; dry, hacking cough; chill followed very quickly by profuse, general perspiration lasting through the remainder of the day, with restlessness; nausea, vomiting and frontal headache immediately following the chill; fever very short. Rhus tox.

In none of these cases, with the single exception noted, has there been any return up to the time of the present writing.

IS ERYSIPELAS CURATIVE?

BY A. H. POWERS, M.D., BOSTON.

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

There is perhaps no topic in surgical work commanding more interest and investigation that the above question. The complete elucidation of the answer is yet to come, and only after months and years of research and observation will it be obtained; but a little personal experience and interest has lead me to raise the question here to-day, hoping it might set in motion some impulses which will aid in reaching the final answer.

Erysipelas, I believe, may be well defined as a superficial œdematous dermatitis caused by special bacteria, most probably the streptococcus pyogens. I am aware that some reputable biologists do not accept this streptococcus as the cause; but the more general concensus of opinion, I believe, favors this conclusion.

I will briefly narrate the history of two cases of tuberculosis which came under my care, and upon which erysipelas supervened.

Miss F. G.; Italian; age, 22 years; presented herself with three tuberculous sinuses of the right thigh, each extending nearly to the femur. The upper one was just posterior to the

great trochanter, and the second and third six and ten inches lower down on the thigh. The history was of a compound fracture several years previous; the bone having united, but the sinuses persisting all the years since the accident. Under ether I carefully curetted these sinuses, and found that the upper two communicated; but could find no communication with the lower one, though a week or more later it was found that water injected above escaped from the lower sinus. The wounds were drained and dressed with iodoform gauze, and all went well for a week or so, when the whole extremity became red, swollen and inflamed; in short, erysipelas supervened with severe constitutional symptoms. The temperature fluctuated between 100 and 105°, and the patient became unconscious and remained so for two or more days. I considered the prognosis grave, but, none the less, she improved and entirely recovered. Not long since I met her entirely well, married and the mother of a fine baby girl.

Mrs. A. P.; American; age, 52 years. She presented on the left side of the face, near the outer angle of the eye, a lupus patch as large as a silver quarter of a dollar; also on the side of the nose two smaller lesions. The larger patch began to trouble her twelve years ago, and those on the nose five years later. Under cocaine I removed all the diseased tissue I could discover and painted the excavations with a solution of bichloride of mercury, 1:300, for its cautery-like effect. The wounds were then dressed with gauze and a bandage. In a few days erysipelas appeared and the woman was seriously ill for ten days, The temperature reached to 102° to 103°, and she was delirious. Recovery followed and the face healed perfectly, a thing which she said had not occurred before in twelve years.

One swallow does not make a summer, nor two cases prove a theory; yet I cannot but think that the erysipelas aided in the cure of these cases.

The first probably had a tuberculous focus left — after the curetting was done — as shown by the communication of the lowest sinus with the one above. Had erysipelas not influenced the case, I should have expected one or both of the lower sinuses to remain unhealed. In the second case, also, a happy and unexpected result was obtained.

Very often in lupus, after the most careful operation, there will be a recurrence; and multiple operations are the rule ere a cure is effected.

In the May number of the *American Journal of Medical Science*, Dr. W. B. Colby, of New York, has quite fully given his experience with erysipelas, or the toxic products, the streptococcus of erysipelas in relation to malignant growths. He has

gathered the histories of forty-three cases of malignant disease associated with erysipelas. Of these cases, twenty were carcinoma; nineteen, sarcoma; and four were either carcinoma or sarcoma. In twenty-three cases the erysipelas was accidental, and in fiftren it was the result of inoculation. The remaining eight were treated by injections of the toxic products of erysipelas. Of twenty cases of carcinoma, three were permanently cured; and one case, probably carcinoma, was well five years afterwards; one case died, and the remainder were improved and life prolonged. Of the nineteen cases of sarcoma, eight were well, one seven years after the attact; two patients died. He has, then, in carcinoma, 15 to 20 per cent. of cures; in sarcoma, 42 per cent. of cures. When we learn that these were largely cases of recurrent growth and where operation was impossible, we see the reason for feeling elated at any success.

To show that there is a general belief that erysipelas modifies the course of other diseases, I will quote from a report of an article which was read by Dr. Anders, of Philadelphia, before the Pan-American Medical Congress, and found in the *Medical News* of Sept. 23rd, 1893. He says: "The opinion is, and long has been prevalent, that erysipelas benefits and even cures articular rheumatism and other affections (including carcinoma and sarcoma)."

As to the reason why erysipelas modifies the course of other diseases I have neither time or disposition to discuss here, but I must suggest that the paper of Prof. V. C. Vaughan, read before the same Congress, is worthy perusal and study by any who are interested in this special topic.

I have thus briefly sketched some of the lines of interest I have in erysipelas and its action on the diseased organism, for two reasons. I might have added much more material, but think I have said enough for my purpose. I believe I may safely assume that there is some curative action in erysipelas, and now give you the reasons why I have read this paper.

First, Among the hundreds of members of this Society, many must have observed an attack of erysipelas in patients suffering with surgical tuberculosis or malignant disease, and have formed some opinion as to its effects on the primary disease. I wish to hear these opinions to-day.

Secondly, I wish to ask that any such attacks hereafter observed be carefully recorded, so that in some not far distant future, by personal appeal, I may gain some data which shall help to give a complete answer and a scientific basis for the answer of this question.

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AN EXPERIMENT IN THE SURGICAL PREVENTION OF VICIOUS PRACTICES.

BY N. EMMONS PAINE, M.D., NEWTON.

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

Soon after a young man begins medical work in an insane hospital, his attention will be drawn to the frequency of vicious habits among the patients. He will, perhaps, wonder whether they are the cause or the result of the insanity. He may review what various writers describe as having been done previous to his advent, and he may also combine their methods, or he may strike out for himself in new directions. Of many styles of preventive apparatus and methods of medical treatment, I have nothing to say at this time, but I do wish to report an experiment in the direction of surgical prevention.

While still an assistant physician at the Middletown State Homœopathic Hospital, N. Y., in 1880, I believe, a plan that appeared to be new and worth trying, suggested itself to me, but no opportunity was afforded for putting the theory to the test until 1887 at Westborough.

It had seemed to me plausible that certain vicious practices depended upon sensation for their continuance, and that, if sensation could be annulled, such practices would cease at once from lack of motive.

On turning to Gray's Anatomy (1887, p. 778) one reads, "The dorsal . . . is the superior divisions of the pudic nerve, . . . and in company with the dorsal artery . . . running forward, is distributed to the glands." In two other anatomies consulted at that time, it appeared from their descriptions to be evident, that the pudic nerve was the nerve of sensation, that it took a superficial course, and that its section would produce the paralysis desired.

The next step was some preliminary dissection upon the cadaver, which remitted in a sceptical rather than sanguine frame of mind, and, I may add, this doubt was shared by the two friends whom I consulted at the time, Drs. I. T. Talbot and J. P. Sutherland. Still, having found, in the dissection, some small nerves on each side of the median line of the dorsum, it seemed desirable to test the operation upon a living person. Just then two patients, whose habits were by no means so chaste as we desired, consented to the operation, and their

friends acquiesced very willingly. Thereupon, the necessary steps were taken, the nerves were cut from two to four on each side and, in due time, healing took place. I may recount one of the details of the operation, which was reflecting backward the cut ends of the nerves to prevent their reunion, with the thought for the future that, if mental recovery ever took place as a result of our efforts, and the person desired reinstatement in his former natural condition, the nerves could be rediscovered, the ends sutured together, and the man after two operations, the first restoring his mind and the second his sensation, would be a living and happy illustration of the saying, "*Mens sana in corpore sano.*"

But, alas! in spite of our best plans and efforts sensation was not abolished. It did not show at once, but, in a few days, the patients showed the same old tendencies. The trouble was the nerves ramified in all directions, there was no single large nerve trunk in the dorsum as described, and cutting the divisions that were exposed was, by no means, cutting all that would be necessary for success. Whether it would be possible to bring about success by cutting the pudic nerve much further back, say in its course near the sciatic, back of the trochanter, I do not know, and have not cared to learn by experiment, fearing to cause a more extensive paralysis than desired; but I have never been able to discover any clinical records of wounds or surgical operations, which were followed by the paralysis so much sought for.

This paper is presented as a record of failure, but I console myself, while informing you of this ill-success, in this thought,

> "'Tis not in mortals to command success;
> But we'll do more, Sempronious, we'll deserve it."

THE MEDICAL AND MECHANICAL TREATMENT OF DISPLACEMENTS OF THE UTERINE ADNEXA.

BY JAMES R. COCKE, M.D.

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

I have selected this subject because an extensive search of the literature relative to these affections has failed to reveal anything which would aid the physician materially in the treatment of this large class of sufferers. My own ingenuity has been sorely taxed in the management of these cases. From a somewhat extensive hospital experience, together with what has been obtained from private practice, I am convinced that many severe uterine, tubal and ovarian diseases find their beginning in displacement of these viscera, either from mechanical

accident, from inflammation or from an insufficient development of the structures supporting these organs.

I shall divide my cases into three classes. First, traumatic; second, inflammatory, with or without adhesions; and third, displacements caused by a want of development of the supporting structures; and shall describe my treatment in each condition, and will endeavor to show the indications for the same, and will give a summary of a few illustrative cases.

CASE I. Miss W.; age, nineteen; brunette; excellent family history; began menstruating at fourteen, and the catamenial flow was regular and painless. I was called in, April 15th of the present year, and found the patient suffering with severe pelvic pain, of which she had complained ten days before calling a physician. The family attributed her trouble to "catching cold." The young lady informed me incidentally that while driving in a sleigh on the boulevard, early in February, her horse stumbled and fell, and that in the effort to pull him up, she strained herself considerably; that since that time she had been obliged to pass water frequently, had felt a bearing down sensation in the lower part of the abdomen, had frequently on stooping down, a severe stitching pain in the region of the rectum, as she thought, and found walking progressively difficult and fatiguing. Menses which had formerly been painless and regular, became now painful and occurred every ten days, the flow being very profuse.

When I saw the young lady, the lower part of the abdomen was very tender to the touch, the pulse was 123, temperature, 101.6, and the patient complained of a continuous cutting pain, which radiated from the abdomen over the anterior portion of the thighs, and there had been no intermission in the pain for sixteen hours. The family demurring at a vaginal examination, hot fermentations were ordered to be applied to the abdomen; small doses of tincture of aconite were given internally every half hour, and alternately drop doses of viburnum prunifolium. The pain was relieved in about four hours, and I made but one other visit at that time. Did not see the patient for a month, when I was again called. The acute abdominal pain did not return, but there was a persistent dull aching in the region of the coccyx. Walking was very painful, and insomnia and nervousness were complained of. There was now a constant watery discharge which was somewhat tinged with blood, from the vagina. She informed me that three napkins were soiled in a day. A vaginal examination was insisted upon with the following results. The hymen was intact and annular, the tissues about the ostium vaginæ were tender, mucous membrane of the vagina hot and moist to the touch, position of uterus anteverted,

and to the right was an ovoid, granular mass, exceedingly tender to the touch, and immobile. The cervix uteri was normal, left lateral cul de sac free, left ovary could be palpated with a little care, but was not more tender than it should be, and occupied its normal position. I made an attempt to displace the mass which was fixed at the right of the uterus, but it was so tender that manipulation was impossible. An examination under ether was advised, and on the following day, accompanied by the family physician, who belonged to the regular school, the patient was etherized, and palpation revealed the mass to be the ovary and tube, which were either adherent or impacted in some way in the right iliac fossa.

Palpation of the posterior cul de sac showed the rectum to be filled with fæces, although the patient assured me at each visit that the bowels were regular. Attempts to replace the ovary and tube proved futile, until the rectum was cleared by means of soap and water, when the mass readily glided upward and backward with gentle pressure, and could be felt floating freely, a little above and to the right of the fundus of the uterus. The patient was under ether thirty minutes. On the following day she complained of some abdominal tenderness on the right side, and vaginal palpation revealed the fact that the right ovary and tube were low down, but freely movable, and could be readily pushed back to their proper position. They were still exquisitely tender, and the following plan was carried out.

The patient was ordered absolute rest in bed, a nourishing diet consisting of milk, beef and eggs, general massage twice a day; the bowels were kept open by enemas of oil, soap and water; and local treatment was advised as follows: Hot vaginal douches administered night and morning; tampons saturated with boroglyceride were introduced with the patient in the Sims position; a small Sims speculum, made of aluminum, bronze, gold-plated, was introduced, and held by an assistant; tampons made of absorbent cotton, and literally saturated with boroglyceride, were introduced; they were small, and care was taken that they were not pressed too solidly. The posterior cul de sac was thoroughly packed, and then each lateral cul de sac thoroughly packed; tampons were then placed anterior to the uterus, and the speculum withdrawn, while the dressings were held in place with forceps. Applications were made in this way three times a week, and eight or ten small tampons used at each application. At the end of the second week, a 6 per cent. solution of ichthiol and glycerine was substituted for the boroglyceride. Swedish gymnastics used carefully the third and fourth week. At the beginning of the fifth, patient was permitted to get up for half an hour a day, the time being gradually ex-

tended. Applications were discontinued at the close of the eighth week, and the patient assures me that she is in perfect health at the present time, and has experienced no inconvenience for months.

I have, in my hospital and private practice, seen a number of these cases, in which thorough local treatment was instituted, but it was impossible for the patients to obtain the needed rest, and in each case the local treatment was unsatisfactory. I am thoroughly convinced of the fact that there are many women who are nervous invalids, walking life's weary pathway, unfitted for wifehood and maternity, for the want of nature's sweet restorer, rest, the grandest adjuvant at the command of the physician to supplement his medicine.

CASE 2 illustrates the displacement of the uterine adnexa, accompanied by inflammation and adhesions. Mrs. S.; aged, forty-five; consulted me early in March of the present year; she was a typical neurasthenic, and her symptoms alone would fill volumes; prominent among which were cervico-occipital neuralgia, functional gastric disturbances, backache and insomnia; metorrhagia was also a prominent symptom in this case. Vaginal examination revealed a retroverted and enlarged uterus, and on either side the ovaries and tubes could be distinctly felt, but were exceedingly sensitive to pressure; there was a stellate laceration of the cervix, of slight extent; the uterus, ovaries and tubes were evidently firmly fixed in the pelvis, and all attempts to replace them were futile.

Owing to the great tenderness I determined to try electricity; four cells of a galvanic battery were used, the negative pole being introduced into the vagina, and a large sponge abdominal electrode was used upon the abdomen, to which was attached the positive pole. The sittings lasted each five minutes, the strength of the battery being gradually increased from four to ten cells, and electricity was given three times a week. At the end of three weeks, the tenderness had practically disappeared. Then massage after the Theo Brandt method was used for four weeks, but the adhesions were so firm, little headway was made upon them. I then decided to try packing the vagina, after the manner which I had been taught in the Boston hospitals. Cotton sliver is prepared by being cut into small squares and wrung out in a solution of boracic acid until the fibre is so saturated, it will permit of their being compressed into a firm mass. The patient is then placed in the Sims position, and the Sims speculum introduced as in the other case. The vagina is thoroughly cleansed with cotton upon an application soaked in a solution of 1 to 1,000 bichloride of mercury. Then the anterior lip of the cervix is seized with the tenaculum, preferably tenaculum

forceps, the cervix is drawn downwards and forwards towards the vulva, the forceps being held in the operator's left hand. With the right hand the operator seizes the cotton squares previously mentioned, with a pair of short dressing forceps, and by a rotary motion, packs the posterior cul de sac with the squares of cotton. When the posterior cul de sac is packed full, the operator with one hand withdraws the speculum gently, and then presses the beak in again, so as to push the packings firmly into place. Then each lateral cul de sac is packed in the same manner. Squares of cotton are placed anterior to the cervix, the tenaculum forceps are removed, after which the vagina is packed solidly full. These were left in for forty-eight hours and were removed by means of a tampon extractor, the vagina thoroughly cleansed and repacked in the same manner. This was kept up for six weeks, at the end of which time the uterus could be replaced, and the ovaries and tubes assumed their normal position, and the symptoms referable to the pelvis were relieved.

I know it will be urged by many present that the method of packing is a painful operation, and one to which patients will seriously object. This is not true when the packing is done skilfully. I have packed in and out of the hospital thirty-six cases in this manner; have succeeded in replacing twenty-nine uteri with their ovaries and tubes, and never had a patient complain seriously of the operation. This packing requires some practice to obtain a perfect technique, and this is easily done upon a cadaver.

Let me now present to you a scheme for the treatment of displacements of the uterine adnexa. First, then, when the organs are simply prolapsed, but easily replaced, a pessary, like the pattern I hold in my hand, is best adapted to their permanent cure. If the prolapsus of the ovaries and tubes be due to a want of proper physical development, electricity and physical culture carefully directed will give the best results. When there is inflammation with adhesions, our first indication must be to relieve tenderness, and I believe the best way for this is the packing with soft tampons, as described in Case 1; and the solution of ichthiol and glycerine 6 per cent., to be the best medicament to apply upon the tampons. I believe rest to be an essential feature of the treatment.

Electricity has seemed to be of great value in the relief of tenderness, and the method of packing as described in Case 2, has given excellent results when there is inflammation with adhesions. Massage is a valuable adjuvant, especially where there are adhesions, but should not be depended upon wholly.

In conclusion, let me say, the only hope of success in treating

these troublesome cases, lies in both physician and patient attending strictly to every detail; and from my observation of a large number of women, and a careful study of their habits, it is not surprising that many of the minor gynæcological procedures have fallen into disrepute, and the major surgical operations are becoming daily more popular and necessary.

When we consider that the average woman goes to the gynæcologist, has a local application, then rides in a horse-car down town, stands on her feet two or three hours in some of our large stores, or runs up and down stairs, wears thin shoes, and laces herself firmly, it is indeed no wonder that the doctor fails to cure her "womb trouble" as she calls it.

USE OF ELECTRICITY IN UTERINE ENGORGEMENT.

BY E. P. COLBY, M.D., BOSTON.

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

One of the most frequent disorders in the various physical troubles of woman, which the physician is called upon to treat, is that of disturbance in the blood supply of the uterus. This varies in degree involved from cervical hypertrophy to active inflammation of the entire organ. Usually there is some increase in size of the whole uterine body with a still greater enlargement of the cervix. The mucous surface is in a condition of inflammation, with a discharge of mucus highly charged with leucocytes. In some instances, probably many, the lower portion alone would seem to be involved in this way. While the fundus may not be very much enlarged, the cervical portion is irritable, projects below the vaginal vault much longer than is normal, has nearly double its healthy diameter, and transmits to the finger a feeling as of an interior induration covered by an œdematous tissue. As in an article read before the Hughes' Club I endeavored to account for some cases of uterine inversion at delivery by the different zones of the uterus being nervously supplied from separate flexuses. I would also make application of the same facts to account for those cases of engorgement of the lower section of the uterus. Without going into detail, it is sufficient to say that later investigations by Ross and others, would show possible if not probable evidence that the mere supply represents origin in the different levels of the cord. That this innervation controls through its vaso-motor function the blood supply of any organ, is, I believe, doubted by few.

It is not requisite that all the reflex symptoms of these patients be mentioned, as they are too multiform and, unfortunately, too well known by the whole profession, and it is equally

well established that the general ill condition does not yield until the local disease is remedied. The expert gynecologist undoubtedly has effective and rapid measures which afford prompt relief; but the physician who must treat such cases as a part of general or some other special practice, does not always find it easy or even possible to turn his patient over to the gynecologist, and is glad to learn of any agent which will be an assistance.

There are many cases which do not yield to the use of the glycerine tampon, and who are not situated so that they can conveniently use the hot douche. Occasionally one is found to whom the glycerine is peculiarly obnoxious and to whom it is positively injurious. Happily we have in electricity an agent which is often efficacious and rarely causes untoward results. The original method of using the faradic current with the leather-covered metal electrodes in contact with the cervix, and a larger sponge electrode on the abdomen or sacrum, was in many instances of great benefit, but required a large number of applications extending through a long period of time. The application did not appear to be strictly enough limited to the area diseased. Within the past few years we have been presented with another method by which the electrical remedy can be applied almost directly to the upper vagina and the cervix. The bi-polar electrode concentrates the current and does not call for a transmission of the current through a mass of tissues which impede the circuit and do not require its action. It is claimed that there is a decided preference in favor of the primary coil, which, when applied to a mucous surface, is much more plainly felt than is the secondary. In fact, a current which would barely be recognized on the skin becomes painful when applied within the vagina, while we are almost surprised at the strength of this secondary current which can be borne in the vagina or rectum. With the instrument here exhibited it has been my good fortune to watch several cases progress to a recovery. In most of these patients, such other measures as were used were not efficacious, or for some reason had to be discontinued. The induration and increase in size were relieved, and with the diminished weight of the organ, the downward displacement materially remedied, i. e., without the use of any artificial support. In one case there was a tumor on the posterior surface, fixed and appearing to protrude from the body of the uterus at its lower third. The usual applications had failed to affect it, but after applications of faradism for two months, it had entirely disappeared. This was probably an hæmatoma. It has occurred several times that during a course of this treatment the menses have anticipated by about one week. It would certainly seem

advisable to use the bi-polar faradism in some cases of ammorrhœa. What the result of administration during pregnancy might be, is uncertain, but it would be wise to refrain from its use in that condition. As regards its dosage, no hard and fast rule can be followed, as there are so many varying circumstances to be considered. The different instruments are so unlike in their power and in the frequency of interruption. Some have a large initial or galvanic power, while others with a low battery-power have a long coil, all of which peculiarities make it impossible to establish a numerical standard; also subjects vary exceedingly in their capacity for receiving the treatment. The best measure is probably that of sensation, administering the current strong enough to make it slightly disagreeable, but in no way painful. In the smaller instruments it is not often necessary to have the primary coil more than half or two-thirds uncovered. In my experience, the duration of one application need not extend much beyound ten minutes. No extraordinary precautions seemed called for after the treatment.

As a matter which hardly need be mentioned, the use of electricity in no wise interferes with the selection and administration of the properly-chosen medicinal remedies, nor would it seem to be an obnoxious innovation; for the use of the imponderable is recommended in our earliest literature.

The faradic current does not replace galvanism as a chemical agent; on the contrary, its action would appear to be confined to its primary effect upon the nerves immediately supplying the part being treated. It is allowable to presume that a moderately strong but brief application acts as a nervous stimulant, controlling the blood supply, while a longer application would induce sensory paresis, relieving pain and promoting comfort. It is oftentimes much more easy to recognize favorable results than it is to explain the exact manner in which results are brought about.

Some of the bi-polar electrodes are so constructed that great care is necessary in cleansing them, otherwise they might become a source of infection. The later models are free from this objection, and can easily be disinfected.

THE TREATMENT OF INSOMNIA BY ELECTRICITY.

BY WALTER H. WHITE, M.D., BOSTON.

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

Insomnia is one of the symptoms in hyperæmia of the brain, and of many of the diseases of the nervous system, migraine, hysteria, hypochondriasis. It is one of a collection of symptoms which we term neurasthenia; this, like another group of symp-

toms of a different nature called dyspepsia, seems to be monopolized by the inhabitants of our own country. The man of business ever has this prominent symptom, insomnia. It weakens his system, unfits him in giving his best thought to his daily work, necessitating a prolonged vacation with a change of scene, as a trip to California or Europe. It afflicts as well the woman with her household cares, or worse still, the nervous strain to meet the requirements of a society life, and the striving to make herself or the daughter "shining lights" therein, which necessitates balls, parties, etc., late hours many nights a week.

How often the expression, O, I cannot get to sleep before eleven or twelve o'clock! so regular has been this rule of late hours. It is then that the person, male or female, starts out in quest of the many advertised nostrums. The bromides, sulphonal, phenacetine and kindred drugs are taken *ad libitum* and can be gotten for the asking at any drug store. I do not speak against the drugs, as such they hold a valuable place in our armamentarium. It is their abuse by the laity that should be condemned. After exhausting various means they go to the physician.

Among our text-books very little is said about electricity and its valuable aid in such cases. German works, like Krafft-Ebing, whose lectures I attended in Vienna, speaking on insomnia mention as sleep-inducing agents, the usual drugs, bromides, chloral, valerian, cannabis indica, paraldehyde, also beer, old wine and brandy. About electricity all he recommends is a "galvanic current through the head." The cutting short of his remarks possibly may be due to this lectures being included in his lectures on insanity, which class of cases it is difficult to administer electricity to properly; as in his clinic of nervous diseases, electricity in some form was quite universal.

In Charcot's clinic it was also quite extensively used by Dr. Vigouroux. Hare's System of Practical Therapeutics gives short but thorough directions for using the galvanic current, and speaks against the use of drugs in insomnia when possible to avoid it.

Our works on electro-therapeutics do not give sufficient details to insure the successful treatment of insomnia in most cases, and it is for this reason that I choose this subject for my theme; to say to the physician that in my opinion, by means of electricity, insomnia can be alleviated, and the patient will not be losing his or her strength through the loss of sleep, and the physician will be better enabled to effect a cure by giving his attention to those drugs governing other symptoms of the case.

Insomnia can be cured by means of either of the three forms of electricity, static, galvanic and faradic. The two principal

errors in the giving of electricity for this symptom are first, the current is given too strong, and second, for too long a time; either of which causes failure in securing the results expected.

Static electricity can be given by means of the "breeze" or head electrode; with the patient sitting on a stool upon an insulated platform, a chain running from one pole of the static machine, while the head electrode is connected with the other. I have found in a number of cases of neurasthenia, that with positive insulation I secured better results than with negative insulation in the giving of the "breeze." This has been my experience, so, that class of patients I usually treat in this manner.

I would like to hear from other physicians in regard to the matter. Length of treatment two to three minutes. With galvanic current, place anodal electrode, 2 x 5 inches, at the forehead, with the cathodal electrode, about 4 x 5 inches, over the eleventh cervical vertebra, and a current of the strength of one milliampère for space of two to three minutes.

In cases of anæmia of the brain the electrode should be used in opposite positions. Great care is necessary in the use of the galvanic current or else harm may result to your patient, and I do not recommend its use except by those of experience. See that your milliampère meter and your rheostat are in good order or you may cause great pain to your patient, as the skin of the forehead lying so directly on the frontal bone makes it extremely sensitive. With the faradic current, this method can be employed by any physician using ordinary care, and to my mind is the most successful method of treatment.

First bear in mind the sensitiveness of the skin as spoken of above. Test your battery, cords and electrodes on yourself to know that they are in good order, draw your secondary coil completely off of the primary, then push it on just so far that with holding both sponge electrodes in your hands you can barely feel that current, then place the large sponge electrode, 2 or 2 1-2 inches diameter, on the seventh cervical vertebra; hold the other in the left hand grasping the sponge; these should be wet only with warm water and squeezed quite dry. Pass your right hand, which should be dry, over the forehead of the pa tient, ask him if he feels the current at all; sometimes they do not; in which case gently increase until they feel the faintest possible sensation on the moving of your hand from side to side over the head; continue this for space of two to three minutes. If the patient has been receiving electricity in other parts of the body he will often think this current not strong enough, but this is a case where the physician should know best. You will find this all sufficient, so do not increase the dose, else, beside causing pain, it may produce a headache for a couple of days.

FITTING SPECTACLES.

BY A. A. KLEIN, M D, BOSTON.

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

Fitting spectacles is such a common everyday work that it seems superfluous to bring this subject before the Society. Every book on Ophthalmology tells how to proceed to find the errors of refraction in a patient's eye, but few will tell how to measure for a frame; that part is considered the optician's business. This would be well enough if one's patient would go to the optician one recommends; but patients do not always go where they are sent. Very often they go to the first jewelry store or watchmaker's, for almost every watchmaker combines optics with watches, because, I suppose, every watch needs a glass, and it is just as easy to supply an eye with a glass as a watch. To sell spectacles one need not know the least thing about the eye or the laws of optics; all that is required is to buy real cheap glasses and sell them at a very high price. Great inducements are offered in the papers. Gold eye-glasses for $1.99. Why should a person pay from $3.00 to $5.00 to have their eyes tested first by an oculist, and then pay from $3.00 to $5.00 more for the glasses, when gold glasses, testing, and all, can be had for $1.99? Can we blame the public when such inducements are offered? Of course not. Every one has to look out for No. 1, if he doesn't nobody else will. But, does the public receive what it expects? It does receive what it pays for, but not what it expects. No one can expect a pair of pure gold spectacles for $1.99, for the reason that gold is not as cheap as that and the amount of gold in a pair of glasses cannot be bought for that price, not considering labor and glasses. How many watchmakers know the least thing about optics? Very few indeed! and still you will see on every watchmaker's store the sign "Optician." How many expert opticians are there in the City of Boston? I can assure you but very few among those who call themselves opticians. The result is, that the public has to suffer. The great harm that is done by this reckless selling and buying of spectacles cannot be overestimated! Thousands of persons might trace their headache, burning in eyes, dizziness to misfit spectacles or eye glasses. Even after an oculist has succeeded in finding the exact error of refraction, unless the optician is a scientific and painstaking person, the physician's work will be a failure. Professor Schweiger, of Berlin. said to his class, that spectacles from an ignorant street peddler often fit better than the glasses a physician prescribes, if he does not prescribe the exact measurement for the frame also. Physicians who prescribe for glasses should not rely upon the opti-

cian for the frame but should measure for it themselves. Although this takes considerable time, nevertheless it will pay in the end. Frames in the test cases are made only to hold the test lenses; they cannot be used for measuring for the spectacle frame. The horizontal bar prevents them setting properly before the eyes. Test lenses are large circular lenses; nothing compared to the small oval glasses in spectacles. The main point is to find the pupillary distance, the height of the bridge of the nose, and whether the bridge is to be set in front or behind the plane of the lenses. To find the pupillary distance it is best to use a common light rule that has inches on one side and millimetres on the other. The ruler is held vertically before the eyes, the patient is directed to look out of a window if distant glasses are to be worn, and at a distance 15″ away if glasses are to be used for reading or near work. One end of the rule is held exactly over the centre of one pupil, and the distance between it and the centre of the other pupil is the pupillary distance. To find the height of the bridge Phillips advises holding the rule horizontally before the eyes with the lower edge touching the nose at the natural position for the spectacle bridge. The height of this edge of the rule above the pupils on either side will show how high the top of the future bridge must be. To determine whether the bridge is to be set in or out of the plane of glasses, we inspect the patient's nose. In deep set eyes the bridge must be out. In protruding eyes, or in flat noses the bridge must be in. Various kinds of bridges are in use, such as the "K," the "H," the "hoop," the "snake," the "curl," and "saddle bridges." The "saddle bridge" is the one mostly in use now. The sizes of frames with saddle bridges are indicated by the pupillary distance and the height of the bridge. The various sizes are known by the letters L. M. N. O. P.

L size is	2 1-8	in. or	54	m. m.	pupillary distance.
M "	" 2 2-8	in. or	57	m. m.	" "
N "	" 2 3-8	in. or	60	m. m.	" "
O "	" 2 4-8	in. or	63	m. m.	" "
P "	" 2 5-8	in. or	66	m. m.	" "

The height of the bridge is indicated by placing the numerals 0, 1, 2, 3, behind the letters. Each numeral represents so many eighths of an inch. L. 1. signifies a frame 2 1-8 in. pupillary distance with bridge 1-8 of an inch or 3 m m. above the centre line of the lenses. M. 2. signifies a frame 2 1-4 in. or 57 m. m. pupillary distance with bridge 2-8 or 1-4″ or 6 m. m. height. Each number indicates so many eighths. The simplicity of this method is apparent. In many cases the frame will tilt to one side, and the cause may be found in a displaced ear. I often find as

much as half of an inch variation in the height of the ear. It may also be displaced backward or forward. If the tilting is due to any such displacement the temple has to be bent near the end piece. This will bring the spectacles in a horizontal position. Sometimes one eye is higher than the other. In such a case we have to bend the bridge and temple on the affected side to bring it into place. The most frequent cause of tilting is the shape of the nose. Sometimes it will become necessary to take a piece of lead wire and shape it over the nose at the place where the spectacles are to rest, and have a bridge made.

The width of the bridge at its base is best obtained by an arrangement similar to a shoemaker's rule or by bending a piece of lead wire over the nose and measuring the distance at the base. If spectacles are to be used for distance only, the front has to be set at almost right angles with the temples or perpendicularly before the eyes. If spectacles are to be used only for reading or near work, the front has to be set at an inclined angle and the eye wires are bent inward toward each other. If spectacles are to be used for the distance and for near work the front has to be set between the plane for distance and for near work. Unless the plane of the glasses corresponds with the visual axis, the lenses will not correspond to the error of refraction. The more a lens is placed at an oblique angle the stronger will it refract, and change from a spherical to a cylindrical action of the lens. You see from this how important it is and how much time may be required to fit a frame properly. Eyeglasses are more easily adjusted; but should not be used when cylindrical lenses are required, nor are they advisable for permanent wear. They seldom sit firmly, every motion of the body setting them into motion, and the tendency to tip over will incline the angle and often make their use harmful. I have so far only dwelt on the fitting of the frame; I will now recall to your memory how to find the error of refraction. If a patient presents himself with defective vision, we first inspect the lids, conjunctiva and cornea. Often an opacity of the cornea is the cause of defective vision, and no glass will do any good. We then place the patient twenty feet away from the test letters. If he reads the lowest without difficulty with both eyes, and then with each eye seperately, he is emmetropic or presbyopic if a person over 40 years of age; or he may have latent hypermetropia with good accommodative powers. He certainly is not myopic. If he does not see the larger size of letters he certainly is myopic or a pathological disease of the fundus or lens exists. A hypermetropic eye will at least see the larger letters. If a patient reads the lowest line without

glasses, and his vision is improved with convex glasses he has latent hypermetropia, for he would see worse with such glasses if he was emmetropic. If the patient is myopic he will see better with a concave lens, while an emmetropic eye will see not better but worse with the same. We then proceed to increase the strength of the lenses until vision is not improved any further. The strongest convex lens, and the weakest concave lens with which the smallest letters can be seen indicates the error of refraction.

After we have obtained the glass with which vision is the best, we place the chart for astigmatism before the patient with the glasses before his eyes. It is necessary to test each eye separately. If the patient sees the horizontal or vertical or oblique lines more clearly than the others, we place cylindrical lenses with the axis in the opposite meridian, to that which he sees the blackest. We use concave cylinders for myopia, convex for hypermetropia, for in most cases the astigmatism is simple, that is, the eye is more myopic or more hypermetropic in one meridian than in the other. If we do not succeed in bringing vision to $\frac{20}{20}$, that is so that the patient reads the lowest line, we put a diaphragm with a pinhole before his eyes; if he sees better with it we have not found the proper lens; if his vision is not improved it is no use to proceed further, his vision is below the normal. We now let the patient read the test type. If he reads No. 1 with the glasses at 15″ the glasses are correct, but if the letters look distorted or blurred, we erred and must keep on correcting. In patients over 40 years of age presbyopia must be added to hypermetropia. We now take the patient into the dark room to see if our test corresponds with the ophthalmoscopic test. Invariably there will be some variation on account of the accommodation. We take a Hirschberg's ophthalmoscope, place the lens which corrects our own error of refraction, or the one we need to overcome our accommodation. A large room should be used so that the patient will relax his accommodation. If we see the fundus and particularly the smaller vessels, beside the papilla clear, with our accustomed lens, the patient is emmetropic; if we need stronger myopic glasses than what we ourselves use, the patient is myopic to the extent of increase in the number of lens we used to see his fundus clear, plus the distance between the two eyes, which is usually two inches; if we need lower numbers of concave lenses, or even of convex lenses, the patient is hypermetropic to the extent that we need lower numbers of concave or convex lenses, minus the distance between the two eyes. Few physicians can relax their accommodation sufficiently so that they need no glass. It is best to examine a known normal eye,

and determine with what lens the fundus is best seen, and then use this lens as a standard. If the patient is astigmatic, we will only see the fundus plain on one meridian, and need another lens to see it plain in the others. By persistantly shifting the lenses into place we find the difference of refraction. If the ophthalmoscopic test is not in too great variance with the test with the test lenses, we can prescribe the glasses, but if the difference is too great, we must instil homatropine into the patient's eyes and test them again. The use of atropine in patients over 40 years of age is dangerous. And the full correction of the refractive error in younger persons will often cause great disturbances, because the ciliary muscle has been hypertrophied and is accustomed to over-exertion, and a full correction will not stop it from acting, as is done under the influence of atropine. Other methods to find the error of refraction are in use; but the one which I have described is the most simple. To one more I will call your attention, and this is also simple enough. If we hold the ophthalmoscope about 10″ away from the eye and see the fundus clear, and then move the ophthalmoscope, the fundus will move in the same direction in hypermetropia and in the opposite direction in myopia, and it will not move at all in emmetropia. An emmetropic eye will appear about fourteen times magnified. A myopic will be more and a hypermetropic eye less magnified according to the degree of ametropia. This is the reverse of the size of the image when the fundus is seen with the lens before the eye; or the indirect method the fundus appears magnified about 3 3-4 times in an emmetropic eye. In a myopic eye it is less, and in a hypermetropic eye it is more, according to the degree of hypertopia or myopia.

In conclusion, I must say, that since I have furnished spectacles to my patients myself, I have experienced far less dissatisfaction than formerly.

THE DIFFERENTIAL DIAGNOSIS OF ACUTE CATARRHAL CONJUNCTIVITIS AND PLASTIC IRITIS.

BY G. A. SUFFA, M.D., BOSTON.

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

The conjunctiva is a mucous membrane composed of loosely-fibred intercellular substance lying between lymphoid corpuscles containing mucous glands and accessory lacrymal glands, also numerous papillae on the palpebral portions.

The conjunctiva is firmly adherent to the lids and loosely connected to the globe, explaining why, in intense inflammations of this membrane, we have a swelling involving the lids in the

palpebral portions and a subconjunctival infiltration of serum in the ocular portions, constituting what is known as chemosis.

The symptoms are a feeling of discomfort in the eyes as if sand were in them accompanied by heat. Photophobia or sensitiveness to light is variable; may be present to a marked degree or entirely absent. If intense it depends on superficial involvement of the cornea. Vision may be dimmed, if so, depends on secretion covering the cornea. A colored border around artificial light sometimes complained of, is also caused by secretion over the cornea. The discharge, watery in the beginning, due to increased lacrymation and flow of serum from inflamed conjunctiva, soon becomes muco-purulent, varying from slight amount to a profuse flow, matting cilia and gluing lids together. The conjunctiva is swollen, injected, has a velvety appearance, loses its normal transparency and in intense cases the ocular portion becomes chemotic, and the lids œdematous. The vessels are increased in size and apparently in number, but are freely movable with the conjunctiva.

The iris is a delicate curtain suspended in the aqueous humor back of the cornea and in front of the lens, and is composed of three layers: a dense anterior, a loose middle, and a dense posterior fibrous layer. They do not exist as distinctly separate layers but gradually merge into each other. The stroma or middle layer is of striated connective tissue, the bundles intertwining with each other in a radial and circular course, are interspersed with numerous fusiform or stellate cells. The stroma also contains the blood vessels and nerves. Enveloped in the stroma are muscular fibres having a circular course. These are mostly on the pupillary border forming the sphincter muscle of the iris. Radiating muscle fibres are disputed by some in the stroma, but are said to be present in the posterior layer.

Symptoms of iritis are: Changes in the color of the iris, loss of its natural lustre and obscuration of the characteristic striated appearance. Myosis or contraction of the pupil due to hyperæmia and swelling, diminished or lost reaction to light or mydriatics; irregularities in the surface of the iris due to local swellings, accumulation of exudate, or formation of nodules; posterior synechia or inflammatory attachments between the posterior surface of the iris and the capsule of the lens. These attachments vary in size and firmness and may be single, multiple or throughout the whole pupillary margin accompanied by an exudate or false membrane covering the pupillary space; haziness in the cornea; changes in the aqueous humor, slight or considerable turbidity due to cellular debris, blood or exudates; pericorneal injection, a pink zone about one-eighth inch wide around the

cornea, which can be seen to be composed of very fine radiating lines, episcleral branches of the anterior ciliary arteries. This pink zone lies beneath the conjunctiva and is not movable with the conjunctiva as are the vessels in a conjunctival inflammation.

In severe cases the posterior conjunctival vessels are involved and slight chemosis may be present, making it difficult to demonstrate pericorneal injection. Pain in the eyeball, "ciliary pain," and in the brow and temple, in the distribution of the supraorbital nerve, very severe stabbing and throbbing in character with marked increase in severity during the night. Occasionally the infraorbital regions are the painful areas. Tenderness of the globe is usually present; if severe indicates inflammation of the ciliary body. Photophobia and lacrymation vary, being quite absent in some cases and very severe in others. Disturbance of vision, which depends on the degree of cloudiness present in the media, and transient myopia. Very great impairment of vision denotes complication of the deeper structures. It is well to note in this connection transient myopia or myopic astigmatism is usually present, and minus or myopic lenses should be used, correcting the refraction before pronouncing great loss of vision.

The latest reason given for this transient myopia, which seems to me a very rational one, is that it is due to inflammatory changes in the aqueous humor, increasing its index of refraction. Malaise and marked depression may be present and are due to prolonged pain and insomnia accompanied by fever and nausea. I have arranged the symptoms of conjunctivitis and iritis in a condensed form in parallel columns for convenience of comparison.

IRITIS.	CONJUNCTIVITIS.
1. Changes in the color of the iris, myosis. Irregular swelling of the iris, diminished or lost reaction to light or mydiatus.	Iris not involved.
2. Posterior synechia.	No synechia.
3. Haziness of cornea.	No changes in cornea.
4. Changes in the aqueous humor, general turbidity due to inflammatory products.	No changes in aqueous.
5. Pericorneal injection, vessels not movable with conjunctiva.	Conjunctival injection, vessels movable with conjunctiva.
6. Photophobia variable.	Photophobia variable.
7. Some abnormal lacrymation.	Muco purulent secretion.
8. Conjunctiva usually transparent, occasionally chemotic.	Conjunctiva opaque, velvety, at times chemotic, vessels enlarged but freely movable.
9. Pain in eyeball and in distribution of ophthalmic division of 5th nerve, usually in supraorbital branch, always worse at night.	Discomfort and feeling of sand in eyes, no deep pain.
10. Dim vision.	Vision usually unimpaired unless secretion is abundant.

By careful study of the different diseases of the ocular membranes I find that symptoms produced by changes in the iris are the only ones belonging absolutely to iritis, and that any of the other symptoms, either singly or collectively may be present in other diseased states of the ocular membranes. Therefore I shall describe somewhat fully the methods of examining the iris, as this forms an important part in making our diagnosis. In order to test the reaction of the iris to light, the patient should be placed so that a moderately strong light (ordinary daylight is the best) falls obliquely from one side only upon the eye. The normal eye or eye not under examination should be closed and a folded cloth held over it, so as to exclude every trace of light. The examiner throws a shadow over the uncovered eye with his disengaged hand held a sufficient distance from the eye to allow keeping the pupil in view. Now fixing his eye upon the edge of the pupil by removal of the hand, a bright light is thrown upon the eye, and then again raising the hand a shadow is thrown upon it. By repeating this several times we can readily ascertain the reactive power of the iris. Covering the unaffected eye with a folded cloth is necessary, because light acting upon it narrows also the pupil of the eye under examination, interfering with its proper reaction, and lessens the contrast. A strong light and deep shadow are necessary in order to excite the strongest possible reaction. The edge of pupil should be kept in view when the eye is shaded as well as when exposed to light. If this is not done we may arrive at false conclusions; for a healthy iris may react so quickly that contraction takes place before we can see it. When after repeated examination no motion of iris is seen, we conclude that there is loss of reactionary power of the iris. Oblique illumination with artificial light should also be used in doubtful cases, and if we desire to study the condition of the iris more fully, such as swellings, post synechia, etc.

The patient is seated in a chair, the light adjusted on a level with and about two feet from the eye, so that the rays will strike the eyeball in an oblique direction. A lens of two or three inch focus is held so as to focus the rays of light on the iris; at the same time a lens of similar focus is held at its focal distance in front of the eye, between the thumb and index finger, the free fingers being utilized to elevate the lid. The iris will be seen magnified by this method and its details can be more readily studied.

Atropine should be used in doubtful cases. If full dilatation of pupil is produced iritis can not be present. When partial inflammation of an iris exists, partial dilatation is not prevented. It will be well to remember that there are conditions other than

active iritis, where atropine does not produce dilatation of pupil, such as synechia from former iritis in partial paralysis. Severe conditions of irritation of the ciliary nervous system also lessen the effect of atropine.

SOCIETIES.

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NATIONAL ASSOCIATION OF HOMŒOPATHIC MEDICAL EXAMINERS.

The Fourth Annual Meeting of the National Association of Homœopathic Medical Examiners will be held at Denver, beginning June 15th, in conjunction with the meeting of the American Institute of Homœopathy.

The object of the association, as stated in the by-laws, is that of "affording opportunity for conference, and interchange of views and comparison of the results of experience, in order to promote the general adoption, by the several States, of the best methods for securing higher and more nearly uniform standards of medical learning. Members and ex-members of State, county or district medical examining boards, are eligible to membership in the association."

A circular recently issued by the old-school National Conference of Medical Examining and Licensing Boards, contains the following lists of subjects for consideration and discussion at the meeting of the conference to be held at San Francisco, in June.

"How long has your board been organized under your law?"

"During that period how many candidates have been examined, and what percentage of those examined have passed and received a license to practise?"

"How is your board constituted with reference to the various 'schools of practice'?"

"Do you favor the plan of mixed, single or three separate boards?"

"How many members should constitute a State board, and what is the desirable appointing power?"

"Should teachers in medical schools be eligible to membership in State examining boards?"

"Does your board look with favor upon the plan of interchange of certificates between State boards?"

"What, in your opinion, are the leading defects in your law, and the laws of the various States?"

"What should constitute a 'medical college in good standing,' with reference to the number of years of study required and curriculum, for the purposes of registration?"

"Upon what points in your medical practice act, if any, have you had litigation in the courts, and what has been the result of such litigation?"

"How many practitioners are there in your State (number in each school of practice, if convenient, number of army and navy surgeons, and surgeons of the Marine Hospital service), and how many are practising illegally?"

Inasmuch as the foregoing queries relate to points that are of equal interest to representatives of both schools of practice, it is very desirable that homœopathic members of examining boards should go to the Denver meeting prepared to present a written statement covering the points previously suggested, and also be prepared to present a report from each State, such report to embody:

A copy of the law under which the State board is organized.

A list of the names and addresses of the homœopathic members of such board, with the date of appointments and duration of the term of service.

The number of candidates examined by such State board, number approved and number rejected.

The standard showing the percentage of requirements.

Also any other items of information germane to the subject.

It is also particularly desirable that the members of single State examining boards, those having minority homœopathic representation, should freely present the results of practical experience, as to whether the influence of these single boards has promoted the development and elevated the standing of the homœopathic school or has been in any way derogatory thereto?

The direct result of establishing State examinations, doubtless will be a reduction in point of numbers of legal practitioners; in fact, by the elevation of required standards, this result is desired and expected. The point for homœopathic members of single boards to determine, however, is whether the ratio of reduction effects the representatives of both schools equally; whether the examinations, as conducted under old-school majority supervision, are reasonably impartial; in other words, whether the trials thus far show that homœopathic graduates are in any manner placed at a disadvantage on account of such graduation?

All members and ex-members of State examining boards are cordially invited and earnestly requested to attend the meeting at Denver, present papers for discussion, and assist in making the association potentially useful in promoting the work of securing the general adoption of higher and more nearly uniform educational standards.

Meetings of the association will problably be held at 11

o'clock in the forenoon, of Friday, Monday and Wednesday, June 15th, 18th and 20th.

A. S. COUCH, *President.*
H. M. PAINE, *Secretary.*

Albany. N. Y.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Society was held at the College Building, East Concord Street, Thursday evening, April 5, 1894, at 7.45 o'clock, President William L. Jackson, M.D., in the chair.

Voted to dispense with reading of records of the previous meeting.

William E. Barnes, M.D., of Boston; Emma J. Cummings, M.D., of Malden; and G. Forrest Martin, M.D., of Lowell, were proposed for membership.

SCIENTIFIC SESSION.

Dr. Horace Packard presented the following pathological specimens.

1. Mammary carcinoma where portions of the pectorales major and minor muscles were removed with the growth. Numerous cancerous lymphatic glands were found adherent to the axillary vessels, and dissected away with great care.

2. Sub-serous uterine fibroid with ovaries and tubes, which latter were removed in order to induce artificial climacteric and consequent atrophy of unremoved interstitial fibroids. A calculus was found in the veriform appendix and the latter was removed.

3. Multilocular ovarian cyst, in which cysts of varying size were unusually numerous.

4. Vermiform appendix from a case where an exceedingly severe attack was in progress, pus very offensive; the appendix was somewhat elongated and had sloughed considerable. A calculus was found in the abscess cavity.

5. Fifty gall stones. The operation of cholecystotomy was made and the gall cyst was found with walls much thickened, and within were contained forty-nine stones impacted in the cystic duct, and removed with great difficulty after incising the duct wall. Stones were composed of cholesterine and bile pigment.

Dr. Packard then presented a case.

The patient, Mr. E——, was operated upon seven years ago for an extensive burn of the right forearm, at which time a flap

5x11 inches was lifted from the right side of body and applied over wound. Recently a keloid growth developed on the back of the right hand, which was freely excised, about two weeks ago, and grafted with skin by the Thiersch method. The wound had healed perfectly at this time. This case was also illustrated by stereopticon views.

Dr. A. Howard Powers had prepared an excellent dissection of the female pelvis, which he demonstrated to the Society.

SECTION OF SURGERY.

Horace Packard, M.D., Chairman; A. Howard Powers, M.D., Secretary; W. J. Winn, M.D., Treasurer.

A nominating committee was chosen and presented the following list of officers for the ensuing year: N. W. Emerson, M.D., Chairman; W. S. Smith, M.D., Secretary; Helen S. Childs, M.D., Treasurer, and they were unanimously elected.

I. B. Hines, M.D., then presented a paper, "Some Clinical Cases of Injuries of the Face and Scalp, with their Treatment."

"The Etiology, Differential Diagnosis and Treatment of Benign Stricture of the Rectum, with a summarized Report of Twelve Cases," was the title of a valuable paper by James R. Cocke, M.D.

"The Surgical Treatment of a Case of Eczema," was the title of a paper by F. W. Elliot, M.D.

W. S. Smith, M.D., read a paper on "The Plantar Arch and its Preservation," and presented methods and apparatus for correcting flat foot.

Horace Packard, M.D., gave a very interesting and valuable report of "Some Cases," illustrated by stereopticon views.

The Society regretted the absence of Drs. J. W. Hayward and George H. Earl, and the consequent omission of their respective papers on "High Amputation for Gangrene," and "The Plaster Jacket and its Application."

DISCUSSION.

Dr. James Krauss expressed a strong hope that the members of the Society might have opportunity in the future to verify the results of Dr. Cocke's observations. He felt that stricture of the rectum was often due to venereal diseases, and was inclined to question the statement that spasmodic stricture frequently occurred without ulceration. Had seen excellent results follow the use of milk diet, with rest treatment, and in the clinics of Prof. Kelsey of New York, saw cases sent in for colotomy where stricture was due to ulceration, cured by this method without operation.

Dr. A. H. Powers referred to cases of congenital stricture of the rectum, and asked if Dr. Cocke's first case might not be one of that variety.

In his opinion syphilis was one of the causes of stricture.

Dr. James R. Cocke said he did not intend to convey the idea that syphilis was never a cause of stricture of the rectum, but that it was rare. Pus and blood in the discharges always indicate ulceration. Referred to Prof. Da Costa, who had seen spasm of the rectum or entire colon, wholly neurotic in origin. In his own experience, milk diet had been tried in these cases in all ways, and in 3-5 of the cases it caused irritation and harm.

Dr. W. L. Jackson in referring to Dr. Hines' paper stated that during his experience as a house officer in London Hospitals he learned that they never stitch a scalp wound unless very extensive, lest pus form or be pent up.

Dr. Powers questioned how Larsar's paste used on septic wounds, being oily in composition, could do otherwise than confine pus, though salicylic acid was somewhat antiseptic. Felt that dusting with iodoform, aristol, etc., would be preferable. Wished to call attention to the large area opened to septic infection by wounds penetrating the occipito-frontalis muscle.

Dr. Hines in closing stated that in cases of scalp wounds visiting the clinics twice or thrice weekly he had found the Larsar's paste to give the best results of any dressing.

Dr. J. E. Briggs was much interested in the able paper of Dr. Smith. Having had quite a little experience in the making of the aluminum bronze support for the arch of the foot, he ventured to make an explanation of a more simple method for procuring a cast of the foot. Instead of making a cast of the whole foot he makes an impression of the sole only, as follows: the patient's foot is placed on the edge of a chair facing the surgeon; with a camel's hair brush and a mixture of glycerine and ink the exact shape of the intended plate is marked out. In marking out this field, Dr. Briggs follows the directions given by Dr. John Dane, house-officer of Massachusetts General Hospital.

Dr. Cocke emphasized uric acid and actinic rays of light as causative agencies in eczema.

Dr. L. A. Phillips referred to the fact that where phimosis existed in infants, surgeons years ago operated for it and often eczema present was cured by the removal of the irritation; etc. Felt that many cases of eczema and acne were likewise curable.

By invitation of the Society Dr. Carl Crisand spoke of the Worcester Homœopathic Hospital which had recently been organized. 27,000 feet of land had been purchased and the house now upon the same would soon be utilized as the hospi-

tal. Preparations were in progress for the erection of a dispensary building upon the lot.

Dr. J. P. Rand, of Worcester, cited a case of stricture of the rectum that he had treated for four years by rest treatment and other methods without permanent benefit.

J. EMMONS BRIGGS, M.D., *Sec'y.*

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The fifty-fourth annual meeting of the Society was held at the Westborough Insane Hospital, Westborough, Tuesday, Apr. 10, and at Steinert Hall, Boston, Wednesday, Apr. 11, 1894.

FIRST DAY'S SESSION.

About seventy-five members of the Society left Boston, Tuesday morning, on the 11.10 train, arriving at Hospital Station at 12.20 P. M., where barges were in waiting to convey them to the Hospital.

After partaking of the bountiful lunch provided by the Society the members repaired to the chapel, where the meeting was called to order by the President, Alonzo Boothby, M.D., and immediately placed in charge of Dr. George S. Adams, Chairman of the committee on nervous and mental diseases, who presented the following report:

1. "Myxœdema and Huntington's Chorea: Cases," Ellen L. Keith, M.D.

2. "The Relationship of Rheumatism to Chorea, Statistics of Sixty Cases," Frank C. Richardson, M.D. Discussion, opened by Edwin P. Colby, M.D.

3. "Statistics of Massachusetts Insane Hospitals for 1893," Mr. A. Blakeslee.

4 "Curability of Mental Disease," J. Francis Bothfield, M.D. Discussion opened by N. Emmons Paine, M.D.

DISCUSSION.

These papers were freely discussed, especially that by Dr. Richardson, Dr. Colby contending that rheumatism is a most potent causative agent of chorea.

After the closing of the Bureau the members were afforded an opportunity to inspect the Hospital, and at 5.15 the train was taken for Boston. The members much pleased with their courteous reception by Dr. Adams and his colleagues at the Hospital.

At 7 P. M. the officers of the Society received the members, their ladies, and invited guests at Hotel Vendome, where at 8 o'clock the annual banquet was served, after which Dr. Alonzo

Boothby delivered the President's Address which was received with well merited applause. Congratulatory speeches were made by His Excellency, Gov. Greenhalge, the Rev. Geo. A. Gordon and Dr. I. T. Talbot, and the company broke up about 11 o'clock, after a most enjoyable evening.

SECOND DAY, WEDNESDAY, APRIL 11.

The meeting was called to order at ten o'clock by the President, Alonzo Boothby, M.D., and the records of the semi-annual meeting read and approved. The reports of the Treasurer and Auditor, showing a handsome balance on hand, were received and accepted.

The following candidates were then elected to membership: H. Ashton Downs, M.D., Somerville; Clara Rogers Rutter, M.D., Lawrence; William E. Barnes, M.D., Boston; George E. Crane, M.D., Foxborough.

Drs. Powers and French were then appointed to serve as Tellers, and the polls were declared open for the election of officers.

REPORT OF THE COMMITTEE ON CLINICAL MEDICINE.

N. W. Rand, M.D., Chairman.

1. "Renal Physiology," J. P. Sutherland, M.D.
2. "Practical Points in Urinalysis," J. P. Rand, M.D.
3. "Uræmia," Samuel H. Spalding, M.D.
4. "Pathological Specimen, Oxaluria," Lamson Allen, M.D.
5. "Sub-acute Inflammation of the Kidneys, Cases," E. P. Scales, M.D.
6. "Sulphur in a Case of Desquamative Nephritis," A. H. Tompkins, M.D.
7. "Renal Colic, — Experience versus Opinion," A. M. Cushing, M.D.
8. "Renal Cyst, — Specimen," W. H. Talbot, M.D.
9. "Three Interesting Cases from Practice," James R. Cocke, M.D.
10. "Urinalysis in One Hundred Cases of Insanity," Wm. O. Mann, M.D.

DISCUSSION.

Dr. Hopkins asked in regard to the action of the saline solution referred to in Dr. Spalding's paper, and Dr. Spalding stated that the solution was introduced in large quantity upon the theory that in diluting the blood it produced its salutory effect.

Dr. Scales mentioned a case of uræmic poisoning occurring in confinement with fatal result.

Dr. Moore thought Dr. Rand's paper of more than ordinary interest, as showing the importance of testing for urea in chronic cases. He considers this test of more vital importance than that for albumen; thinks, also, that the microscope should be more freely used.

Dr. Scales suggested the advisability of the busy practitioner sending his urinary specimens to a competent analytical chemist.

Dr. Colby wished to protest against presenting in the discussions the word of an allopathic physician as having greater weight or more importance that that of one of our own school.

Dr. J. P. Rand referred to the severe drain upon the system in cases of Bright's Disease; as there was rarely more than an ounce of albumen lost in twenty-four hours why should the system suffer so severely? Dr. Spalding thought this was explained from the fact of non-elimination of waste products.

Dr. N. W. Rand reported a case of renal cyst attached to the kidney.

Dr. A. M. Cushing spoke of the inconsistent use of strychnine by an old-school physician in the recent epidemic of grippe, the drug being given in one case to increase the pulse and in another to reduce it.

Dr. Moore thought that Dr. Cocke's cases could best be explained by the term uræmia, the presence of urea in the blood. In the second case, he thought death was caused by uræmic coma.

Dr. Mann stated that it was now generally conceded that the coma in these cases was not due to the presence of urea in the blood.

REPORT OF NECROLOGIST, L. D. PACKARD, M.D.

Remarks eulogistic of the late Dr. David Thayer were made by Drs. H. L. Chase and B. H. West, while Drs. L. D. Packard and I. T. Talbot spoke in a similar manner of the late Dr. E. U. Jones. This report will be published in full.

At one o'clock the members adjourned to Hotel Thorndike for lunch.

The meeting was again called to order in Steinert Hall at two o'clock, by the president, Alonzo Boothby, M.D.

REPORT OF COMMITTEE ON OBSTETRICS.

G. H. Earl, M.D., Chairman.

Subject: Clinical Obstetrics. Papers presented by J. W. Hayward, M.D., Frank Gardner, M.D., G. R. Southwick, M.D., Geo. H. Earl, M.D.

DISCUSSION.

Dr. Babcock spoke of a case similar to that reported by Dr.

Earl, of septicæmia without apparent cause for infection except that arising from the patient's mania for smelling of a foul dish-rag. A peculiarity of the case was the presence in the vagina of a membrane resembling diphtheritic membrane.

Dr. Whittier criticized Dr. Earl's use of ergot in the case reported and also thought he was not warranted in curetting while the uterus was in such an inflamed condition.

Dr. Earl replied that ergot had been given before he saw the case. He felt that curetting was warranted in these cases by the amount of material usually removed.

Dr. H. L. Chase doubts the feasability of washing out and packing the womb and thinks that wiping out with dry cotton is better.

Dr. Boothby thinks that the essential point with curetting is to get away all the septic material. If any is left there is sure to be septic absorption by the denuded surfaces.

Dr. Sherman thinks that high temperature is the essential indication for curetting.

Dr. Boothby feels that there are progressive stages of puerperal infection when interference is dangerous.

Dr. Southwick thinks sepsis is self-generating and all means must in order to be effective be used before the infection has progressed beyond the uterine cavity. Unless the curette can be used in the beginning to remove the entire septic material it had better not be used at all. In the later stages advises to thoroughly cleanse the uterine cavity and pack loosely with gauze.

Dr. Rand believes that not the presence of membrane causes infection but its exposure to air. Believes a simple washing out of detritus which is washable will be as successful as curetting and packing.

In reply to a question Dr. Southwick stated that in his opinion chill, fever and other recognizable symptoms of septic infection call for irrigation and loose packing. When asked in what percentage of labors he thought such procedure would be required he replied that it would depend upon the care taken to secure asepsis.

Dr. Earl thought that five per cent of dispensary cases prove infectious.

The Tellers then reported the election of the following officers for the ensuing year: President, John P. Sutherland, M.D.; Vice-Presidents, E. P. Colby, M.D.; N. W. Rand, M.D.; Corresponding Secretary, J. Wilkinson Clapp, M.D.; Recording Secretary, Frank C. Richardson, M.D.; Treasurer, Herbert C. Clapp, M.D.; Librarian, Jane K. Culver, M.D.; Censors, H. P.

Bellows, M.D.; N. Emmons Paine, M.D.; Alonzo Boothby, M.D.; Horace Packard, M. D.; F. W. Halsey, M.D.

REPORT OF COMMITTEE ON DISEASES OF CHILDREN.

Mary E. Mosher, M.D., Chairman.

1. "Vaccination," Helen S. Childs, M.D.
2. "Infantile Eczema," John L. Coffin, M.D.
3. "Cervical Lymphangitis in Children," A. H. Powers, M.D.
4. "Hydrocephalus and its Homœopathic Treatment," Mary E. Mosher, M.D.

DISCUSSION.

Dr. Rand spoke of severe erythema following vaccination in a number of cases under his observation.

Dr. Coffin has seen eight or ten cases of eruption following vaccination and thinks it not due in any way to the vaccine used. Told of a case of a young man who came to him with a rough gangrenous slough on his arm, surrounded with the usual reddened areolar, reporting having been vaccinated a month before; a carbolic lotion was advised. The following day the patient presented himself with an inflamed œdematous arm and the case thereafter followed the usual course of vaccinia. Was it a case of recurrent vaccination without new infection?

Dr. Utley has since December last vaccinated over fourteen hundred people, most of whom belonged to the criminal class and had noted that syphilis and phthisis do not influence the result.

Dr. Childs thinks the eruption spoken of is most apt to develop in adults with primary vaccination.

Dr. West mentioned the case of his daughter who having been vaccinated nineteen times ineffectually was made very sick by the twentieth vaccination. Also recounted his experience as assistant physician at Rainsford Island during the small-pox epidemic of 1837.

Dr Richardson felt that the profession and the public at large should feel indebted to the New England Vaccine Co., and especially to its manager, Dr. Cutler, for the lavish expenditure of time, thought and money necessary to bring the production of vaccine virus up to its present scientific standpoint.

Dr. Tompkins reported two cases of acute hydrocephalus cured by homœopathic medication.

Dr. H. L. Chase spoke in praise of zincum for the restlessness of hydrocephalus.

A vote of thanks was extended to the Chairmen of the various Bureaus for the excellent reports presented, and thus ended one of the most successful meetings in the history of the Society.

The attendance was large throughout, the discussion though always courteous was animated and scientific, and it may safely be said that the Fifty-Fourth Annual Meeting has demonstrated the desirability of a two days session.

FRANK C. RICHARDSON, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN. By American Teachers. Edited by Louis Starr, M.D., assisted by T. S. Westcott, M.D. Phila.: W. B. Saunders. 1894. 1190 pp.

Among the very many distinguished "American Teachers" whose work combines to make their volume an authority, are Drs. John Ashhurst, Jr., J. M. DaCosta, I. N. Danforth, Wm. Osler, Wm. Pepper, J. Lewis Smith and James Tyson. The work is divided into thirteen parts, covering the entire field of diseases of children, from Injuries Incident to Birth and Diseases of the New-Born, through diathetic and hereditary diseases, to the maladies of general sort, common alike to children and to those of adult years. Each malady is treated by a separate essayist, an authority on his theme. Diffuseness is avoided, while generous space is given to every branch of the subjects treated. Nothing in the work is of more distinctive interest than the introductory chapters by the editor, Dr. Starr, on the clinical examination of the child. Few tasks, to which the physician finds himself called, more sorely tax his tact, experience and skill the making of accurate diagnoses in the case of the little patients unable to speak for themselves, in aid of his search for their maladies. Many wise and helpful hints toward the making of such diagnoses are here given by Dr. Starr.

In a single volume one thus has the epitome and equivalent of many volumes. A thousand pities that a few chapters on the homœopathic treatment of children's diseases — always the field of many of homœopathy's most noteworthy triumphs — should not round out the work which without it stands incomplete!

AN ILLUSTRATED ENCYCLOPÆDIC MEDICAL DICTIONARY. By Frank P. Foster, M.D. Vol. IV. New York: D. Appleton & Co. 3095 pp.

The Century Dictionary of general definition and information is the only work of the generation which for magnitude of scope and perfection of detail is worthy of comparison with the mag-

nificent achievement which in the present volume reaches completion. What the Century Dictionary does for the general reader, Foster's Dictionary does for the physician. On whatever subject he may desire specific information he will here find it, accurate, exhaustive, explicit, amply and helpfully illustrated. This last volume is altogether worthy its superb predecessors. To instance the thoroughness with which a so-called "definition" expands itself, according to the importance of the subject, into a treatise, we may mention that "nerve" is treated of, in the present volume, to the extent of twenty columns, and "operation" in twenty-one columns. The complete work is one which no progressive physician can afford to have absent from his shelves. It is magnificently creditable to its editor, its publishers and the profession at large.

TRANSACTIONS OF THE WORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS AND SURGEONS. Philadelphia: 1894.

Most of the homœopathic world of to-day, brought of its best wisdom to the brilliant "World's Congress" of last year, and in the admirably edited volume of "Transactions" now before us, we have that wisdom in permanent and valuable form. As was the case with the physician attending the Congress itself, the reader of its records can choose the subject on which he most desires the benefit of his comrades' counsels, and by reference to the "sectional" meetings, come at once to that subject, wasting no time by the way. But we are sure the readers are few who will not linger with the speakers at the "Preliminary Session" and enjoy the wise and cordial speech of such distinguished colleagues from over sea as Drs. Alford Hawkes, Theodore Kafka, Carl Bojanus and Alexander Villiers. Both to those to whom these pleasant utterances recall the pleasant days in which they were given forth, and to those to whom they come as a novelty, the Transactions will come as a welcome guest.

Among the articles of leading interest in the May CENTURY are: "Contrasts of English and American Scenery." by E. S. Nadal; "Hunting an Abandoned Farm in Upper New England," by William Henry Bishop. Pictures by Harry Fenn, Eric Pape and J. Alden Weir. "Bookbindings of the Past." (Notes of a Book-lover.) By Brander Matthews. With representations of binding and decorations. "Across Asia on a Bicycle. The Journey of two American Students from Constantinople to Peking," by Thomas G. Allen, Jr., and William L. Sachtleben. Pictures by G. Wright and George W. Chambers, from photographs by the authors. Map by G. W. Colton. New York: The Century Co.

The complete novel in the May number of LIPPINCOTT'S MAGAZINE is "The Autobiography of a Professional Beauty," by Elizabeth Phipps Train, whose hand is light but firm and sure. Gilbert Parker's serial story, "The Trespasser," reaches its fifteenth chapter, and will be concluded in another number. "How I Gained an Income," by "A Bread-Winner," records an experience with a lesson that should be useful to many. Under the heading, "Americans Abroad," Hon. Francis B. Loomis, U. S. Consul at St. Etienne, France, tells where our countrymen go and what they spend, and concludes that life in Europe is not now cheaper than at home. Phila.: J. B. Lippincott Co.

MISCELLANY.

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PHYSICIAN. — "Considering the weak state of your eyes, it will be as well if you gaze as much as possible into empty space."
Patient. — "All right, then; I'll keep looking in my purse." — *Ex.*

HIS MANIFEST DESTINY. — Father — "I don't know what to do with my boy. He has St. Vitus' Dance. His contortions are frightful."
Kinwall. — "Make a great pianist of him, and it will pass for eccentricity. — *Demorest's Magazine.*

WHY THEY DIDN'T CHATTER. — Doctor. — "Did you have a chill?"
Patient. — "It seems so"
Doctor. — "Did your teeth chatter?"
Patient. — "No, they were in my dressing case." — *Medical Advance.*

IN PLAIN ENGLISH. — Patient (to family physician) — "In your absence, doctor, I was compelled to call in young Dr. Bones. He said that the clinical symptoms indicated chronic interstinal inflammation. What is that in plain English?"
Family Physician. — "In plain English it means that Bones didn't know what was the matter with you." — *Texas Siftings.*

SUICIDES FROM CYANIDE OF POTASH. — Since the publicity given the mysterious deaths of the members of the Toole family in South Boston from cyanide of potash, the drug has become a popular one for suicides, three self-inflicted deaths having been due to this drug.

TRACTS for the Prevention of Tuberculosis for Gratuitous Distribution are now offered by the Pennsylvania Society for the Prevention of Tuberculosis (E. Leslie Gilliams, 727 Walnut Street, Secretary), Philadelphia. These tracts are written in common technical language so that the laity can understand them, and physicians should make themselves local distributing agents for scattering among the community the knowledge of the simple and highly important means of preventing the spread of the "king of diseases." Membership in the Society costs only one dollar.

LAUGH. — Learn to laugh. A good laugh is better than medicine. Learn how to tell a story. A well-told story is as welcome as a sunbeam in a sick room. Learn to keep your own troubles to yourself. The world is too busy to care for your ills and sorrows. Learn to stop croaking. If you cannot see any good in the world, keep the bad to yourself. Learn to hide your pains and aches under a pleasant smile. No one cares to hear whether you have the earache, headache or rheumatism. Don't cry. Tears do well enough in novels, but they are out of place in real life. Learn to meet your friends with a smile. The good-humored man or woman is always welcome, but the dyspeptic or hypochondriac is not wanted anywhere, and is a nuisance as well. — *Family Doctor.*

PERSONAL AND NEWS ITEMS.

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DR. ISABEL G. WESTON has removed from Natick to Wellesley, Mass.

DR. HORACE PACKARD sails for Europe, May 26th, to be absent until Oct. 1st.

DR. ALBERT PICK has removed from Manchester, N. H., to 737 Tremont St., Boston.

DR. FRANK N. ALLEN has removed from Winthrop, Mass., to 59 Ottawa St., Roxbury, Mass.

DR. HENRIK G. PETERSEN has removed from 368 Boylston St., to 24 Mt. Vernon St., Boston.

DR. F. L. MARSHALL, located for a short time at Orange, Mass., has settled at Marblehead, Mass.

DR. EUDORA M. FARNHAM, class of '93 B. U. S. of M., has located at 5 South St., Medford, Mass.

THE annual meeting of the Homœopathic Medical Society of Ohio will be held in Toledo, May 8–9.

DR. PERCY G. BROWNE, '92 B. U. S. of M., has removed from South Boston to 28 Saratoga St., East Boston.

DR. FRANCES E. CLARKE, '92 B. U. S. of M., is now Dr. Frances C. Westergren, and is located at 163 Huntington Ave., Boston.

THEODORE ENGELBACH, of New Orleans, well known in pharmacy and homœopathy, on April 18, graduated in medicine and pharmacy from Tulane University, La.

DR. ISABEL G. WESTON will receive a few patients for medical care, combined with trained nursing and home comforts, at her new and commodious residence in Wellesley, Mass.

WANTED — Mentally affected boys from four to ten years of age boarded in a physician's private family, with home comforts as members of the family.
EMMA M. E. SANBORN, M.D., Andover, Mass. Box 199.

WARD'S ISLAND HOSPITAL has been removed to Blackwell's Island, and will be known as the Metropolitan Hospital hereafter. Much larger quarters than before have thus been secured.

WILLIS M. TOWNSEND, M.D., has located, for the practice of his profession, in Melrose Highlands. Residence and office, 166 Franklin Street. Office hours, until 9 A. M., 2 to 4 and 7 to 8 P. M. Telephone, Melrose: 12-2.

DR. SARAH J. MILLSOP, of Bowling Green, Ky., made an eloquent appeal in behalf of co-education at the banquet which celebrated the successful close of the Southern Homœopathic Medical College at Louisville, Ky. Dr. Millsop is a member of the college faculty.

DR. GEO. B. RICE will sail for Europe, May 12th, where he will devote his time to the study of his specialty, diseases of the nose and throat, returning about Aug. 1st. Dr. Joseph Chase, Jr., will be at Dr. Rice's office Mondays, Wednesdays and Thursdays during his absence.

DUNCAN'S DISEASES OF CHILDREN. — We learn that a fourth edition of this popular work is in course of preparation, and that the author will be assisted by a number of physicians interested in diseases of children. Dr. T. C. Duncan for years was the most enthusiastic pædologist in our ranks.

HERING MEDICAL COLLEGE, Chicago, has recently opened a neat sanitarium hospital for the benefit of the college and its interests, on Indiana Avenue, where medical and surgical cases to the number of twenty-five to thirty can be cared for at one time. The new college and hospital building will be ready the coming year, from present appearances. — *Med. Century.*

THE following excellent locations in Southern Ohio are open for the choice of homœopathic physicians: Goodsport and Winchester in Franklin Co.; Thornville, Junction City, Corning and New Straitsville in Perry Co.; Millersport, Baltimore, Carroll, Pleasantville, Bremen, Sugar Grove and Amanda in Fairfield Co. Information in regard to these locations will be given by Dr. J. P. Hershberger, Lancaster, Ohio.

WE are pleased to record that a most complete operating-room has recently been built in connection with the Hahnemann Hospital of New York. The room was designed by Dr Homer I. Ostrom, the surgeon of the hospital, whose work in abdominal surgery is so well known, and very generously furnished by him. This furniture is wholly of iron and glass, their being nothing in the room that can not be rendered perfectly antiseptic. Connected with the operating-room is an anæsthetizing room, a sterilizing room, and a surgeon dressing room. With this operating-room, and with the record Dr. Ostrom and other surgeons in our school can show in abdominal surgery, the old reproach that homœopaths can only prescribe for symptoms, and that we have no surgeons among us, can be sent back from whence it came.

AT a meeting of six of the physicians of Hahnemann School of Medical Practice, Friday, it was voted to open a Lowell Homœopathic Free Dispensary.

A house on Lee Street has been engaged for the enterprise and will be opened in the not distant future, of which due notice will be given. It is intended to begin with a daily free clinic for the sick poor, and a free clinic in surgery and gynæcology twice a week, later adding a dental clinic. It is expected that other homœopathic doctors and laymen as well, will join the association. The public will be called upon to aid the project and assist in its support.

The officers are, president, Dr. E. H. Packer; secretary and treasurer, Dr. G. Forrest Martin. These officers and Dr. F. A. Warner will be the executive committee and in conjunction with Dr. A. W. Hill will prepare a set of by-laws and regulations. The other promoters of the scheme are Drs. H. M. Hunter and C. W. Leland. — All honor to the workers for the good cause, thanks to whom Lowell is following so fast in Worcester's footsteps!

THE third annual commencement of the National Homœopathic Medical College was held in Central Music Hall, Chicago, Feb. 27th. The report of the year was presented by Prof. Printy Dean. He stated that the students enrolled numbered sixty-two, and of the senior class six had passed the ordeal of examination and were entitled to graduate. The clinical material had been ample, over 2,000 patients had been presented to the various classes. A spring course of two months would be held for post-graduates' and under-graduates' work. The president, Prof. T. C. Duncan, conferred the degrees upon John Egart, A. O. Accola, Price Cheaney, V. Pleth, W. Fairweather aud Mrs. R. Seftenberg. The faculty prize for best examination was awarded to J. Egert, who stood 95 in a possible 100. For honorable mention in the roll of honor were Drs. P. Cheany, V. Pleth and W. Fairweather. The faculty valedictory was delivered by Prof. Davison on "The Trials and Triumphs of Scientific Research." The class valedictory was ably given by Dr. Price Cheaney. Rev. Dr. Beaton made the formal address, which abounded in witty and wise sayings. The exercises were enlivened by the Arion Lady Quartette. In the evening the alumni held a reception at the residence of Prof. T. C. Duncan.

OBITUARY.

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JOSEPH FRANKLIN HADLEY, M.D.

JOSEPH FRANKLIN HADLEY, M.D., of Waltham, died Jan. 7th, at Phœnix, Ariz. He was born in Gloucester, Mass., March 9, 1859, and graduated from the Boston University School of Medicine, class of 1882. He settled first at Chicopee in this State, and later removed to Waltham where he enjoyed a large and lucrative practice. On account of severe hemorrhage he was obliged to relinquish his practice and go to Colorado; not receiving the benefit he had hoped, for removed to Arizona where he died. By his classmates he will always be remembered for his bright scholarship and genial disposition. He leaves a wife and two young daughters to mourn his loss.

W. H. W.

THE

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

EDITORIAL.

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SOME AMAZING TYPHOID FEVER STATISTICS.

Few diseases are commoner, more dreaded, more intractable than typhoid fever. The best statistics hitherto offered, of recoveries,— and these are undoubtedly those offered by homœopathy,— fall far short of what physicians can be proud to exhibit, or the laity have a right to demand of trained and educated medical resource. Any rational, simple therapeutic system, therefore, which can reduce the mortality of typhoid fever to four per cent., and even, in one remarkable group of cases, to one per cent., is assuredly deserving of the closest investigation by the conscientious physician, and of the most willing and honest experiment. This the Brand method has for years claimed to do, and many experimenters, working under widely diverging conditions, are substantiating the claim. One of the latest of these to make report is Dr. Chas. E. Page, whose recent paper in the *Medical Record* is so sensible, scholarly and convincing, that we trust its practical and well-summarized statements, laid before our readers, may tempt them to trial of therapeutic means so harmless and apparently so efficacious:

"HYGIENIC VS. DRUG TREATMENT FOR TYPHOID FEVER.

"A 'notable discussion' has been going on for the past five years among the most thoughtful medical men in this country as to the crying need of a radical modification from the prevailing treatment in acute diseases. Typhoid fever being one of the most prevalent, as well as one of the most distressing and

fatal of these disorders, has formed the chief topic in the discussion; but it is very important for us to know that while the technic or detail of treatment differs with every disease, the principle involved applies equally to the treatment of scarlet fever, pneumonia, influenza fever (la Grippe), etc.

"It is a question of the Brand (cold bath) treatment for typhoid fever on the one hand, and the expectant, or symptomatic drug treatment, on the other. Concerning the results of the latter, Dr. Delafield, in an instructive paper on typhoid fever, read before the New York Academy of Medicine, states that the mortality in the city hospitals alone from 1878 to 1885, averaged 24.66 per cent., while the records of the Board of Health of New York (1876 to 1885) show 7,712 cases of typhoid fever, with 3,184 deaths, or about forty-one per cent.

"To the writer's mind it is beyond the possibility of belief that so large a proportion of typhoid fever cases would result fatally if left absolutely alone with no treatment whatsoever.

"In 19,017 cases of typhoid fever, according to statistics furnished by Ziemsen, Liebermeister, Brand, and others, the mortality was seven per cent., although the cold-water treatment was, in these cases, only practised in a 'half-hearted, or modified form.' From twenty-three German and French sources, Brand obtained statistics that clearly demonstrated that this treatment, as originally recommended by him, in 1861, has reduced the mortality in typhoid fever to less than four per cent., the basis of these statistics being 5,573 cases, and although these statistics were published six or seven years ago, there has been no claim from any quarter that they have been or can be controverted.

"The number treated by Juergensen, Vogl and Brand themselves, up to 1887, amounted to 1,223 cases, of which twelve only died, or one per cent. Moreover, not a single one of these twelve deaths occurred in any case that came under treatment before the fifth day. There can be no doubt as to the exactness of these figures, since the cases were observed by well trained medical men in university clinics and military hospitals.

"The Brand method is evidently based upon the theory that the fever, so far from being in itself the disease, is rather the

means of cure. Hence, no measures are resorted to for at once reducing the temperature.

"The aim is to strengthen the heart, and refresh the nervous system, to promote the comfort of the patient, to keep the skin moist and in condition to perform its functions, and, in brief, to help the organism in its efforts to eliminate the offending matters and to heal the lesions in the stomach and intestines; and all this is accomplished through the invigorating influence of the bath. It is all in direct contrast, in practice, to the routine drug method, which I can liken to nothing better than a system of constant wheel-trigging, or hanging on behind when nature is pulling a big load up hill.

"The Brand method consists of immersing the patient in a comparatively cold bath whenever the temperature rises to 103° F., or above, for the space of fifteen minutes, constant flat-hand rubbing of the body being practised by the attendant, and, so far as possible, by the patient himself, during every moment of the time. Under no circumstances is this friction of the skin to be omitted during the bath. 'By these frictions the superficial cutaneous vessels are dilated, and because of the reaction induced by it, the skin, which was of a dead white when the patient entered the bath, becomes of a ruddy hue under the hands. It may becom cyanotic if friction does not actively counteract the contraction of the arterioles produced by the cold impact.'

"The temperature of the water should be about 65° to 67° F. It may be a full bath to the neck, if convenient, or the 'half-bath' with laving of the water over the body, and the patient should wear a heavy, cold compress about the head on entering the tub, or the water should be freely laved over the head.

"On emerging from the bath the night-gown may be put on without drying the skin, and the patient well wrapped in blankets immediately, and returned to bed to be snugly tucked in sufficient covers to secure soon a feeling of comfortable warmth, which may be hastened, upon occasion, by means of a sufficient degree of massage or muscle squeezing, over the bed covers, the feet receiving attention of the same character. It is much better to secure warmth of the extremities by friction and pressure, than by the application of direct heat. The Germans have an

adage to the effect that the fever patient cannot catch cold; and it were well if nurses and other attendants could so comprehend this matter as to avoid the mischief so constantly done through excessive fear of draughts, of throwing aside the bed covers and the like, when they promote the patient's comfort and chances of recovery. A sufficiently ventilated sick-room is seldom found, and even when the attending physician does his best to secure fresh air for his patient he finds it difficult to persuade the household to fully co-operate with him.

"The bath may be repeated every three hours, so long as the temperature of the patient remains or returns to 103° F. It often happens that no appreciable reduction results from the bath, but as we have already observed, the immediate object sought is not the reduction of temperature. There is nothing especially exhilarating in the thought of being taken from a warm bed and plunged into a cold bath — far from it; but the very persons who would disclaim against such a procedure for a fevered body, have been very likely themselves plunged into the sea, to kick and splash about in water considerably below that of the bath we are considering, and often under conditions when they really derive harm from their sport, as in the case of 'thin blooded,' or anæmic persons, who emerge from the water with blue lips and discolored finger-nails. Such 'pleasure-seekers' are far more chilly and uncomfortable than any patient in the Brand bath, though even the latter may not find the bath particularly agreeable. It does, however, often prove so. In the case of one little girl six years of age, residing in St. Paul, whose treatment I directed by telegraph, the patient went first to the bath, with considerable trepidation, but so well pleased was she with the effects that, to quote from her mother's report, 'she actually coaxed for, and received, four more baths during the day.' Fasting and cold bathing aborted the disease. She was allowed nothing but water for the first seventy-two hours, and, in fact, rather gloried in her three days' fast, at the expiration of which she was practically convalescent. She made a very rapid recovery. Only one bath was given on the second day, and none at all thereafter. Lest it might be surmised that the case was not typhoid fever, since the doctor and patient were

too widely separated to make the diagnosis clear, I will hasten to state that the family physician was in attendance, and declared the case to be a typical one. It was the second case in the family, the father being first attacked. He had for upward of two weeks the regular drug treatment, when they became frightened and wired me the symptoms and requested me to advise them. I directed that all drugging and feeding be stopped until the patient should become convalescent, giving full directions by wire upon all points from day to day. Satisfactory improvement resulted from the change in treatment, and the patient was shortly convalescent. Meantime, the little daughter was attacked, even more violently than in the father's case, but the treatment being begun at the very onset, and given to the limit, with fasting, as already remarked, she was restored to bounding health before her father was out of bed.

"In all acute sickness there is at the onset no office for food, as there is usually no desire for it, and the condition of the stomach, and often that of the entire intestinal tract, clearly indicates to the expert dietist that there can be no hope of digestion and assimilation, in default of which only putrefaction and all manner of mischief can result from the ingestion of food. While it is true that Dr. Brand, himself, and most of his followers feed their fever patients pretty steadily, though moderately, throughout the course of the disease, and, still, seldom lose a case that comes early under the treatment, it is doubtless true that with the modification herein recommended — the withholding of food for the first few days, and at any rate until the patient is unmistakably hungry — all curable cases would be shortened, complications lessened, and quite a proportion of cases aborted absolutely.

"When constant feeding is practised the baths have to be given for many days together, the number of baths often reaching as high as forty and even more; whereas, under the fasting plan baths are seldom required after the first day or two, simple sponge bathing, and perhaps the 'damp bandage,' being all that is required for the comfort and advantage of the patient. It is my practice to have the patient wear the damp bandage pretty constantly while the temperature remains above 101° F.

It is composed of two-ply coarse linen, wrung tightly from cold water (ice-water is usually best, the reaction being more prompt and complete), with two-ply of same outside, and is snugly pinned about the body — at the abdomen in typhoid fever, and at the chest in pneumonia, or where the lungs are in the least threatened; and in some cases this 'pack' may with advantage be wide enough to cover the body entire, from arm-pits to hips. It will require to be renewed as often as every three hours, and sometimes in half that length of time, or even less, if necessary to prevent its becoming too hot. It must not be allowed to get dry, but had better be thrown off if it cannot, or does not need to, be renewed.

"In strong contrast to the effects of the regular drug treatment, as described by Dr. Peabody, are those derived from the bath method as stated by Dr. Baruch: 'In typhoid fever, we have it, upon authority which we dare not question, that the cold bath refreshes the nervous system; that it deepens the respiration; that it moistens the tongue and improves the appetite; that it steadies and slows the pulse; that it improves the digestion; that it increases the quantity and improves the quality of the urine; that it removes stupor and delirium. In short, it lends vigor and tone to the entire system, and approximates the condition of the patient so nearly to the normal that his entire aspect is changed."

EDITORIAL NOTES AND COMMENTS.

A Fine Tribute to the power of homœopathy in acute diseases, and to the ability and efficiency of the physicians in charge of our homœopathic asylums for the insane, is paid in a recent editorial in the *Springfield Republican.* We take much pleasure in reprinting it in full:

"It used to be carefully laid down in the reports of insane hospitals and asylums that seven in every ten lunatics would recover if early subjected to hospital treatment. This statement never had any foundation in fact for the whole conglomerate class of insane persons, — which includes epileptics,

paretics, and those whose minds are congenitally weak. Excluding these, and a few other subdivisions of the insane, in whose form of madness it is seldom that recoveries are seen,— we have left the three forms in which recovery is most frequent, —(1) alcoholic insanity (including delirium tremens), (2) mania, and (3) melancholia. Even of these three classes, taken together, it was never true that recovery resulted in 70 per cent. of the cases, still less in that proportion of the persons treated; for the old fallacies of curability were based on the counting of recurrent insanity, even in the form of drunken delirium, as if every case was a distinct person. Dr. Earle exposed this fallacy with pitiless exactness, to the great wrath of specialists who had been reporting the impossible figures; but there was no escape from his statistics, and gradually the old delusion of insanity being easily curable has itself been cured.

"The homœopathic physicians who care for the insane in their few special hospitals — only half a dozen, large and small, in the whole United States — came late to the scientific study of their specialty, for it is only within some twenty years that they have had any hospitals for the insane at all. Naturally they inclined to the optimistic faith that the insane could nearly all be cured, and though they have not proved their faith by their works, it must be said that they appear to have had greater success than their professional brethren of the old school. We say 'appear,' because it is yet too early to demonstrate the fact absolutely; it is in evidence, however, at the oldest of these homœopathic asylums (in Middletown, N. Y.,) and in the youngest (at Fergus Falls, Minn.,) that they make more recoveries, *prima facie*, than do their allopathic rivals in the same States. Our Westboro' State Hospital does the same; and a month ago, when the homœopathic doctors of Massachusetts visited the Westboro' hospital, a carefully prepared statistical paper was read to show that, as compared with the Northampton, Danvers, Taunton and Worcester hospitals, the homœopathic establishment made more recoveries and had fewer deaths.

"Such comparisons are no exception to the rule which declares all comparisons invidious; they excite the jealousy and arouse the suspicion of other hospitals, whose superintendents

are slow to believe that such statistics are fair to them, and intimate that the reported recoveries are nothing more than what a sanguine estimate has given as the present result, and may slip back in many cases to the old insane condition,— something that is happening in all hospitals, and not fully taken account of at Westboro.' A grain of truth and salt is in this statement; but, on the other hand, nobody has yet shown, or is able yet to show that the Westboro' recoveries relapse faster than the recovered in the older establishments. Till this is done, the figures of the homœopathists must be accepted, and we must try to explain them.

"The comparisons of Mr. Blakeslee's paper, which the *Westboro' Chronotype* has printed, are based on the official reports of all the Massachusetts hospitals last year, and indicate that when the recoveries from inebriety are excluded, Westboro' stands as three to two in the frequency of cures, taking all the other hospitals together. When the inebriates and the hopeless cases are deducted this proportion of three to two becomes even greater,— not quite so in Danvers, but in all the four hospitals rising to 38 at Westboro', as contrasted with 21½ elsewhere,— nearly four to two, or two to one. The 'personal equation' modifies this result, no doubt, but the general fact seems to us clear; there are more recoveries in proportion, and always have been, since Westboro' hospital was opened in December, 1886. The cause lies, we suppose, in the greater individual treatment given to each person at Westboro', and the use of various devices to secure rest and calmness for the patients."

An Eloquent Testimonial to Vegetarianism is that paid in the *Petit Journal* by the famous French critic, Francisque Sarcey, whose recent experiments with a non-animal diet seem to have renewed his youth. Thus M. Sarcey eulogizes his regimen:—

"One great advantage is that under this regimen one eats less. Vegetables soon fill one up, as the phrase goes, and relieve the sensation of hunger. One does not, as with savory-spiced meats, keep on eating for eating's sake. At first, I confess, I felt my new diet did not 'stand by me,' but this sensation soon

left me. . . You cannot imagine how much lighter and freer in body and mind I find myself. No more rushes of blood to the head, no more after-dinner somnolence and heaviness. My complexion has cleared; I can walk with infinitely less sense of strain and fatigue. I have emancipated myself from stimulants in all forms, on which I have been for years, to a certain extent, dependent. Even tobacco and coffee are banished from my *régime* without being missed. I have firm faith that my experiment, so satisfactory thus far, will result in freeing me from many maladies and tendencies incident to my age. I recommend it to all. It is only the first step that costs.—the first week of the new *régime* that one is conscious of any inconvenience or craving for foregone luxuries."

COMMUNICATIONS.

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THE THYROID GLAND AS A REMEDY FOR MYXŒDEMA.

BY ELLEN L. KEITH, M.D., WESTBORO' MASS.

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

To those who have watched cases of myxœdema, recognized its chronicity, and have seen the patients growing steadily worse in spite of the trial of all known remedies, the effects of the thyroid treatment seem almost magical. A remedy that within a very few days, sometimes even within twenty-four hours, begins to cause a noticeable improvement in a condition that has lasted for many years, is certainly one that deserves attention.

Until within three years, myxœdema has been pronounced incurable, and but one remedy has been thought to cause even a slight amelioration of the symptoms. Jaborandi in large doses has produced some perspiration and an increased flow of urine, and this, combined with warmth and rest, has made patients more comfortable, but in no case have the characteristic symptoms of the disease been lessened.

In February, 1890, Prof. Victor Horsley suggested the possibility of arresting the progress of the disease by the implantation of a thyroid gland of some living animal into the tissues of the affected person. He, with several others had been making experiments on animals, removing the gland, and then when a myxœdematous condition developed, keeping the animal alive and in good health by transplanting a gland from another animal.

The following month an operation was reported in Paris di-

rectly after the patient had recovered from the immediate effects of the operation and before there had been time for the condition of the patient to change much. Three or four other such cases have been reported, and among them some deaths, but no history for any length of time after the operation has been recorded, so that final results are left very unsatisfactory, and at its best, the treatment is one that must be carried out only by a skilful surgeon, while modifications of the thyroid treatment make its use safe for any careful physician.

In the following year, a pupil of Prof. Horsley, Dr. George Murray, having observed that the improvement which followed the transplanting of the gland was immediate and before there had been time for it to take root and form new secretion, decided that the beneficial effect must be from the absorption of the juice remaining in the fresh gland, and, acting on this idea, made a glycerine extract of the fresh thyroid and injected it hypodermically. It is this first case of Dr. Murray's that has shown continued improvement for the longest period of time of any recorded case.

This mode of administering thyroids became popular, was attended by almost uniform success, and was comparatively free from the dangers incident to implantation. Still later, it was found that the fresh gland could be taken as food, and by some this has been considered the most convenient form. The preparation now most in use is the gland dessicated and put up as a dry powder, or compressed into tablets or inclosed in a capsule. All seem to be equally efficacious.

It is not my purpose to describe myxœdema, but to give a few facts in regard to the effects of this form of treatment as I have been able to gather them from the recent medical journals, and have observed them in the one case that it has been my good fortune to watch from day to day for the past seven months.

Age and sex seem to make no difference in the adaptability of the treatment to the disease. The disease is more common in the female sex, but in both the remedy has been alike successful. In the very young in whom a similar condition is called cretinism, the thyroid treatment has caused marked improvement in physical health and in mental development.

The duration of the disease in individual cases shows one peculiarity, and that is that in cases of longest standing and best developed symptoms, the remedy has been most effectual. In a few quite recent cases, it has been almost a failure, even after being persisted in for months.

One important point is the length of time that treatment must be continued. It has been found in numerous cases that,

if it is stopped, there is a tendency to relapse, and that if resumed, even in small doses and at infrequent intervals, the improvement continues, or, at least, the improved condition is maintained.

The question of dosage is closely allied to the duration of treatment and is still an unsettled one. Dr. Clouston, in the *Journal of Mental Science* for January, says, "I am strongly impressed by two considerations in the treatment of myxœdema by the thyroid feeding. The first is that it should be very slow and prolonged. The second is that after the heart and brain have been set free from the perilous stuff that has impaired their working, the danger is not past, and the cure not fully completed for a long time after apparent recovery and technical sanity have been established."

Certain precautions need to be observed in administering the remedy, as at least four deaths have been due directly to its use. The danger symptoms are faintness, nausea, vomiting, headache and pains in the neck and shoulders, and should be heeded and the dose lessened before they are followed by loss of consciousness, spasms, dyspnœa and heart failure.

The results of the thyroid treatment when properly carried out are so marked as to make even conservative physicians enthusiastic. The mental symptoms of myxœdema are such that many patients suffering with it are pronounced insane and admitted to hospitals. In some slowness of speech and mental action is the chief symptom, but in others well marked hallucinations, delusions of persecution, also of grandeur, maniacal outbursts, and, in one case, suicidal attempts have been observed. Dr. Clouston reports nine cases under his care in the past fifteen years and says "the last two cases were cured by thyroid feeding." Several cases are reported by physicians in other insane hospitals, where the insanity is shown to have occurred in myxœdematous patients and to have yielded promptly to this treatment.

The effects on the physical condition of the patient, whom we have had in this hospital for the past two years, have been very marked. In her case the mental symptoms had never reached the stage where it was easy to diagnose technical insanity, still they were peculiar to the disease and made her unable to continue her accustomed employment. Hospital life with its regular hours, freedom from anxiety and much rest in bed, benefited her and improved her general health, but in no way removed a single symptom of the disease.

On Sept. 2, 1893, she began taking Parke & Davis' Preparation of Dessicated Thyroids. She began with a three-grain powder each night, representing one-fifth of a sheep's thyroid,

to be taken after she had retired, that there should be no possibility of any physical exertion causing heart trouble. I will give the record of the different stages of her progress towards recovery as they were noted down at the time in the case-book.

Sept. 2, '93. Through the summer patient has been better than last year, but has had many poor days and at times limbs have swollen considerably. To-day begins taking "Dessicated Thyroids," 3-grain doses, on going to bed.

Sept. 9. No perceptible symptoms due to medicine. Dose increased to 5 grains each night. This represents one-third of a gland.

Sept. 16. Complained of severe pains in the right side and leg several times last week. It is not new to have pain in that side, but these pains seemed worse than any recent ones.

Sept. 23. Several times the past week has spoken of a very "sick feeling" when standing. Does not think it due to medicine, but it has never been spoken of to physician before taking this preparation.

Oct. 5. Disagreeable itching all over the body lasting now for two or three days.

Oct. 10. For two weeks past, patient has taken longer walks and with greater ease than at any time within two years, and her feet do not swell after walking. Yesterday walked about one and one-half miles and then played croquet.

Oct. 14. Reports no sense of inflammation or dragging back. Has taken two full baths within two days and felt no bad results. For three years a bath has been dreaded for hours before, and discomfort felt for at least a day afterwards.

Nov. 3. Skin on hands and feet is soft and pliable. Hair on head quite thick and one-half inch long. The epidermis of scalp has been peeling off in large scales for some weeks and has now left a soft and healthy-looking skin.

Nov. 7. Last menses natural and free from clots.

Nov. 24. Water dries on skin naturally and does not leave a damp feeling for an indefinite length of time as formerly.

Dec. 4. Hair quite long on limbs.

Jan. 1, '94. Attends class in Physical Culture and announces with delight that she can balance herself on one foot. In comparison with the unsteady and clumsy gait of one year ago, this is a great gain.

March 1. The five-grain powders of Parke & Davis' preparation, representing one-third of a sheep's thyroid, have been taken regularly, one each night, for six months, and are now substituted by three-grain powders of Armour & Co.'s preparation, which represent nearly the same amount of thyroid tissue.

March 26. Is to take of the same preparation one-grain pow-

der, equalling one-tenth of a gland, on alternate nights. Patient says that she perspires freely and now drinks water regularly. Has taken almost no water for over two years.

There seems to be no one symptom of myxœdema left in this patient. Careful measurements were taken by Dr. Young of the various parts of the body before the thyroid treatment was begun. She was not successful in getting these at a time when the puffiness was extreme, as those periods were short and it did not prove convenient for her to take them at either of those times. The difference shown is, therefore, that between her average size last summer and that of March 21st, and probably of to-day.

She measures two inches less in the circumference of the forearm below the elbow, one inch just above the elbow, one-half inch around the toes, one inch in the size of the ankle, three inches in the size of the waist at the level of the umbilicus, two inches at the axilla, three-fourths of an inch in the neck and one-fourth an inch in the diameter of the lower lip at the median line. The weight of patient has not shown the marked decrease noted in some cases. She has varied very little from 163 pounds.

Her general health and ability to endure considerable exertion are excellent. For some weeks has acted as Hospital Librarian and does not find the care too great, and her friends think this shows the greatest gain, as for years she has shunned all responsibility.

OXALURIA.

BY LAMSON ALLEN, M.D.

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

Oxalic acid, $C_2 H_4 O_2$ or $(C OO H)_2$ is found, but not constantly, in normal urine, almost, if not always, as oxalate of lime. The crystals of oxalate of lime are easily observed by the microscope. They occur as small envelope-shaped masses (regular octobedra), and usually require a high power to recognize them, or they occur as dumb-bell or hour-glass shaped objects.

It may be excreted in health to the amount of 20 millegrams daily. This quantity is increased by eating substances, such as rhubarb, sorrel, etc., which contain the acid. Thus the increased excretion of oxalic acid has been called oxaluria. When not caused by taking substances containing the acid, it is indicative of retarded tissue change, perhaps indigestion, and is usually accompanied by an excess of uric acid.

The ready conversion of uric into oxalic acid, under the influ-

ence of oxidizing agents, has been satisfactorily shown by Professors Liebig and Nöhler. The process is through the formation of oxalate of ammonia and decomposition and re-arrangement of the elements of urea, the action of oxalic and calcareous salts on each other, whereby we can have no difficulty in explaining the oxalate of lime in abnormal amounts. The oxalate of lime is held in solution by sodium phosphate, and its precipitation is increased as the urine approaches a neutral action or becomes acid.

To be more explicit we may say that the causes of oxaluria are:

1. Its derivation from certain articles from the vegetable kingdom taken as food.
2. From imperfect metamorphosis of the waste tissues of the body.
3. From mal-assimilation of food.
4. From the conversion of urea and uric acid after the secretion or the emission of urine.
5. It seems to be proved that oxalic acid exists in the blood, and may then simply be eliminated by the kidneys.

Neubaner's method of demonstrating the presence of oxalate of calcium in urine is very accurate. About 500 c. c. of urine is treated with chloride of calcium and ammonia. The precipitate is dissolved in acetic acid, avoiding an excess of acid. After twenty-four hours the precipitate formed is collected on a filter and washed with water, and then treated with hydrochloric acid, which dissolves the oxalate but leaves the uric acid on the filter. The solution in hydrochloric acid is diluted with water to 15 or 20 c. c. and carefully overlaid in a test-tube with excess of dilute ammonia. After twenty-four hours the fluids will have mixed, and any oxalate of lime present will be precipitated in beautiful octahedra.

Another chemical method of separation is as follows: The deposit is freed by subsidence as much as possible from the urine, washed in hot water, and then dissolved in H. cl. and filtered; to the filtrate ammonia is added in excess. The precipitate may contain phosphates of iron, magnesia, lime and oxalate of lime. On treatment of the precipitate by acetic acid, the phosphates of the alkaline earths (if present) dissolve, the insoluble portion will be either phosphate of iron, or oxalate of lime, or both. On igniting the residue on a platinum dish, any oxalate will be changed to a carbonate, and the carbonate of lime will be treated with d. n. H. cl. and cochineal solution, and from the data thus obtained the oxalate estimated. The iron can be tested qualitatively in the acid solution by ferro-cyanide of potash, or it can be determined by the ordinary methods. If the

qualitative detection of the oxalate of lime in the deposit is alone required, it is quite sufficient evidence, should the portion in soluble or in acetic acid, on ignition in a platinum dish, give a residue effervescing on the addition of an acid.

CHARACTER AND COMPOSITION.

Oxalic acid in the urine is almost always found combined with lime, and is recognized thus :

1. As minute octobedral crystals with cross markings. These crystals assume apparently different shapes, according to their varying position in the field of a microscope.

2. As spheroidal, ovoid, or dumb-bell submorphous masses. These latter may be mistaken for somewhat similar bodies composed of lithates, but the color of the lithates and the almost invariably concurrent presence of the octohedra will distinguish them. The urine containing the oxalate of lime is always acid, generally of an amber color, and contains a faint cloud of mucus. This cloud, however, may be so slight as to be unnoticed, and then the presence of oxalates is apt to be overlooked.

Now, is there any special condition of the system, or diathesis, dependent on or associated with oxaluria? Prout and Goulding Bird years ago thought they had surely fixed the trouble as a cause of of neurasthenia, dyspepsia and hypochondriasis ; but Beale, Beneke and W. Roberts have later, by careful and accurate research, proved that oxaluria was absent in a large majority of cases in which the characteristic symptoms of this disease are present ; also, where oxaluria was most pronounced, the symptoms of the above mentioned diseases were absent. The importance of oxaluria then consists in its excessive production. The fact of oxaluria shows an excessive waste somewhere in the system. That is about about all we can say definitely of it to-day.

Still Neidert has made some interesting observations. He records two cases, the symptoms of which he associates with existing oxaluria, and, to use his designation, oxalæmia. In these cases one of the parents was diabetic. The nervous symptoms were most prominent. There occurred paroxysms attended with severe cardiac palpitation, especially at night, a distressing sense of oppression, and asthmatic seizures. Restlessness was marked. There was tremor, coreiform movements and staggering gait. Nervous dyspepsia made an additional complication. An attack of syncope was followed by an increase of already excessive thirst and by failure of appetite. Frequent examination of urine, which was passed in large amounts, failed to reveal the presence of sugar, but oxalate of lime was found in amounts out of all proportion to the amount and kind of food

taken. There was loss of flesh and strength. Investigation permitted the exclusion of acute or chronic disease of the stomach. According to Neidert, in oxaluria there is an abnormal production of oxalic acid from the tissues of the body, owing to alterations in the central nervous system. A case almost exactly parallel to these of Neidert came under my observation recently.

Mrs. A., a nurse of long experience, was afflicted with a prolapsus of the bladder, complicated with a complete laceration of the perinæum ; age, 68 years. On Jan. 21st, 1894, she entered Dr. J. K. Warren's Surgical Hospital in this city, and two days after she was operated upon. After leaving the hospital and returning to her home, she began to decline in health, to lose her appetite, strength and flesh. She was excessively nervous. She passed vast quantities of urine, double the normal, with sp gr. of 1028. Examination of the urine showed no trace of albumen or sugar, but on acid urine, loaded with oxalate of lime crystals. Treatment soon changed conditions and the oxaluria and polyuria disappeared.

It will be worthy our consideration to again quote from Neidert. (Vid. Annual of the Universal Med. Sciences, 1891, Vol. I–G–54.)

" Neidert offers a new contribution to the vexed question of oxaluria and nervous states connected therewith. 'It is still,' he says, 'a matter of dispute whether oxaluria shall be regarded as a pathological entity or as a symptom of a pathological state.' Neidert inclines to the view that it is a constitutional affection belonging to the same category as diabetes. According to several observations which he has made, diabetes in the parent sometimes entails oxaluria in the child. The conclusions at which the writer has arrived are as follows :

A group of nervous manifestations of abnormal character, lasting for several years, may, under the influence of certain causes, undergo transformation, more or less suddenly, into a pathological state, which is characterized by the presence in the blood and by the excretion of oxalate of lime in the urine. In such cases we have to deal not with an accumulation the result of diet, but with an abnormal and continual production of oxalic acid at the expense of the tissues of the organism. There is present a distinct, individual predisposition, an alteration of the nervous system and very likely of the cerebrum ; a result of this enervation is a retardation of nutrition, or, it may be, a qualitative transformation of sugar circulating in the economy (cantain).

The abuse of gaseous waters, as Seltzer, has a considerable importance in the etiology of oxaluria. Heredity also plays a

part, in which diabetes may alternate with oxaluria. Oxaluria is a disease *sui generis*, which, by itself and the accidents which it occasions, has a character of sufficient gravity to cause death. The ingestion of easily-digested nitrogenous food, similar to the diabetic regimen, limited to strict rules of diet, has been found to yield the best results in the treatment of this affection."

It is the fashion of some of the medical examiners of the present day, who examine applicants for life insurance, to make a great handle of oxaluria. A friend of mine was refused a $5,000 policy last summer, for no other reason given than that the examiner found some oxalate of lime crystals in his urine, when the sp. gr. was 1020, and there was no albumen or sugar, no family history of diabetes, a normal amount of urea, and only a slight amount of uric acid. Otherwise the candidate was perfectly healthy and a good risk. It would seem as though this medical examiner was over-cautious and unjust to the applicant. Insurance companies are not chartered for the purpose of making money and robbing the people, though that would seem to be the history of some. And if the refusal of applicants for life insurance on these uncertain grounds is spreading, isn't it time that we enter a protest? I would like to know if any of the members of this Society have known of a similar experience by any of their patients or friends.

The dangers of oxalate of lime in the urine are from excessive amounts of the same, and number, concisely stated, the following:

1. Apoplexy.
2. Calculus.
3. Irritation of the kidney, leading to a nephritis.
4. Embolus.
5. Sanguineous or serous effusion into the eucephalon.
6. Softening of the brain and senile gangrene may be due to capillary emboli, caused by a deposit of these substances in the minute vessels of the brain.
7. Ecchymosis of the retina in glycosuric amblyopia.
8. Accommodative asthenopia.
9. Paralysis of the accommodating muscle.

All of the above affections, however, are *in extremis* and easily detected before the patient should be allowed to get into a critical condition. And still we must remember that abundant deposits of oxalate of lime may be found in the urine of persons who are typically healthy.

Vierordt says: "The disease described by English physicians as Oxaluria does not seem to be an entity."

Here we will leave the subject and see what the future will determine.

THE PLANTAR ARCH AND ITS PRESERVATION.

BY W. S. SMITH, M.D.

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

In these latter days of marvellous surgical achievements, when the most difficult operations are performed with comparative ease and success, it seems almost like presumption to occupy the time of a scientific society with the consideration of the simple points of interest in connection with the Plantar Arch. It is, however, easily demonstrable that a positive need exists at the present time for the careful investigation and correction of the various degrees of insufficiency or lack of development of the sole of the foot and the parts directly above it; let this be our justification.

The Plantar Arch, as we all know, is subject, under normal conditions, to a wide range of differences in its formation and elasticity; the bones may be of such form as to render the arch extremely concave from below, and the condition is but one step removed from a positive talipes equinus; on the other hand, when the elastic tissues of which the arch is partially composed are but slightly developed, the concavity of the arch may seemingly be below the normal standard. It must be conceded that the conformation of the arch depends, in great measure, upon the way in which the bones of the tarsus and metatarsus are adapted one to the other, and the manner in which one bone and its neighbor may be articulated. With this in mind, it is easily seen that the bones themselves, in a deficient arch, lose their characteristic forms, and the insufficient structure can be in no way strengthened by the fibro-elastic tissues which cover in the articular tarsal margins. It is difficult to determine if a given foot be up to the normal standard by any external examination to which we may subject it, for the condition of "flat foot" which is due to a loss of proper shape of the bones, or the giving away of the proper supporting power of the ligaments, may be in no way abnormal as far as local discomfort to the individual is concerned. The only guide which we have, positively, is not objective, but subjective, as an arch cannot be considered insufficient until it produces pain or discomfort to the patient. It is true, beyond doubt, that many people pass through life with the inner side of the sole of the foot almost, if not quite, lying in a straight line, without giving any appreciable evidence that there is any marked departure from what may be called the artistic standard. On the other hand, a partial settling of the arch may give rise to considerable suffering, and this alone must be the guide to direct us in any given case.

I venture to say that many of us have been puzzled to

account for the sensitive feet and ankles of a great many of our patients, and, personally, I must confess that it has only been at a comparatively recent date that the full importance of the subject has been brought to my attention. If the pain and discomfort only declared themselves at the sole of the foot and at, or near the ankle, it would still be necessary to take careful account of them; and, while it is true that in the majority of instances there are soreness and tenderness and shooting pains simulating rheumatism or neuralgia in this region alone, it is, I believe, easily to be shown that an actual lameness will exist above the ankle, and that positive disease of an inflamatory nature will and does develop even as far as the knee-joint. Numerous cases have come under my observation in which a more or less active inflammatory synovitis, accompanied by marked effusion in the synovial sac of the knee-joint, has its origin in insufficiency of the Plantar Arch. The mechanics of this condition can be readily understood, for the purpose of the arch of the sole of the foot is to prevent the transmission of any shock, in its full force, to the parts above, and it acts as would any spring, to ease the weight of the body, or force of any kind from exerting a harmful influence. When, however, this cushion-like arch is badly developed, or becomes useless, the force from any cause whatever applied to the sole of the foot is transmitted directly to that most complicated and delicate joint in the body, the knee. A slight blow directly applied to the front or the side of the knee-joint is easily sufficient to give rise to serious inflammatory conditions in its synovial interior, and it has long been known that there is an unfortunate tendency of this point to develop tubercular or other specific inflammations from comparatively slight causes; and, hence, while no such case has come directly under my care, I venture to say, from analogy, that many developments of tuberculosis of the knee-joint may have found their partial predisposition in a lack of the proper sustaining power of the foot itself.

The causes which give origin to "flat-foot" are somewhat difficult to determine, but it is reasonable to believe that they are more forceful at the present time than ever before, and it seems to me that this is not altogether due to accident, but to the methods of dressing the feet in our modern civilization. Among those people who habitually go about with no covering on the feet, the plantar arch is undoubtedly sufficiently well developed to enable it to endure the work which is put upon it. But the feet of the civilized peoples at the end of the century are not properly supported by the shoes which are worn. In many ways the feet are cramped and distorted; but there is

almost nothing in the later types of shoes which gives a proper support to the sole of the foot, and hence we have more cases of plantar flatness than have appeared at any other time of which we have record. It would, just here, be well to emphasize the fact that the plantar fascia wields a powerful influence in bowing the foot; a fact which seems demonstrated by the extreme density and resistance of the fascia in an exaggerated arch; therefore it is good reasoning to assert that in cases of insufficiency of the arch, these fibres must be taken into account and treated in such a way as may seem necessary. In patients who have sustained a fracture of one or both of the malleoli, or a break in the bones just above the ankle-joint, it is often noticed that owing to disuse of the foot during treatment, or to the tendency of such patients when beginning to get about, to walk upon the inner side of the foot, there is a marked predisposition to develop an insufficient arch; and hence, treatment of the fracture should, in most cases, be supplemented by remedial measures, directed toward amelioration of this tendency.

It is well within the memory of us all that in the older type of boots a steel spring was put into the shank, for the double reason of preserving the shape of the boot, and of giving support to the sole of the foot. At the present time this method has gone out of practice, in a great measure, and the majority of people select a boot with slight reference to the shape of the foot, but blindly follow the lead of the prevailing fashion. A small number of people are blessed with a type of foot which, happily, adapts itself to the style of the day, but the majority wear a shoe with too narrow a toe and too low a shank. Then, habit wields a powerful influence, and if one habitually "toes in," as the expression goes, one is liable to become progressively flat-footed. These tendencies can be overcome, in a measure, if not wholly, by exercises which directly influence the elastic structures of the sole; but, unfortunately, the necessity of preserving the concave plantar surface is not sufficiently recognized nor advised. If people would forego the luxury of foot-coverings, and indulge in "barefoot" exercise, for a small part of each day only, there would be fewer flat feet, and much less necessity for this paper; but we must face the facts as they appear, and acknowledge that these ideas savor of idealism, and are of but slight assistance when the treatment of an actual plantar insufficiency comes under our consideration.

Until a comparatively recent date, treatment of this abnormal condition was barely touched upon by the authorities, and this fact alone would seem to indicate that "flat-foot" is a modern malady. Massage, intelligently applied, has been in use for a long time, and can be said to have accomplished a great deal in

producing and maintaining normal plantar arches, and it can be said, in addition, that in almost all cases massage of the feet of children is a measure to be strongly recommended. It was considered necessary, at one time, that a special shoe should be made, so formed in the sole and shank as to support weakened arches while deficient; but this necessarily entails a large expense and more trouble than people ordinarily care to take; the result has been that artificial arches of many varieties have been invented, but these, almost without exception, have been too heavy or inelastic to meet the conditions without causing as much, or more, discomfort than the collapse of the arch itself.

Since the comparatively recent extraction and use of aluminum in large quantities and at a low price, a way out of the difficulty has presented itself, and the closely woven steel, wire, copper or other metallic apparatuses have given way to aluminum or one of its alloys. Aluminum alone rolled to a fine gauge is too pliable, and somewhat easily attacked by surrounding influences. For these reasons, it has been my habit to follow the method so largely employed at the Children's Hospital in this city, which has been perfected, I think, by Dr. Bradford of the medical staff of the institution; instead of using copper nickeled plates which are somewhat heavy and unyielding, or steel wire screening which is applicable to only a small number of cases, particularly those in which a very light support is to be preferred, the mixed metal, aluminum bronze, is most strongly recommended. This is rolled and the plate is made according to the model presented. The procedures are, in general, to be considered under three heads: First, the making of a cast of the bottom of the foot; second, the outlining of the plate required in any case upon that cast; and, third, the manufacture of the plate itself. As to the first procedure, it may be said that in making a model of the foot in Plaster-of-Paris, which is the material ordinarily used, one will find it not so easy to arrive at perfection as might at first sight appear, and for this reason I take the liberty of describing the method which seems to be the most successful.

It must be borne in mind that if the patient bears with full weight upon the weakened arch into the modelling composition, the effect will be to destroy the strong antero-posterior curvature of the sole of the foot. It is, therefore, necessary, in order to get something like the normal concavity, to support the foot and to have no weight brought upon it, and, under these conditions, to construct a model which will show the concavity as well as possible. This can be done by taking an ordinary cigar-box, filling it with plaster mixed with water to which a few pinches of salt have been added, to make it "set" more quickly,

and, after removing one end of the box, holding it steadily against the sole of the foot, which may be supported from the floor by holding at the knee, so as to get a full cast of the sole from the heel to the toes, and to such a height, certainly an inch, as will allow the proper fitting of the plate. After the plaster is fully set, and the foot carefully removed, it will be seen that the smallest points are fully brought out, and when it is perfectly dry, a coating of shellac is to be applied to the whole surface recently occupied by the foot. Another mixture of Plaster-of-Paris and water is then to be made, the same as before, and poured into the impression, after which it will be seen that the impression itself may easily be broken and removed in small pieces, leaving a perfect model of the sole of the foot, to which the plate may be adjusted. The shape and size of the desired plate may now be outlined on the cast with any sharpened instrument or ordinary lead-pencil, and should be extensive enough to entirely cover points which indicate the places in which the arch is insufficient. In general, the indications are to carry the plate well up upon the inner side of the sole, in a curved line from a point at the anterior part of the under surface of the heel to a point just back of the first metatarso-phalangeal articulation. At this latter point the plate should be from an inch to an inch and a half in width, and should slant to about the middle of the outer part of the sole, at which place it can be carried as high as desired, and then directed backward to a point opposite the place of beginning, and these two last points are to be connected by a slightly curved line whose convexity looks backward.

The third procedure is easily accomplished. The cast is to be sent to a good mechanic who can easily procure the bronze of a proper thickness, and cutting out a piece according to the model he can readily give it the proper shape. It will now be found that this plate will slip into an ordinary boot as the patient is putting it on, and take up no more room and cause no more inconvenience than the ordinary shoe-horn used in putting on a low-cut shoe. It should be worn incessantly, and if it bears unpleasantly on any painful spot, it can be easily adapted by slight hammering in such a way as to avoid all discomfort. After a short time the pain incidental to the insufficient arch will have subsided and the plate may be removed for a period, or altogether; but, in the majority of instances, it will be advisable for the patient to wear it for a long time, and in a great many cases the arch will gradually reassume its proper shape and the changes from time to time in the arch will be so great as to call for a re-modelling and a new plate.

PRESIDENT'S ADDRESS BEFORE THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

BY ALONZO BOOTHBY, M.D., BOSTON.

Ladies and Gentlemen, Members of the Massachusetts Homœopathic Medical Society and Physicians:—

As it is one of the duties of your President to make an address at the annual meeting of the Society, I feel that the responsibility is not wholly mine if it is not a very profitable part of the exercises of the evening. It is quite possible that a mistake may be made in selecting the matters to be presented. Without any instruction from the Society, it would seem to me that your President would have the privilege of choosing from a number of subjects the material he would prefer to present to you.

As it is impossible for me to make an eloquent address, such as my predecessor gave last year, and as the Founder of our School has been so often and so faithfully eulogized that it is not only unnecessary but would be out of place for me to say anything further in that line at the present time, I shall confine myself to a few remarks in regard to our position and standing in the community in which we live. It seems to me entirely proper to apply to this body of educated men and women, many of whom have given years of study and toil to their chosen profession, the title of Physicians. It would seem that no one who knows you would think of withholding this honorable title from you. It is not too much to claim for this Society favorable comparison with any other professional body in the commonwealth. Is it not strange that our "brothers" of the older school should take the position that they have toward us?

They have made the claim that we were not honest men and women, that our professional education was deficient, that we practised according to an exclusive dogma. In regard to our honesty or our ability, it would not only seem entirely unnecessary but unbecoming for me to say anything. We may be well content to leave the decision of these points to those who know us. Do we practise according to an exclusive dogma? and if we do is it non-professional?

In order to answer these questions it is necessary to define the term dogma. Our dictionaries give it as "That which is held as an opinion; a tenet; a doctrine." Taking this definition and using the term without any qualifying word, it applies to us in regard to the administration of drugs. Another definition is "a doctrinal notion asserted without regard to evidence or truth; an arbitrary dictum." In this sense we most emphatically

declare that it does not apply to us as a body. "Dogma" has in our language acquired, to some extent, a repulsive sense, from its carrying with it the idea of undue authority or assumption. Applying the term in this repulsive sense and then adding to it the word exclusive puts us in a very bad light. Is there anything in our practice, in our claims before the public, in the teaching of our medical school, that gives the older school any excuse for the use of such a characterization as this?

To answer this question it is only necessary to refer to the curriculum of Boston University of Medicine. We would have no hesitancy in submitting the matter to a jury of twelve men from either of the other professions, and the only evidence we would ask to offer is the teaching in our medical school and the papers read to-day and those that will be presented to this Society to-morrow. Then if any one of the twelve will say that our teaching is not as broad and as free as that of our sister university, of which we are proud, as who in New England is not proud of Harvard University in all its departments, I believe this Society would be willing to accept the opprobrium intended to be put upon us by asserting that we practise according to an exclusive dogma. It is not dogmatic to believe the truth. It is not dogmatic to act upon what one believes to be the truth, even if it does give one a positive rule for guidance, unless one is intolerant of what others believe to be the truth.

Our position and our beliefs have been often and very clearly stated, and it is only necessary for me to refer to them very briefly. The administration of drugs is only a part, and often only a small part of the physician's duty. The regulation of the diet, the habits, the amount of work that may be done, the amount and kind of exercise that ought to be taken and such other advice as the good physician is able to give, is always called for and frequently is all that is necessary to bring the patient to health. Adjuvants of various kinds and especially hot and cold water in the form of baths, douches, enemas, etc., are used by all. While the highest and most interesting part of a physician's duty is to heal the sick, there are many cases that can not be cured, cases which no earthly power can prevent from progressing till life is destroyed. Many of these cases are accompanied with excruciating pain, so that the poor sufferer would gladly welcome death long before it comes. In such cases it is our privilege and our imperative duty to palliate and soothe as best we can. When such incurable diseases are encountered no one endowed with ordinary human sympathy, would fail to use any means that would offer the slightest comfort to his suffering fellow.

So far as I understand the position and practice of the mem-

bers of this Society, every one claims to and does use palliatives under such circumstances. There is another class of cases that are curable, or perhaps it would be better to say the trouble is self-limiting, or of short duration, but where the pain is almost unbearable, and where it is impossible to find the homœopathic remedy, either from lack of sufficient knowledge on the part of the physician or for any other reason, in which it is best to administer an anodyne. It is a very easy thing to make use of anodynes for the relief of pain when it would be much better to withhold them entirely, and it is certain that our best physicians use very little of these drugs. While we do not entirely condemn their use in this class of cases we should not lose sight of the fact that they are capable of doing great harm; we condemn their indiscriminate or careless use, and are positive that clinical experience proves that it is very seldom necessary to resort to anything of the kind. It is quite possible in the few cases where they act so well that this action is in accordance with the homœopathic law.

There are a number of so-called surgical cases which are incurable, but an operation promises relief from suffering and months and perhaps years of comparative comfort to life. Here palliation is advocated and practised by us. In the commonwealth to-day our society is not behind the society of the older school in those who are devoting their whole time and efforts in some special field. The oculist removes a cataract; the laryngologist removes an hypertrophied tonsil; the specialist in lung diseases opens up an empyema of the pleura; the surgeon amputates a tuberculous leg; the orthopædic surgeon straightens a deformed foot; the specialist in rectal diseases removes a painful hemorrhoid; and the gynæcologist removes an ovarian tumor, and all cure their patients. Their knowledge of anatomy and physiology as well as of the complex technique of the various operations, and their skill in the use of instruments is, and will continue to be, the measure of success with us as well as with those who use a different method in selecting the drug to be given.

It would seem clear that whether we measure up to others in the same specialty or whether they measure up to us does not in any degree depend upon a "pathy." It depends upon knowledge and skill; knowledge of what is required to be done and then the skill to do it. It is true that in all diseases and in all special work there is something else to be done beside the operation. It is not my purpose, however, to make any claim in regard to our method of treating the sick with medicine. My object is to show that we do not practise according to an exclusive dogma. We do wish our brethren who differ from us, and the public

whom we try to serve, should know that there is really no ground for the accusations that are applied to us. We admit their professional knowledge and skill and their honesty of purpose. They have done and are doing noble work for suffering humanity, and it seems almost incomprehensible that they should exercise such narrow bigotry toward men and women who are equally as honest, who, to put it modestly, have some professional knowledge and skill, and who are doing absolutely nothing that the greatest stickler for medical etiquette can condemn except through sheer prejudice or bigotry.

It is a little strange that at the same time they accuse us of practising according to an exclusive dogma, thus shutting ourselves off from the use of any help except what can be obtained from a medicine, they should accuse us of not doing this, but that under cover of our exclusive dogma we use other measures. Is it not fair to allow us to say what we believe and then to practise what we believe to be best for our patient?

Another of the objections that the old school has made against us is that we are members of this society. We will try to analyze this objection and see if it is a valid one. All admit that it is very desirable for those who are pursuing the same studies or working in the same field of investigation to join themselves together for the purpose of mutual help and encouragement. In order to meet this necessity societies are formed. In the medical profession there are a number of separate societies brought together because of their common interests or to accommodate certain localities. There is the National, the State, the County and the City Society. These may be divided into sections for the consideration of different departments in the great field of medicine, or entirely separate societies may be formed for special departments. There are surgical societies, gynæcological societies and societies for the study of internal medication.

A general society has never disputed the right of any of its members to unite for the purpose of improving themselves in any branch of medicine. They have had no thought of doing this, that has ever come to my knowledge, except toward those who have united together because they held the same belief in regard to the law of cure as taught by Hahnemann.

Why should this class of specialists — if you please to call them such — be singled out for such persecution? They see many reasons, such as the necessity of relinquishing, almost entirely, the use of blood-letting, the indiscriminate use of cathartics and emetics, and numbers of barbarous things that were in use, which homœopathy, in spite of their disbelief in it, has compelled our old school brethren to give up.

The Massachusetts Homœopathic Fraternity was formed in 1841, by six members. So far as can be learned from the records their object was to aid one another in acquiring a knowledge of the homœopathic law of cure as they chose to term the method of prescribing drugs for the cure of disease, which had been advocated by Hahnemann.

These men had been educated in the regular medical schools and were members of, or were eligible to, membership in the regular societies. So far as it appears they had no intention of doing anything unprofessional. Their object was to advance the interests of a specialty. Their early meetings were very informal, and the only matters discussed were those relating to the use of drugs and the report of cases cured or relieved by the administration of drugs by this new method. At the meetings, instead of having written papers as is the custom now, the time was spent in discussing their experiences in a conversational manner.

One fact about the earlier history of the Society will be of interest to our worthy treasurer; the expense for the year of 1850 was $4.50. The Society continued under this name for ten years. In 1851, the name was changed to the Massachusetts Homœopathic Medical Society. It was not chartered, however, till 1856, when it was incorporated with the following members: Samuel Gregg, William Wesselhoeft, Luther Clark, George Russell, Milton Fuller, John A. Tarbell and David Thayer.

To the younger members of the Society it may seem like a waste of time to repeat these names, but to those of us whose privilege it was to know them, the mention of these seven names stirs our hearts as nothing else could do, and, whatever may be said of our method of practice, we are proud to be the followers and descendants of these men. I owe so much to one of them that you will pardon the personal allusion, and allow me to say that to Dr. George Russell I not only owe my better health, but a little knowledge of that method of cure which, directed by his skill, gave me many years of health, and which twenty-five years ago, enabled me to join this Society. To be as good a physician and to be as honorable a man as my beloved preceptor has been the ambition and the hope of my life.

Certainly this Society was highly favored in its founders. They did have a knowledge of the use of drugs, it seems to me, far ahead of that of their contemporaries of the old school. During the earlier years of the Society the meetings were almost entirely devoted to reporting cases treated by potentized medicines, and the bureaux of materia medica and practice were the only ones.

In 1862, Dr. Talbot's paper on "Tracheotomy in Croup" was one of the first of importance in surgery. The history of this Society is not without interest to us and it is profitable to review it; but my object has been to do so only so far as was necessary for the purpose of showing that the Society was organized for a specific object, and that object was in no wise a hindrance to their being members of any regular medical society. The charter members of this Society have all laid down their work in this world, but some of them lived long enough to be expelled from the Massachusetts Medical Society on the sole ground that they believed and practised according to the law of cure designated by the Latin term *similia similibus curantur.*

To-day we can join that society by resigning from this society and all others that are homœopathic, and I believe we must resign any position we may hold as teachers in Boston University School of Medicine. Just think of it, in order to become members of the Massachusetts Medical School we must resign a professorship in a medical school whose requirements for its students are equal to those of Harvard College. We can hold to our belief in regard to drugs and practise as we please; of course they would allow us to practise as we please, for do they not have members who practise every thing that a fertile brain could imagine? But we must not say that we believe in or practise according to the homœopathic law in their medical society or consult with a professor of Boston University.

In looking at the future of this Society in this era of brotherly love, we must consider whether there ought to be two, or more, schools of medicine which are at such variance that they will not consult with one another? I answer for myself and I believe for the Society most emphatically, no. Then ought the older school to be *the* school? It ought. Why is it not?

This is the question that the general public are asking. Dr. Talbot's and Dr. Conrad Wesselhoeft's patients are asking, why, they being graduates of Harvard Medical School and for years members of their State Society and men of good standing in the community, why do the alumni of their own college refuse to consult with them?

And the question goes round, and it remains unanswered. But listen, if it were possible you should go back to the organization of this Society, and listen — do you hear anything — no? well listen more carefully and you will begin to hear an indistinct sound — but it grows louder and plainer — soon you can distinguish the word b-i-g-o-t-r-y and it is growing louder and will continue to resound till those to whom it applies will see that it applies to them and, being honest men, will see to it that

the wrong is righted. But we must make sure that our position is a correct one. We must not adopt the same opposition toward them that they have toward us, else we are worse than they, for we have experienced the effects of such a course. Is there anything for us to give up? We cannot give up what we believe to be true. We cannot give up the profession, the practice or the teaching of truth as we understand it. Until they are willing to concede to us this much we must go on in our own way, but we must strive to do well, investigate carefully, accept the truth wherever we find it whether it agrees with our previous opinion or not, and then, when they have found that it is not only right, but for the interest of themselves as well as for others, they will be glad to have all who wish join them.

It seems evident to my mind that this Society is to continue for some time yet and that there is a large field for it to work in. Having received its charter from the State, in return it should consider how it can serve the State. The Commonwealth endeavors to protect the lives and health of its subjects, as well as their commercial and political rights. To do this most effectually it must have the assistance of medical men and women. Sanitary science is receiving much attention at the present time, and sanitary measures are of great protection to the community, but as yet they are very far from being perfect, and it is our duty to give time and effort to improve them. We have lead in many reforms and it is our privilege to do so in this. We ought to have a committee from the Society who would, each year, give special study and effort in this direction, so as to be able to suggest measures to improve sewerage and ventilation in our cities, and, especially, to arouse the country people to the fact that their surroundings may, with very little trouble or expense, be made much more healthful, and oftentimes the spread of an epidemic of contagious disease be prevented. We ought to do more in this direction than we have heretofore. The medical profession, as a whole, have not come up to their duty in this respect. We have a State Board of Health and we have a City Board, but, unfortunately, the best men in the profession do not get into office, or else when they get there the City or State do not give them the necessary means to work with. It would seem as though such positions should be held by men with push and energy enough to get all from the State that is required for the prosecution of the work in the best manner.

The official boards, however, are almost always ready to advocate the adoption of such principles or measures as the profession have demonstrated as being beneficial, and it is in this way that we can be of service to the State. There is, at the present

time, a discussion going on as to what laws should be passed to protect the community against incompetent practitioners and pretenders. It is very important that we take the right position on this subject.

It seems to me that we should not advocate restrictive measures. What we can and should advocate is, measures to protect the community from dishonesty and fraud. Every one who pretends to heal the sick should do so with a clear understanding, by the public, of what their qualifications are or on what grounds they ask the confidence of the sick. That is, none who have not a diploma from a reputable medical school should be allowed to advertise or call themselves M.D.'s. If they claim to cure by Christian Science let it be so understood, and if anybody is inclined to grant their claim and employ them, it is with a full knowledge, so far as outside influence can go, of what they are doing.

The medical profession is eminently qualified to investigate and criticise our public institutions and to suggest improvements, but in order to do so with any benefit to the State or any satisfaction, the physician must be thoroughly acquainted with the plan and workings of the institution as well as able to bring to bear his expert medical knowledge.

It would be impossible for me to go into anything like an exhaustive consideration of what the Society ought to do, and my object is accomplished if something has been said to encourage increased effort to do the best that is in us. The true physician is, as it is right that he should be, held in great esteem and confidence by his patrons and the community. The amount of service rendered to the poor without any expectation of pay is very large, much larger than is generally known or appreciated. Our calling is a noble one, and it will not be degraded by serving our suffering fellow men at a personal sacrifice to ourselves.

May we to-night renew our pledge of fidelity to our profession and a determination to seek the truth.

URÆMIA.

BY S. H. SPALDING, M.D., HINGHAM, MASS.

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

We enter the discussion or study of uræmia with much interest, for there seems to be much in the condition not thoroughly understood.

Good authorities tell us that "uræmia is a term employed to indicate the presence in the circulation of various substances peculiar to urine. Which of these is the exciting cause cannot as yet be determined."

Now here is a sad uncertainty to be cleared up at the outset, and I am sorry to say we shall have to leave the finding of the exact cause of the condition to future investigation. We may assume that an excess of urea in the blood is, if not the proved *exact* cause, at least the most probable cause of the symptoms which we, unfortunately, so often meet. We know that as the urea excreted each day more nearly approaches the normal amount, our patient's condition improves, and the measurements of the urea excreted give a fair index of the progress of our patient.

Here I must say that the average careful practitioner often, if not always, fails to realize trouble which is sapping the strength. I am not now speaking of the severe forms where symptoms are so prominent that "he who runs may read." I mean the milder, more indefinite forms, without albuminuria.

For instance, a man comes to our office with the following symptoms and history: Until within two years his health has been robust and his habits good. Following a period of overwork and anxiety there began an increasing lassitude: general muscular weakness and incapacity for exertion, worse in the afternoon; vertigo in the morning; pains in the loins, and now in one place now in another; headache, perhaps not localized, but usually occipital; the appetite is poor; pulse small and tense; slight exertion brings on a feeling of malaise.

Now any of us ought, with these symptoms given above, to ask at once for an examination of the urine. We shall be surprised, however, to find the specific gravity normal; no albumen, no sugar. So far we have gone in our examination when we stop and say there is no use examining further; the specific gravity is normal, therefore the solids are being excreted in normal amount. We assure our patient that his kidneys are all right, and prescribe according to our best knowledge of the materia medica. We advise rest and a nourishing diet. Our results may be fair if our dietary does not include too much nitrogenous food. The chances are, however, that this patient will go from one physician to another, till some one of our more painstaking brethren makes a complete examination of the urine. The amount of urine excreted in twenty-four hours is measured accurately. A sample from the mixed urine is carefully examined for the amount of urea and other solids. This will show that, instead of being all right, the kidneys have excreted much less, say one half, the normal amount of urea per diem for the weight of the body. The other solids are present in varying amounts. The oxalates may be increased. A careful microscopical examination may reveal a few hyaline casts from the tubules. The true cause of our patient's symptoms is now evident.

When the kidneys from any cause fail in their functions, the waste products of the activity of the tissues accumulate in the blood. The skin, the lungs, and the intestines assist the kidneys in the elimination to a considerable extent, but the accumulation gradually goes on till both blood and tissues are overloaded and give out signals of distress. Therefore the patient complains of the disinclination to any action which will increase the metabolism and further load the blood with effete poisonous matter.

The nervous system, now supplied with an impure, poisonous blood, and unable to easily rid itself of the noxious products of its own activity, shows distress by shooting pains in all parts of the body, especially in the occiput and nape of the neck; by insomnia, vertigo, buzzing in the head; sleep is apt to be accompanied by a sense of falling, and is rendered horrible by grotesque dreams. Indeed, I have been told by two mildly uræmic patients that they have a sense of an indescribable horror pervading and shadowing their senses and thoughts.

Digestion and appetite are poor, and the evacuations are apt to be hard and difficult; the pulse is small and tense; the heart is acting against increased arterial pressure caused by the obstruction in the kidney, and by contraction of the arterial walls, and after a time becomes hypertrophied. The nutrition of the tissues is impared; the retina undergoes a fatty degeneration causing partial blindness.

No symptomatic line can be drawn between these milder cases and the most sevère. We meet with all degrees of intoxication. The milder cases may or may not be accompanied by albuminuria; severe cases are usually associated with a high degree of albuminuria, but not invariably.

As the kidneys lose their excreting power the uræmic symptoms become more intense; the pains in head, neck and back are more intense; the patient complains of roaring and buzzing in the head; muscular twitchings become so severe that the patient fears to sleep lest he throw himself from the bed; finally a drowsiness settles over the senses, coma and convulsions appear, food is refused, and vomiting sets in; there is bleeding from nose and gums; cerebral hemorrhage often results from the increased blood pressure; hemorrhagic spots appear behind the retina and in the skin. Unless some relief can be afforded at once, the prognosis is only too certain.

The ætiology of uræmia covers a wide field. It includes all those conditions which can produce inflammation, weakening or obstruction or the kidneys; exposure to cold; traumatism, direct or indirect; overwork with anxiety and worry; insufficient food or a too exclusively nitrogenous diet; pregnancy; the disquamative diseases; syphilis; rheumatism; gout; typhoid

fever; malaria; all exhausting or suppurating diseases; obstructive diseases of the bladder or urethra; alcoholism; plumbism; persistent use of turpentine, cantharides and other irritants; alteration of the renal ganglionic centres.

For treatment, our first object, as in all diseases, must be to put our patient in a condition where curative remedies shall have a chance to act: absolute rest in bed is necessary. The skin must be kept warm by suitable covering, and its healthy action stimulated by tepid baths and rubbing twice a day; a warm climate is to be recommended where practicable; the lungs must have a constant supply of fresh, pure air; pure water should be drunk freely to wash the waste material from the tissues.

If the symptoms are threatening, we must get rid of the poisonous matter by all rapid, safe means. Pilocarpin in one-eighth grain doses, twice a day, will often avert a threatened convulsion by causing profuse perspiration. The hypodermic injection of a weak saline solution has obtained good results. Digitalis or strophanthus will assist the overworked heart. Wet packs are of great benefit. All these measures are palliative, but they often bridge the danger and leave a field in which we may try more curative means. Among our remedies, aconite, arsenicum, cuprum, belladonna, gelseminum, glonoine, hyoscyamus and phosphorus will each be often indicated and useful.

The diet should be chiefly milk, though if other foods are craved they may be given in moderation. Alcohol and strong tea or coffee are to be avoided.

Concerning uræmia in pregnancy, many pages might be written. If the fœtus is viable, there can be but one course justifiable when the severer symptoms set in, or even threaten: the interests of mother and child demand immediate delivery. If the fœtus is not viable, I think the interests of the mother still demand the same course, though many prefer to take the risk, and leave interference with pregnancy till the period of viability, or until spontaneous delivery takes place. But, in view of the successes of modern obstetric surgery, under which the maternal mortality from induced labor differs but little from that of labor at full term, while the maternal mortality in puerperal eclampsia is from twenty-five to forty per cent., and fully one-half the infants die, I think the physician's advice should be for an induced labor as soon as uræmic symptoms set in. Some obstetricians advise this course sooner, even, when albumen is found in the urine increasing rapidly in amount.

AN AGED PAIR OF TWINS. — There are living in Peterboro, N. H., two maiden sisters who claim, with not improbable justice, to be the oldest twins in the country, as they are over eighty-three years old.

SOME CLINICAL CASES OF INJURIES OF THE FACE AND SCALP AND THEIR TREATMENT.

BY I. B. HINES, M.D., BOSTON.

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

Only a limited number of cases are here given so as not to weary any one. Part of the cases herein mentioned were treated at the Roxbury Homœopathic Dispensary, the other cases occurring in my private practice. The notes in the dispensary cases are brief, as at the time they were made only to remind the attending physician of the condition, dressing, improvement or non-improvement of the patient from one clinic to another.

Dispensary case, patient No. 2962. Edward R.; age, 8; cut from a blow over right eyebrow; cleansed with 1 to 40 carbolic solution, dressing, iodoform gauze and bandage. Two days after, edge of wound swollen, some pus, same treatment. Dec. 21, four days after first dressing, suppuration increasing, same treatment. Dec. 23, considerable vesication around the wound, cleansed and mercurial gauze used. Dec. 27, extensive blistering around the wound, cleansed and mercurial gauze dressing until healed.

Patient No. 3052; Rosa K.; age, 13; semi-circular cut over the end of nose above right ala, extending to the left ala; four stitches taken, antiseptic gauze dressing secured by adhesive plaster. Four days afterwards stitches removed, slight amount of pus, cleansed, aseptic gauze, same treatment continued until healed.

Patient No. 3120; Mrs. Geo. S.; age, 33; cut in right temple; piece of glass three-quarters of an inch long removed; wound cleansed, dressing mercurial gauze, secured by adhesive plaster; healed readily; no sepsis.

Patient No. 3272; Lawrence C.; age, 7; cut, right temple, edge of hair; hair cut away; cleansed, iodoform gauze; healed by first intention.

Patient No. 3296; Thomas R.; age, 5; cut to the bone over the left eye one-half inch; cleansed, iodoform gauze, and edges of wound supported in apposition by adhesive plaster. Next time when he appeared in clinic, no swelling or suppuration; same treatment.

Patient No. 4048; Geo. S.; age, 4; cut in left temple; septic; excessive granulations; cleansed; granulations touched with lunar caustic; Lassar's paste on cotton, secured by flexible collodion; the same treatment was continued and the wound is now practically healed.

Hugh C.; age, 25; scalp wound apex of head; dressed at

the Emergency Hospital by shaving hair off around the injury, cleansing and sealing up with collodion applied directly to the wound. Wound when first seen by me was septic; patient sick; collodion dressing removed by me; wound cleansed; dressing, iodoform gauze and bandage; satisfactory recovery.

James M.; age, 35; scalp wound; hair shaved off; wound cleansed, iodoform gauze and over this thin layer of aseptic cotton secured by flexible collodion; healed without any suppuration.

Jno. H.; age, 39; laborer, Old Colony Machine Shop; nose broken just above the arch of the bridge, left cheek cut and chin severely scraped; bones placed in position; wounds cleansed; small bit of iodoform gauze just covering the edges of the wounds, over this a thin layer of cotton secured by flexible collodion. Three days afterwards injuries redressed, no suppuration, but slight deformity; patient seen three times, discharged well.

Jno. M., age, 35; semi-circular cut on cheek extending above angle of right eye, extent of cut one and one-half inches and down to the bone; claimed to have been done by a fall from carriage to the curbing-stone of the street. He would not consent to stitches being taken, but insisted on dressing by some other method. Wound cleansed, carbolated solution, edges coaptated, covered with iodoform gauze secured by adhesive plaster. He claimed to be a "walking delegate" of some Labor Union. Wound dressed some six times, no sepsis at any time; healed by first intention.

Incised wounds of the face and scalp present special difficulties in their treatment. On the face and head patients object to bulky dressings and bandaging such as are used upon other parts. Again, wounds of the scalp anatomically open a large area for septic infection, even from small wounds, when they extend through the scalp proper. Another thing which patients greatly dread and object to, is being "stitched up." From these suggestions arise two questions:

1. Can there be a neat and sufficient dressing for these injuries to which patients will not object because of their cumbersomeness?

2. Can there be a method by which the edges of an incised minor wound may be held in position until union takes place with as good results as, or better than from stitching or suturing?

I leave these questions for your careful decision either in the affirmative or negative as you may determine. As for myself, to both of these questions, except in special cases, experience has taught me, yes.

In fresh incised wounds of the face where the edges pull apart,

having cleansed the wound with a 1 to 40 carbolic solution, I coapt the edges, lay over this a small piece of antiseptic gauze slightly larger than the wound and secure with adhesive strips of suitable length and width to hold the edges in apposition, being careful that the adhesive plaster does not touch the fresh wound. Over this first dressing put a thin layer of antiseptic gauze or cotton, and secure the same with collodion or adhesive strips. A little ingenuity and experience will teach the ready application and removal of such dressings. Like dressings secured by collodion can be used for scalp injuries. When your patient comes to you some days after the injury with the wound septic, cleanse it, apply Lassar's paste directly to the wound or on gauze or cotton; secure the dressing as before suggested. Renew the dressings daily until the wound is clean and healing, then every second or third day will give satisfactory results. This method has worked itself out in my experience because of the difficulty of doing at all times and in all places aseptic suturing with the ordinary pocket case of instruments and sutures as carried by the general practitioner. If these suggestions shall save any patient a few stitches of pain and enable any physician to do more satisfactory and successful surgery, I shall feel amply repaid for this little article.

The appended formula is the Oscar Lassar's paste referred to:

℞.	Acidi Salicylici, ...	gr. x.
	Vaselini, ...	℥ss.
	Zinci Oxidi, ...	ʒij.
	Pulveris Amyli, ...	ʒij.

Misce leviber terenda pasta.

TWO CASES OF MANIA.

BY GEORGE S. ADAMS, M.D., WESTBOROUGH, MASS.

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

Acute mania is a disease that yields very satisfactory results under homœopathic medication. If we supplement the medical treatment by enforced rest, and see that an abundant supply of nutritious and easily-digested food is administered, we have, then, the best conditions for curing all curable cases of mania. Dr. Paine, the former superintendent of the Westborough Insane Hospital, was the first alienist to systematically use these three means for curing cases of insanity. I now briefly give the history of two patients who were treated at the Westborough Insane Hospital; the first one without the rest treatment, and the second case with it.

Miss A. B., aged 22, was admitted to the Westborough Insane

Hospital in April, 1887, with the following history: She had been losing flesh for some months, and sleeping poorly, but only became acutely excited two days ago. She had delusions that she was going to be married, that she was going to heaven, and that she was going to be a queen. Her pulse was 100, and temperature normal, pupils dilated, tongue coated white; much motor excitement, talking constantly to some imaginary being, refusing to eat. She was given belladonna 1x every two hours. At the end of one week she had a rational interval of about one day, and was moved to a quiet ward, but she soon became excited and very noisy, was constantly disrobing herself, and had to be moved to a disturbed ward. She was then tried on stramonium. This condition continued for a month, when her medicine was again changed to belladonna. She gradually became quieter and kept her clothing on, although somewhat inclined to be destructive. She passed slowly into an apparantly demented condition, with good appetite, and better sleep. She now steadily improved, becoming brighter and less incoherent, took notice of her surrondings, and six months from the time of her admission she was rational. She remained at the hospital two months longer and was discharged in the middle of December of 1887, appearing perfectly well in all respects. The only remedies she had during this period were belladonna, and, for a time short, stramonium. She remained well for five years from the time she left the hospital, when she again became acutely excited, and as she had recovered at this hospital before, she was brought here again December, 1892. She is again improving, and will probably be discharged in two months entirely recovered. The duration of this case was longer than usual. She was in the hospital about eight months on her first admission. Ordinarily a case of mania recovers in from three to six months time. The cause of her breaking down the second time was supposed to be overwork, and it is probable that after she goes from here, if at any time she becomes physically weakened she will again become insane, perfect recovery from an attack not insuring that the patient will remain well.

Mrs. B. C., aged 25, was admitted to the hospital May 2, 1891. Duration on admission, three days. Supposed cause of disease, ill health. Was arrested for insane conduct in the streets of New York. When admitted she was excited, very loquacious, incoherent and very noisy, with hallucinations of sight and hearing. She was given stramonium and put to bed. At the end of a month she was not improved. She had refused to eat, and had been fed by the nasal tube a diet of milk and egg and bovinine and Mellen's food, one quart three times a day. A

portion of the time she remained in bed she required the restraint of a protection sheet. By the middle of June she began to eat and became more quiet. No change was made in her medicine, and she became gradually less excited and her delusions troubled her less, so that by the first of August she was free from excitement, was entirely coherent in conversation, and the only delusion that remained was a belief in the reality of her hallucinations of sight and hearing. This belief passed away in a few days, and, as there was an opportunity for her to go to her friends in New York, she was discharged on the 12th of August, after a hospital residence of not quite four months. She obtained work in New York, and at last accounts was well. This was a case that would not have done as well but for the forced rest and feeding. The symptoms for stramonium remained constant, and it was the only remedy given her.

A CASE FROM PRACTICE.

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

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

One evening in 1873, I was called in great haste to see a patient whom I found in convulsions. Her face, feet, legs, hands, arms and in fact her whole body were œdematous and transparent. She was totally blind, and I learned upon inquiry that she was between six and seven months pregnant. The secretion of urine had for several weeks been very scanty and highly colored; with a catheter I obtained a small quantity, which I boiled in a test-tube, with the result the solidification was so great that I was able to turn the tube upside down without the loss of a drop.

The convulsions were severe and frequent. I asked for counsel which was readily furnished. I was advised not to interfere, but to give "Lachesis" and "let nature take her course." I gave the "Lachesis" as directed and sat by the patient as long as I could stand it.

The convulsions grew more severe and the intervals shorter, until there was no period of consciousness. The whole scene was too distressing for me. I could endure it no longer. I went to my office, obtained a set of Barnes' dilators and returned to my patient. I could discover no dilatation, but I introduced the smallest bag and performed the act of dilating as rapidly as I could with the set of three dilators. In the course of an hour and a half, I succeeded in delivering a living baby at six and a half months weighing twenty-four ounces. The baby looked like a mummy, was kept packed in cotton in a cigar-box

behind the stove, and lived about four weeks. From the moment of the delivery, the convulsions grew less severe, and the intervals longer, and by noon of the day of the birth, convulsions had ceased. The secretion of urine increased, œdema subsided, reason gradually returned. Blindness remained total for about four weeks, when she began to distinguish strong light from total darkness, and in the course of six to eight months was able to get about the house. Vision continued to improve for two or three years, when it arrived at a point of stasis. She could do coarse sewing and read a little; she can to-day — twenty-one years from the sickness — distinguish faces and read a limited text from the large family Bible, and though she appears strong and robust and is able to accomplish considerable physical labor, her vision remains thus impaired.

THE VALUE OF PREPARATORY TREATMENT IN PARTURITION.

BY J. W. MEANS, M.D, TROY, OHIO

[*Read before the Ohio State Homœopathic Medical Society.*]

The management of labor is a trite subject; one that has been fully discussed by the medical profession in and out of season. The position of the woman, stages of labor, presentation, drugs, sepsis, all have been so ably handled that it would seem like sacrilege to impose further discussion upon an already thoroughly equipped practitioner. But theory alone does not impart the necessary information. The young practitioner is as completely at sea in his first labor case, as a blind man is in a cane-brake. Practical experience alone educates the touch, the ear, and that faculty known in common parlance as common-sense. Hence it is of no practical value to enter into a long dissertation on the imaginary lines and diameters of the fœtal head and their relation to the pelvis. Labor is a mechanical process, and the application of the laws of mechanics at this critical period by the accoucheur, will overcome all obstacles, compatable with nature's inexorable laws. What is more interesting and of far more practical value to the busy practitioner is, can we benefit our patients or shorten the stages of labor by preparatory treatment. This is a subject that deserves profound attention, and if we can demonstrate to the satisfaction of our medical brethren that the pangs of labor can be in a measure alleviated and the hours of suffering lessened, we will then have accomplished the object sought.

That the subject may be presented in a tangible form, I will append an analysis of 270 confinement cases which have been recorded with an object in view of determining the comparative

value of medicinal treatment and non-medical treatment, during gestation, on the parturient act.

Of the series of 270 cases recorded, 200 had preparatory treatment, 70 had not preparatory treatment. There were, in all, seventeen cases of forceps delivery, eleven of which occurred in the group of seventy, not having preparatory treatment, and six cases in the group of 200, all of which had treatment during the last six weeks of gestation. In other words, 14 per cent. of the labor cases not having preparatory treatment were delivered with forceps; while in those having preparatory treatment, only 3 per cent. were delivered with forceps.

In justification of this seemingly large forceps delivery, which would be about 6 per cent of all cases, when Cazeaux and Tarnier place the instrumental deliveries at about 3-4 of 1 per cent., would say that the authors referred to evidently base their information on the reports of that class of physicians who do not possess a pair of forceps, or who do not know how or when to use them, but depend upon some foreign consultant when the life of the patient has been despaired of.

It has been my practice to use forceps in all cases when delivery has been delayed, provided there has been full and complete dilatation of the os uteri, even in that class of cases where delivery would have been effected by nature, but only after hours of violent and exhaustive labor, and at the expense of great vital loss. It is the duty of the accoucheur to conserve the vitality of his patient, and by the judicious use of the forceps, as soon as he can with safety to mother and child, assist nature in her expulsive efforts.

The preparatory treatment referred to, consists in the administration of cimicifuga racemosa, 6x trituration, a one-grain tablet three times a day during the last two months of gestation. Experience has taught me that in almost every instance where cimicifuga has been given, the first stages of labor are very materially shortened and the suffering greatly diminished. It has a powerful effect in relaxing the fibres of the os uteri, so that dilatation is more readily effected. It gives vigor and tone to the expulsive efforts of the womb, and I am convinced that the first and second stages of labor are made more endurable by reason of this tonic effect imparted to the muscular fibers of the womb. Again, the psychic effect on the patient is beneficial. That miserable, dejected feeling, fear of death, thinks she is going crazy, so common during the months of gestation, is usually dissipated, and the present and the future are devoid of those forebodings of evil that threateningly hover around and about the enceinte. Peace of mind is conducive to health, and it is only when you have that restful feeling, the result of confi-

dence, that the sympathetic nervous system vibrates rhythmically, and this insures harmonious action and perfect health.

Another important and exceedingly beneficial effect of cimicifuga on the muscular fibres of the womb, is to impart to them that property of contractility and elasticity so necessary in the expulsion of the child, and also in the prevention of laceration of the cervix uteri. I am safe in saying that not one-half of the confinement cases in which laceration of the cervix uteri results, would occur, were cimicifuga given the last six weeks of gestation, and ergot banished from the armamentarium of every physician in the land.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, E. Concord St., Thursday evening, May 5th, 1894, at 7.45 o'clock, President Dr. W. L. Jackson in the chair.

The following physicians were elected to membership: William E. Barnes, M.D., of Boston; Emma J. Cummings, M.D., of Malden, and G. Forrest Martin, M.D., of Lowell.

The following delegates to the American Institute of Homœopathy meeting, to be held in Denver, Col., June 14 to 22, 1894, were appointed:

I. T. Talbot, M.D., Boston University School of Medicine.
Alonzo Boothby, M.D., Boston University Sch. of Medicine.
T. M. Strong, M.D., Massachusetts Homœopathic Hospital.
Mary E. Mosher, M.D., Boston Hom. Medical Society.
S. H. Blodgett, M.D., Homœopathic Medical Dispensary.
Julia M. Plummer, M.D., N. E. Moral Reform Society.
G. S. Adams, M.D., Westborough Insane Hospital.
J. P. Sutherland, M.D., N. E. MEDICAL GAZETTE.
Duncan Macdougall, M.D., Consumptives' Home.
W. L. Jackson, M.D., Roxbury Homœopathic Dispensary.
H. P. Bellows, M.D., Newton Hospital.
Chas. Leeds, M.D., Chelsea Hospital.
J. W. Hayward, M.D., Morton Hospital (Taunton).
G. B. Rice, M.D., Quincy Hospital.
Geo. B. Sawtelle, M.D., Malden Hospital.
E. H. Packer, M.D., Lowell Hospital.
A. H. Carvill, M.D., Somerville Hospital.
N. Emmons Paine, M.D., Newton Nervine.

SCIENTIFIC SESSION.

Dr. Horace Packard presented three pathological specimens:

1. Fibroid tumor weighing over eight pounds, which was at-

tached by a small pedicle to the anterior surface of the fundus of the uterus. The pedicle was ligated with catgut ligature and the tumor removed. In cases of interstitial fibroid the removal of the growth necessitates the removal of all the pelvic viscera, which is a hazardous operation. This procedure is quite warrantable in malignant disease. Fibroid tumors are not malignant, and Dr. Packard thinks that surgeons are going at too rapid pace when they indiscriminately advise total extirpation. We all know that fibroid tumors are prone to decrease in size after the climacteric.

2. *Papilloma of the Rectum.* — This tumor was attached to the wall of the rectum by a broad base. Its enucleation was followed by a recto-vaginal fistula for which a secondary operation was performed.

3. *Epithelioma of the Cervix.* — The operation in this case was abdominal hysterectomy. The cervical portion of the uterus showed epithelial degeneration. The fundus of the uterus contained numerous small fibroids which had undergone calcareous degeneration.

Dr. F. P. Batchelder had prepared microscopical sections of the papilloma of the rectum, and with the low and higher powers of the microscope demonstrated the characteristic arrangement of the stroma with five or six distinct layers of cells superimposed in each papilla. He also exhibited in the absence of Dr. J. B. Bell a vesical calculus and kidneys. The patient, a man thirty-four years of age, exhibited marked symptoms of cystitis with stone in the bladder. The urine contained pus and débris. Supra-pubic cystotomy was performed, and a large, irregular calculus removed weighing 623 grains. The patient survived twenty-four hours, and on post-mortem examination the left kidney was found to be three or four times the normal size, studded with small white spots. (Suppurative nephritis). Several large abscess cavities were found. The cortical portion was much narrowed, and here and there a normal pyramid was present. The right kidney was cystic and much smaller than normal.

Dr. A. H. Powers presented a specimen of a papillomatous growth, (congenital) which he had removed from a point over the left sacio-iliac synchondrosis.

SECTION OF PATHOLOGY AND THERAPEUTICS.

Herbert C. Clapp, M.D., Chairman; H. E. Spalding, M.D., Secretary; W. T. Talbot, M.D., Treasurer.

1. "A Case of Fatal Poisoning by Illuminating Gas, Lasting Five Days," by Wm. Woods, M.D.

2. "An Obstetrical Experience and Its Lesson," by F. B. Percy, M.D.

3. "Digitalis with Illustrative Cases," by M. W. Turner, M.D.

4. "Four Cases of Endocarditis," by Walter Wesselhoeft, M.D.

5. "Calcarea in a Tumor of the Neck," by A. H. Tompkins, M.D.

The following officers were elected for the ensuing year: F. B. Percy, M.D., Chairman; L. H. Kimball, M.D., Secretary; Mary L. Swain, M.D., Treasurer.

DISCUSSION.

Dr. H. C. Clapp. Dr. Wesselhoeft's cases illustrate the exigencies and features of the disease presented. I agree with him fully as regards the diagnosis of the first, second and fourth cases reported, but differ with him as regards diagnosis of the third case, considering it to be simple rather than ulcerative carditis, because the distinctive symptoms of the latter disease were absent.

Dr. Clapp failed to see how digitalis 2x and 3x could aggravate the case cited by Dr. Turner, even if given when not indicated.

Dr. W. T. Talbot agreed that all cases of endocarditis were due to ulceration and thinks there cannot be a line sharply drawn between simple and ulcerative endocarditis.

Dr. H. E. Spalding, referring to Dr. Percy's paper, said his experience with pilocarpine had been most favorable and he spoke most enthusiastically regarding its use in eclampsia. He cited several cases where he had used the drug with good results.

Dr. G. R. Southwick said, "I cannot give my testimony for pilocarpine. It is not a new remedy, having been extensively used in hospitals both abroad and in America. We do not know that urea is the cause of convulsions. The danger in eclampsia is frequently due to œdema of the lungs. Pilocarpine acts on the respiratory tract causing œdema." He considers it a mistake to use it where the heart is weak. Pilocarpine is a good remedy in properly selected cases.

Dr. F. B. Percy. This case I reported was but one, and this treatment (pilocarpine) was not advocated universally. Alcohol will combat the action of pilocarpine.

Dr. Walter Wesselhoeft. We must not pin our faith too closely on a single remedy. The fact is we do not know uræmia to be the cause of eclampsia, although it is a plausible theory. Convulsions often occur with gravest symptoms in precisely those cases which are not dependent upon grave pathological

condition of the kidneys. Two conditions frequently confront us. First, cases of serious and long continued lesion of the kidneys with delivery without incident; and second, cases with slight lesions of the kidneys and accompanied with severe eclampsia. J. EMMONS BRIGGS, M.D., *Sec'y.*

NEW JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

The New Jersey State Homœopathic Medical Society held its fortieth annual meeting in the Supreme Court room, Trenton, on Tuesday, May 1. Two sessions were held, the President, Dr. A. W. Bailey, of Atlantic City, presiding at both.

After the reception of the reports of officers and committees and the usual routine business, the following papers were read and discussed by the Society:

Presidential Address; "The Relation of Pathology to the Homœopathic Prescription." A. W. Bailey, M.D.

"Water in Its Relation to the Public Health." C. B. Holmes, M.D.

"Eczema of Face and Scalp." J. R. Hoffman, M.D.

"Orificial Surgery." C. H. Church, M.D.

"Osteo-myelitis," with case. G. D. Woodward, M.D.

"Primary Materia Medica." W. A. Seibert, M.D., Easton, Pa.

"Repair of the Perineum." E. M. Howard, M.D.

"Glandular Enlargements of Children: Their Origin, Cause and Treatment." Wallace McGeorge, M.D., and Bernard Clausen, M.D., Philadelphia, Pa.

"Heart Disease in Children." W. W. Van Baun, M.D., Philadelphia, Pa.

The following officers were elected for the current year: President, G. Y. Applegate, M.D., New Brunswick; 1st Vice-Pres., G. D. Woodward, M.D., Camden; 2nd Vice-Pres., Jos. P. Johnson, M.D., Hightstown; 3rd Vice-Pres., C. Herbert Church, M.D., Passaic; Rec. Secretary, F. P. McKinstry, M.D., Washington; Cor. Secretary, Wallace McGeorge, M.D., Camden; Treasurer, J. J. Currie, M.D., Beverly; Board of Censors: E M. Howard, M.D., Camden; Samuel Long, M.D., New Brunswick; Annie E. Griffith, M.D., Camden; C. H. Hubbard, M.D., Millville; A. Ubelacker, M.D., Morristown.

The Society adjourned to meet in semi-annual session at Newark, Oct. 2, '94. F. P. MCKINISTRY, M.D., *Rec. Sec'y.*

A HOSPITAL for Lepers, with a laboratory for the study of leprosy, has been established at Rio de Janeiro. Dr. Wolf Havelburg, a German physician, who for the last twelve years has practised in Brazil, has been appointed director.

REVIEWS AND NOTICES OF BOOKS.

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INTERNATIONAL CLINICS. Vol. I. Fourth Series. Phila.: J. B. Lippincott Co. 1894. 358 pp.

The new series of these popular and highly useful chats on matters clinical, begins with a sympathetic memorial sketch of the great clinician, Dr. Jean-Marie Charcot, written by Dr. Allen Starr. Dr. Starr having been privileged to be Dr. Charcot's pupil and friend, writes of him with the discriminating and affectionate appreciation born of personal knowledge. The sketch is illustrated with an excellent portrait. Among the famous and authoritative clinical teachers whose experience and wisdom the present volume enables us to share, are Drs. Joseph Bryant, Solomon S. Cohen, Paul F. Mundè, Lewis A. Sayre, Alex. J. C. Skene and Carl Van Noorden. Many clinical studies are presented graphically and practically: Among them, cases of Tumors of the Bladder, by Dr. Gilbert Barling; of Cystotomy for the Formation of an Artificial Urethra, by Dr. Hunter McGuire; of Ruptured Tubal Pregnancy, by Dr. Matthew D. Mann; of Tubercular Tumor of the Cerebellum, by Dr. Howell T. Pershing. Several rare and interesting operations are very fully described and in some instances illustrated, notably one for occlusion of the cystic duct, with calculi in the gall-bladder. The volume well sustains the high reputation its predecessors in the series have established.

THE TRUTH ABOUT HOMŒOPATHY. By Dr. Wm. H. Holcombe. Phila.: Boericke & Tafel. 53 pp.

The last lines penned by one of the most gifted and most widely lamented practitioners and supporters of homœopathy, are here, as is eminently fitting, given to the world in a graceful little memorial volume, which also contains a brief but exceedingly sympathetic sketch of Dr. Holcombe's life and career. The occasion that called forth thus this eloquent and able defence of his beloved medical art, was in itself a trifling one; but homœopathy has reason to thank the editor of the *Medical News* for offering a prize for the essay most convincingly condemnatory of homœopathy, since the essay taking the prize called forth from Dr. Holcombe as memorable an *apologia* as homœopathy has ever inspired. Dr. Holcombe gives a masterly summary of the history of homœopathy in America, traces its growth, proves by telling statistics its present status, and closes with a ringing prophecy of its future triumphs. The little book is one which should be on every homœopathist's desk, as the memory of its author must remain warm in every homœopathist's heart.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Forty-Sixth Session. Edited by Pemberton Dudley, M.D. Phila.

An immense amount of valuable statistical information is to be found in the last volume of our Institute's "Transactions." Thus the entire list of homœopathic organizations and institutions in the United States is given, with the roster of their executive officers; the membership lists are classified and subdivided painstakingly, the necrologist's record gives full and interesting biographies of the sorrowfully long list of Institute members who in the fine old classic phrase are henceforth "Stelligheri." As will be remembered, last year's Institute sessions being held in connection with the Congress, its meetings were merely for the hearing of reports and the transaction of business; all of which is faithfully chronicled.

A MANUAL OF THERAPEUTICS. By A. A. Stevens, A.M., M.D. Phila.: W. B. Saunders. 1894. 405 pp.

From several standpoints this condensed and practical manual of therapeutics, as practised by the "regular" of to-day, is exceedingly interesting, even to those whose therapeutic bias differs totally from that of the author. As showing, for instance, how frequently and abruptly drugs, and especially those in the line of "new discoveries," rise and fall in favor with our old-school-brethren. Every fresh and up-to-date therapeutic manual finds drugs discarded, ignored, or mentioned only to be cautioned against, which in the manual preceding had been recommended with enthusiasm; until the homœopathist, stable and conservative therapeutist by contrast, wonders why the motto on the wall of old-school lecture-rooms is not "Everything by turns and nothing long!" Again this manual is interesting to those not of its faith, from its excellent chapter on "Remedial Measures Other than Drugs," which comprises capital hints on the use of heat and cold, electricity, lavage, massage, and other therapeutic measures common to all schools of practice. Its style is clear and terse.

THE POPULAR SCIENCE MONTHLY for June offers, among other papers of interest, articles by Dr. Austin Flint on the "Eye as an Optical Instrument;" on "Should Prohibition Be Abolished?" by Dr. T. D. Crothers; and on "A Natural System of Education," by James L. Hughes. New York: D. Appleton & Co.

In the June issue of LIPPINCOTT'S MAGAZINE the complete novel is a picturesque tale of a Confederate's wooing, by M. G. McClelland called "The Wonder Witch." Gilbert Parker's

highly dramatic tale of "The Trespasser" is concluded. Short essays and poems make up a very readable issue. Phila.: J. B. Lippincott Co.

MISCELLANY.

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ALUMINUM FOR SURGICAL INSTRUMENTS. — A physician who got rid of some of his steel instruments and bought others made of aluminum, says that he is sorry that he changed. The aluminum probes, sounds, tongue-depressors, and that sort of thing do not oxidize, to be sure, but he finds that they are deficient in elasticity and stay bent after pressure. He declares, moreover, that he likes to feel that he has a hold on something when he uses an instrument, and aluminum is so light that he can put no trust in it. — *Ex.*

DR. MORRISSON, in *Homœopathic Review*, details a case of carcinoma of the breast, in a woman aged forty-six, cured by arnica. The prescription was based on the bruised character of the breast pains; upon the positon of the tumor, as being the most likely spot for injury, and upon the results of treatment in a similar case some eighteen years since, this former patient being still free from any trace of the mischief for which the knife had been recommended. The treatment with arnica was begun with 1 x, and a lotion of 20 drops of tincture to 4 ounces of water. As the breast improved the remedy was given successively, during six months, in 1 x, 3 x, and 200. At the beginning of the treatment there was considerable cachexia; the patient's general health was low; there was pain and dyspnœa; the infiltration of the glands was marked, and there was weakness of the left arm. Mr. Knox-Shaw confirmed the diagnosis. — *Hom. Jour. of Obstetrics.*

"QUACKS." — The *British Medical Journal* quotes from the *Pall Mall Gazette* the following supposed correspondence between Lady Morgan and the late Dr. Jenner:

"I've dispached, dear Lady Morgan, this scrap of a letter
To say that Miss Charlotte is certainly better.
A regular doctor no longer she lacks,
And therefore I've sent her a couple of quacks."

(With the note came a couple of wild ducks.)

Lady Morgan's reply:

"Yes, 'twas politic truly, my very good friend,
Thus a couple of quacks your patient to send,
Since there's nothing so likely as quacks, it is plain,
To make work for a regular doctor again."

THE EVOLUTION OF MEDICAL JOURNALISM. — It is extremely profitable to watch the gradual implantation of the methods of modern lay journalism upon current medical literature. A regular feature of some monthlies is now a picture of some celebrated local physician, accompanied with a flattering biography and an appreciative editorial notice, for which fifty copies are subscribed; a conundrum column where the guesser gets a prize; an illustrated humorous column adorned with strictly medical wit; a urinary chart or a hypodermic to each new subscriber. All these are new features which unite to add to the attractiveness of our science the purity of our literature and the gayety of our art.

An Ohio journal has, however, quite outstripped its competitors recently, by devising a system of periodical rewards and continuous though ectopic attractions which indicate an apt and fertile mind. To every subscriber there will be sent a "surprise package" every three months, these packages to consist of some modest but useful article that is sure to prove valuable to the physician. But this is not all, nor even half. The editor proposes to provide a new form of literature for his readers in the shape of prize stories, of which the incidents will be grouped in a familiar professional atmosphere. A standing offer is made of various sums of money to be given for first, second and third prize. Our contemporary bids fair to create a new literature of medical realism. It wants seven thousand subscribers, but it is too modest — *Ex.*

PERSONAL AND NEWS ITEMS.

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THE Indiana Institute of Homœopathy held its 28th annual meeting at the Grand Hotel, Indianapolis, Thursday and Friday, May 17–18, 1894.

AT a meeting of the corporation of the Malden Hospital held May 2nd, Dr. C. M. Nordstrom was elected a trustee for three years.

D. DUNCAN, M.D., has removed his office to Central Music Hall, corner State and Randolph Streets, suite 17–18, Chicago, Ill.

WANTED — a reliable physician in Hollis, N. H. No competition within five miles. Further information may be obtained by addressing Dr. N. W. RAND, Monson, Mass.

AT the recent meeting of the State Homœopathic Medical Society of Indiana, the following officers were elected for the ensuing year: President, W. T. Gott, Crawfordsville; first vice-president, W. B. Stewart, Indianapolis; second vice-president, J. N. Lucas, Shelbyville; treasurer, J. S. Martin, Muncie; secretary, J. D. George, Indianapolis.

By an inadvertence for which the GAZETTE tenders sincere apologies, it was stated in our last issue that Dr. Henrik G. Petersen had removed from 368 Boylston street. Dr. Petersen still retains his office at that address.

DR. ISABEL G. WESTON, having taken a large house, beautifully located, in Wellesley, has rooms at her disposal for the care and treatment of invalids convalescing from any acute disease, or those suffering from a chronic trouble, nervous or otherwise. Especial attention will be given to diet, baths, electricity and massage, as the case may need. As far as practicable the patient will be taken into the home life. Wellesley is a delightful village, fourteen miles from Boston, on the Boston and Albany railroad, of high altitude, and well-known reputation for health. Terms according to care and room needed for proper treatment. For further information, address Isabel G. Weston, M D., Wellesley, Mass.

THE Lowell Hahnemann Club held its meeting with Dr. Packer, May 15th. The whole meeting was devoted to a study of helleborus niger, and it proved both interesting and profitable. While hellebore has not so many symptoms as many other drugs, it is surprisingly rich in peculiar and useful ones. Dr. Warner analyzed the drug in a general way, Dr. Leland compared it with other similarly acting head drugs, Dr. Hunter discussed the sensorium, Dr. Holt the renal and cystic effects, Dr. Martin its objective symptoms, and Dr. Packer brought out its practical uses by accounts of interesting cases from his own practice. This custom of studying one drug carefully at each meeting is proving interesting and profitable to the members. At the next general meeting, in June, apis is to be studied. The new dispensary is thriving. G. FORREST MARTIN, M.D., *Sec'y.*

THE Governor of New York has lately appointed Drs. William Tod Helmuth of New York, Horace M. Paine of Albany, and Lewis Soule of Collins, managers of the Collins Farm, a homœopathic institution for the insane. The appointments reflect much credit on the Governor's judgment, and have received the warmest commendations of the press and the people. In regard to the appointment of Dr. Paine, in particular, the Albany *Argus* says: "Dr. H. M. Paine, of this city, who has been appointed for four years, has had long experience in the work of providing homœopathic care and treatment for those of the insane for whom such care and treatment are desired; having twenty-three or twenty-four years ago actively aided the movement for establishing the Margaretville Asylum for the insane, which plan was subsequently superseded by the present Middletown Homœopathic Hospital in Orange county. He was appointed to membership in its first board of trustees, and for years assisted in developing the wise and liberal management which in later years has made it one of the most popular, useful and successful institutions for the insane in this country. In fact, the movement, begun two years ago, for providing adequately for the homœopathic treatment of the insane in the western part of this state, has largely, through his efforts, finally culminated in securing for the benefit of the homœopathic school a valuable property, embracing five hundred acres, on which there can be established in the near future, an institution second to none in importance and influence in this state."

THE

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EDITORIAL.

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JUBILEE MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The semi-centennial anniversary of the organization of the largest homœopathic medical society in existence is now matter of history. The long anticipated and widely heralded Jubilee Meeting has been held. The fact of reaching the reverend and dignified age of fifty years has been enthusiastically celebrated, and homœopathists everywhere may congratulate themselves that this great national society has so nobly withstood the trying tests of time, and may now be safely looked upon as being, in the classic phrase of Miss Susan Nipper, a "permanency."

And the meeting was a success. So much may be said without qualification. To this end many factors contributed. The attendance, though not in itself numerically impressive, was after all considerable when we take into account the very great distances traversed by the majority of the 265 physicians who are recorded as being present. To say that these physicians were richly rewarded for the effort made, is to put the matter mildly indeed.

Apart from the interest and instruction attendant on the sessions of the Institute, apart from the social pleasure and inspiration born of mingling with colleagues, fellow-workers and friends, the visitors to whom the wonderful State of Colorado

was *terra incognita* had the privilege, like the Athenians of old, of each day enjoying some new thing. The climate was in itself a study and a surprise; the refreshing coolness of the nights that followed the heated days, the keenly bracing quality of the air, the marvellous clearness of the atmosphere. Not less notable than these natural advantages of Colorado, were the evidences, everywhere met, of the indomitable energy and enterprise of the men who have helped to build up the State. Probably nowhere in the world are there to be found such triumphs of engineering skill as — taking the famous "Loop" for but a single example — are here found, in mountains tunnelled, and apparently impossible chasms ingeniously bridged. The energy of the West speaks as convincingly, too, in the innumerable industries — the colossal mining interests prominent among them — everywhere so indefatigably and successfully pursued. The pride of the citizens of Colorado in their beloved State rests on a stable foundation.

Commensurate with the effective and purposeful energy of the people of Colorado, is the breadth and warmth of their hospitality. The gracious Spanish phrase of greeting — "my house is yours" — might well stand as the motto of their welcome, extended to the strangers within their gates. All that sympathy and lavish generosity could do to make the Institute visit memorable was done in full measure. To the lucky visitor "Western hospitality" will hereafter be a phrase with a vivid meaning.

Quaint and novel episodes were not wanting, wherewith to diversify the more serious interests of the occasion. The privilege of seeing a game of baseball in progress on a plateau — apparently considerately provided by nature, in foresight of the rights of the national game — 9,000 feet above the sea, was a happening worth remembering. So also was the example of occidental justice offered by the tarring and feathering of an offending fellow-citizen, which took place not far from where the Institute held session, to which salutary example of the fate of the erring, is perhaps due the impeccable behavior of the Institute members throughont the session.

The ascension of Pike's Peak, with its passage from fervid summer to drifts of snow was an experience long to be remembered. Nature and man's handiwork in the overcoming of natural obstacles could hardly be presented in more impressive example.

The sessions of the Institute were very fully attended, fruitful in interest and enthusiastic in atmosphere. The address of the President, Dr. McClelland, was a masterly effort, cogent, exhaustive and eloquent, admirably worthy to be put on record as epitomizing and as dignifying the great "Jubilee" session.

That whatever other interests may hold them, homœopathy is of paramount moment to homœopathists, was significantly illustrated by the fact that no less than forty-seven papers were presented by the bureau of materia medica. Among these, Dr. T. F. Allen's scholarly lecture is worthy of especial note.

The Ann Arbor difficulty, so conspicuous in last year's councils, came up once more for discussion, and the action of the Institute, in asking for Dr. Obetz's resignation, made it abundantly evident that in the minds of representative homœopathists, no "fusion of the school" is, in any near future at least, desirable or practicable.

It is highly creditable to the high aims and honesty of purpose on the part of the homœopathic medical colleges, that the Institute's vote as to the establishment of a compulsory four years' course should have been secured through the urgency of the Intercollegiate Committee representing the colleges themselves.

The councils of Seniors, of whom thirty-two were present, were, as usual, fruitful in wise result. The condemnation of utilizing one's connection with hospital, dispensary or similar institution as a means of personal laudatory advertisement, is in especial much to be rejoiced in.

The excellent rate of attendance kept up until the actual close of the session. It may not be just to suggest such a thing, but possibly the railroad arrangements which prohibited the use of

"return tickets" until a certain date after the close of the meeting, had to do with this unusually faithful and patient attendance.

One hundred and thirty-seven applicants were admitted to membership. The necrologist's roll contained the names of no fewer than twenty. The "Memorial Services" in commemoration of those who had died during the past year, were unusually impressive and touching; among the honored names remembered being those, so long illustrious in the Institute's annals, of Drs. Wm. H. Holcombe, Henry D. Paine, David Thayer, Elijah U. Jones, Alonzo S. Ball and Lucius P. Wells.

It speaks well for the enthusiasm and liberality of the members in attendance, that subscriptions to the Hahnemann Monument Fund reached the very creditable sum of $12,840.00; thus raising the total amount subscribed to nearly $20,000.00. This sum, while falling short of the amount needed, is sufficiently large to warrant the committee having the matter in charge to proceed at once with their work, in full confidence that by the time the monument is ready, the necessary funds will be forthcoming. It needs no argument to demonstrate the justice and propriety of erecting a monument as a fitting tribute to the memory of the man whose life and work have exerted such a universal, pronounced and beneficent influence on the practice of medicine. Homœopathists have reason to be proud of this action.

The independence of thought on the part the Institute members was illustrated by the closeness of the vote for next year's officers. The election resulted as follows: President, Dr. C. E. Fisher; Vice-Presidents, Drs. J. B. G. Custis and Eugene F. Storke; Treasurer, Dr. E. M. Kellogg; Ass't Treasurer, Dr. T. Franklin Smith; General Secretary, Dr. E. H. Porter; Provisional Secretary, Dr. Frank Kraft; Censors, Drs. R. B. Rush, T. C. Duncan, Julia Holmes Smith, A. C. Cowperthwaite and C. B. Kinyon.

Newport, R. I., was selected as the place of meeting in '95. After a lapse of twenty-six years, New England is to have op-

portunity to show what it can do towards making a successful meeting. With effort of the right sort the next meeting of the Institute can be made the most memorable one in its history.

As unassailable evidence of the rapidity and certainty with which homœopathy is "dying out," the following quotation from the report of the Committee of Organization, Registration and Statistics, is offered: "There are now in the United States, five national, one sectional, thirty-three state and seventy-eight local homœopathic medical societies; twenty-seven homœopathic clubs, two miscellaneous homœopathic medical societies. There are now under homœopathic management forty-nine general hospitals and fifty-seven special hospitals, with a total capacity of 7,921 beds; 47,334 patients have been treated at these hospitals during the year, of which number 35,981 have been cured, 4,807 relieved, 1,419 were not relieved, and 1,752 died. The death rate was 3.70 per cent. At the date of the compilation of this report there were 3,375 people in these hospitals. There are also fifty-seven homœopathic dispensaries, which have treated during the year 185,267 patients and have given 459,925 prescriptions."

The unfortunate "stay-at-homes" will certainly watch with unusual interest for the appearance of the "Transactions" of the grand jubilee meeting.

EDITORIAL NOTES AND COMMENTS.

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THE ACT PROVIDING FOR REGISTRATION OF PHYSICIANS AND SURGEONS IN MASSACHUSETTS, now a law, and soon to be in practical operation, is herewith presented in full, as worthy the consideration of our readers as a document of historical importance. Elsewhere in our present issue we publish Dr. I. T. Talbot's comments upon the measure; comments so apt and so exhaustive, that we are glad to say, in the now classic phrase of Dr. Hale's "double" — "So much has been said, and so well said, as to leave nothing to be added at this time."

COMMONWEALTH OF MASSACHUSETTS.

CHAPTER 458.

AN ACT to provide for the registration of physicians and surgeons.

Be it enacted etc., as follows:

Section 1. The governor, with the advice and consent of the council, shall appoint seven persons, residents in this Commonwealth, who shall be graduates of a legally chartered medical college or university having the power to confer degrees in medicine, and who shall have been actively employed in the practice of their profession for a period of ten years, who shall constitute a Board of Registration in Medicine. Such persons shall be appointed and hold office for terms of one, two, three, four, five, six and seven years, respectively, beginning with the first day of July in the present year, and until their respective successors are appointed, and thereafter the governor, with the advice and consent of the council, shall appoint, before the first day of July in each year, one person, qualified as aforesaid, to hold office for seven years from the first day of July next ensuing. No member of said board shall belong to the faculty of any medical college or university. Vacancies in said board shall be filled in accordance with the provisions of this act for the establishment of the original board, and the person appointed to fill a vacancy shall hold office during the unexpired term of the member whose place he fills. Any member of said board may be removed from office for cause by the governor, with the advice and consent of the executive council; and not more than three members of said board shall at one time be members of any one chartered state medical society.

Sect. 2. The members of said board shall meet on the second Tuesday of July next, at such time and place as they may determine, and shall immediately proceed to organize by electing a chairman and secretary, who shall hold their respective offices for the term of one year. The secretary shall give to the treasurer and receiver general of the Commonwealth a bond in the penal sum of five thousand dollars, with sufficient sureties to be approved by the governor and council, for the faithful discharge of the duties of his office. The said board shall hold three regular meetings in each year, one on the second Tuesday of March, one on the second Tuesday of July and one on the second Tuesday of November, and such additional meetings at such times and places as it may determine.

Sect. 3. It shall be the duty of said board immediately upon its organization to notify all persons practising medicine in this Commonwealth of the provisions of this act, by publication in

one or more newspapers in each county, and every such person who is a graduate of a legally chartered medical college or university having power to confer degrees in medicine, and every person who has been a practitioner of medicine in this Commonwealth continuously for a period of three years next prior to the passage hereof, shall upon the payment of a fee of one dollar, be entitled to registration, and said board shall issue to him a certificate thereof signed by the chairman and secretary.

Sect. 4. Any person not entitled to registration as aforesaid shall, upon payment of a fee of ten dollars, be entitled to examination, and if found qualified by four or more members of said board, shall be registered as a qualified physician, and shall receive a certificate thereof as provided in section three. Any person refused registration may be re-examined at any regular meeting of said board, within two years of the time of such refusal, without additional fee, and thereafter he may be examined as often as he may desire, upon the payment of the fee of ten dollars for each examination. Said board, after a conviction before a proper court for crime in the course of professional business, has been shown, and after hearing, may by unanimous vote revoke any certificate issued by them and cancel the registration of the person to whom the same was issued. All fees received by the board under this act shall be paid by the secretary thereof into the treasury of the Commonwealth once in each month.

Sect. 5. The compensation, incidental and travelling expenses of the board shall be paid from the treasury of the Commonwealth. The compensation of members of the board shall be ten dollars each for every day actually spent in the discharge of their duties, and three cents per mile each way for necessary travelling expenses in attending the meetings of the board; but in no case shall any more be paid than was actually expended. Such compensation and the incidental and travelling expenses shall be approved by the board and sent to the auditor of the Commonwealth, who shall certify to the governor and council the amounts due, as in case of other bills and accounts approved by him under the provisions of law: provided, that the amounts so paid shall not exceed the amount received by the treasurer and receiver general of the Commonwealth from the board in fees as herein specified, and so much of said receipts as may be necessary is hereby appropriated for the compensation and expenses of the board as aforesaid.

Sect. 6. The board shall keep a record of the names of all persons registered hereunder, and a record of all moneys received and disbursed by said board, and said records or dupli-

cates thereof shall always be open to inspection in the offices of the secretary of the Commonwealth. Said board shall annually report to the governor, on or before the first day of January in each year, the condition of medicine and surgery in this Commonwealth, which report shall contain a full and complete record of all its official acts during the year, and shall also contain a statement of the receipts and disbursements of the board.

Sect. 7. It shall be the duty of the board to investigate all complaints of disregard, non-compliance or violation of the provisions of this act, and to bring all such cases to the notice of the proper prosecuting officers.

Sect. 8. On and after the first day of January, in the year eighteen hundred and ninety-five, the board shall examine all applicants for registration as licensed physicians or surgeons. Applicants must give satisfactory proof of being twenty-one years of age and of good moral character; and every applicant who is a graduate of and has received a degree of doctor of medicine from a legally chartered medical college or university having power to confer degrees in medicine in this Commonwealth, shall be entitled *prima facie* to be registered under this act upon payment of the fees herein provided.

Sect. 9. Examinations shall be, in whole or in part, in writing, and shall be of an elementary and practical character. They shall embrace the general subjects of surgery, physiology, pathology, obstetrics and practice of medicine, and shall be sufficiently strict to test the qualifications of the candidate as a practitioner of medicine.

Sect. 10. Whoever not being registered as aforesaid, shall advertise or hold himself out to the public as a physician or surgeon in this Commonwealth, by appending to his name the letters "M.D.," or using the title of doctor, meaning thereby a doctor of medicine, shall be punished by a fine of not less than one hundred dollars nor more than five hundred dollars for each offence, or by imprisonment in jail for three months or both.

Sect. 11. This act shall not apply to commissioned officers of the United States army, navy or marine hospital service, or to a physician or surgeon who is called from another State to treat a particular case, and who does not otherwise practise in this State, or to prohibit gratuitous services; nor to clairvoyants, or to persons practising hypnotism, magnetic healing, mind cure, massage methods, christian science, cosmopathic or any other method of healing: *provided*, such persons do not violate any of the provisions of section ten of this act.

Sect. 12. For the purposes of the appointment of said board, and of registration of persons by it hereunder, this act shall take effect upon its passage, and shall take full effect on the first day of January in the year eighteen hundred and ninety-five.

Approved June 7, 1894.

A CIRCULAR ON TUBERCULOSIS issued by the State Board of Health of Massachusetts has recently been received. The pamphlet is notable for its common sense, its avoidance of impossible measures, and its treatment of the subject in a most practical manner. It is particularly satisfactory to notice that throughout the paper there is a lack of that tone of arbitrary authority which so frequently rouses antagonism. The subject is taken up in three divisions: (1) the nature of pulmonary consumption; (2) the condition which favors its spread; and (3) the best methods of preventing it.

It is most essential that the exact characteristics of the disease be understood by the laity. With this knowledge and an understanding of the preventive methods used by the local authorities, and the reasons for such methods, opposition will be reduced to a minimum. The co-operation of the people with the local Health authorities will then be assured, for without such harmony little can be accomplished. The blind, unreasoning terror which greeted the advent of cholera into New York Harbor was born of ignorance. If the proper conditions which are necessary for the prevention of the spread of cholera had been properly understood at that time, we should have been spared such disgraceful exhibitions of human selfishness.

The third proposition, that of prevention, is without doubt the most important topic. It is that plank in our medical platform that we must support first and last. There is the mine which is to destroy the enemy. The prevention of overcrowding; household and personal cleanliness; proper food and better hygienic surroundings; fresh air and plenty of it, are all subjects for careful consideration and experiment.

Boston is situated upon the sea-board, and during the warm, summer months the bath-houses anchored at various points upon

the water front serve a most necessary adjunct to the health of a great city. It would be well if some such method of public bathing were to be adopted in other cities which are less fortunately placed.

In 1891, the city of Boston was canvassed by the State authorities, making a house to house investigation with special reference to the very points now under consideration. The rooms without windows, number of closets, size of the family and number of rooms, were among the questions asked and answered. There are, therefore, gathered together carefully arranged statistics furnishing a fair working basis for municipal reform.

The destruction of the sputum is one of the most important features in this branch of preventive medicine. Strict ordinances should be made and enforced regarding the habit of expectoration in public buildings and conveyances, particularly in the street and steam cars. It is through this channel the germs reach the circulating air, since the air from the lungs of tubercular subjects does not contain the bacilli. The lungs, through which probably the disease is most frequently acquired, have a wonderfully resistive power to the invasion of disease. When we realize that every inspiration means the taking in of numberless microbes, as well as other foreign material in the form of dust, all of which remain behind, the necessity of pure air is more clearly realized. By the aid of a beam of electric light, Tyndall demonstrated that the expired air is free from both organic and inorganic material, no matter how heavily laden it was before inspiration.

In beginning this task of instruction of the laity in matters hygienic, the subject must be first carefully explained in all its lights. After that, and not until then, can the matter be treated effectually. There is no more danger from tuberculosis to-day than there was fifty years ago, in fact less, and the public should know it. Fifty years ago the very nature of the trouble was still unrecognized; to-day, with the aid of modern research, we have a sure foundation for advance and preventive measure. Let us by all means use the proverbial "ounce" first and then if need be the "pound."

How Are the Mighty Fallen! — To what debasements cannot man come, if lured by the glitter of filthy lucre, especially if under the guize of a kindly old man's intense desire to relieve suffering humanity! Scarcely have we recovered from our surprise at the drivellings of senility lately manifested by the once famous Brown-Séquard in regard to his wonderful discovery of the Elixir of Life, when we are again startled by flashy advertisements in the daily papers of Animal Extracts, prepared according to the formulæ of Dr. Wm. A. Hammond, of Washington, D. C., and for sale to the public everywhere at $2.50 a bottle. Dr. Hammond once occupied the highest official medical position in this country, being surgeon-general in time of war, and that the greatest war of modern time, of the army of this grand and glorious republic; and even now, we believe, he draws "retired pay" as Surgeon-General. He was also famous throughout the country as a professor in one of the best known medical colleges in New York. No medical man, therefore, in the universe has been more advertised than he; all of which notoriety is expected to be an amazing help towards placing in every home in our broad land these animal extracts of wonderful healing properties made in his laboratory at Washington. *Cerebrine*, from the brain, (whose, we are not told, perhaps Guiteau's) is for diseases of the brain and nervous system. *Medulline*, from the spinal cord, is for diseases of the cord, kindly explained to the public as locomotor ataxia, etc. *Cardine*, from the heart, is for diseases of the heart. *Testine*, from the testes, for diseases of the testes, atrophy of the organs, sterility, etc. *Ovarine*, from the ovaries, for diseases of the ovaries. Others are *Musculine*, *Thyroidine*, etc., etc., all tending to show that the art of healing is now perfectly simple and within the easy reach of every man, his own doctor, provided always that he has easy access to the $2.50. When noted men thus prostitute themselves, how much more of an excuse common quacks have for their quackeries! Again, how much better are these extracts than the nosodes of some vagarists?

Precautions Against Poisoning. — A law in Germany requires that all drugs intended for internal use be henceforth put up in round bottles, and those for external use be placed in hexagonal bottles. This enactment is precautionary against poisoning. — *Boston Med. and Surg. Jour.*

COMMUNICATIONS.

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MEDICAL LEGISLATION IN MASSACHUSETTS.

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

[*Report to the American Institute of Homœopathy, at Denver, June, 1894.*]

When the Massachusetts Medical Society was chartered in 1781, its membership was made to rest on two conditions — education and character. Freedom of medical opinion was guaranteed to its members by a clause imposing a fine of £100 ($500) on any officer who should prevent any physician from becoming a member on account of difference of medical opinion or practice. The society prospered. It embraced the physicians in good standing and became the medical authority in the State. Any legislation which the society wished was readily granted. About 1850, some of its members having adopted homœopathic belief and practice, the bitter prejudice so often engendered on this subject was directed towards this class of physicians, and in 1872 it culminated in the expulsion of its homœopathic members in direct violation of its charter. This act aroused the attention of the people to its injustice and illegality, and though the courts never decided on the latter point, the greater court of the public unhesitatingly decided on the former. From that time the society lost its former position of respect, and found it impossible to control any legislation whatever. The public became suspicious of any act which the society even favored. To secure any medical legislation it was necessary that the society should remain inactive or carefully conceal its wishes. The veriest quack and charlatan had but to refer to the past action and to raise the cry of injustice and medical intolerance to defeat any act aimed at them.

Massachusetts became the free field and camping-ground for all charlatans and irregulars driven from other States. It was only in the State legislature of the present year that any act regulating medical practice in the slightest degree was passed, and that with difficulty, the Massachusetts Medical Society, as such, having nothing to do with it. A copy of this act accompanies this paper, and though it is very faulty, it is founded upon, and in a measure embraces, the idea which I had the honor to present to this body four years ago, and which then received your favorable consideration.

This bill, now the law of the State, does not prevent any kind of medical practice or investigation, but does forbid fraud or deception. A Board of Registration gives license to all properly

educated physicians, and the following section shows the whole spirit of the bill:

"Sect. 10. Whoever not being registered as aforesaid, shall advertise or hold himself out to the public as a physician or surgeon in this Commonwealth, by appending to his name the letters 'M.D.,' or using the title of doctor, meaning thereby a doctor of medicine, shall be punished by a fine of not less than one hundred nor more than five hundred dollars for each offence, or by imprisonment in jail for three months, or both."

In another section it is expressly stated that the act "does not prohibit gratuitious services nor apply to clairvoyants, persons practising hypnotism, magnetic healing, mind cure, massage methods, Christian science, cosmopathic, or any other method of healing," provided they do not represent themselves as physicians or surgeons, or use the title of doctor or M.D. There is nothing of illiberality or exclusiveness in the law — it does not interfere with the rights of any citizen to secure, when sick, the services of any person he may choose, nor prevent any one from using whatever means he thinks best for the relief of sickness and suffering. Time may and perhaps will show weak spots in this law, but it would seem as though the principle were the right one, and must extend to those States which now have laws of the most rigid character.

But this law seemingly points to a much broader principle and to more essential legislation — to the proper regulation of colleges themselves. The laxity with which medical colleges have been chartered in the various states of this country, the entire lack of responsibility to see that they perform their duties properly, the granting of diplomas to those utterly unfit to have the care of human life, and the shameless selling of diplomas in the open market, — all this is an opprobrium to the profesison — an insult and injury to the whole country. If a man exhibits a diploma with the seal of an incorporated institution and signed by its officers testifying to the whole world that he is learned in the art of medicine and entitled to due consideration everywhere, from the profession and the community, as a learned man, the public and strangers have a right to feel confidence in such a man; and yet the greater part of the profession and of the community, after a time come to know that the holder of this diploma may be an ignoramus and a cheat. Hence has come, on the part of many States, the seeming necessity of stamping the whole profession as guilty of ignorance, and compelling them individually to go through the most rigid examination before they can be allowed to administer a dose of medicine in the direst exigency.

How shall this condition of the medical profession be remedied?

Can it be better done in any way than by the exercise of State control upon the colleges themselves? Let the standard of education be set by the profession itself as high as may be, and then let the State see that its requirements are strictly complied with by every college in its borders, and make every college that grants a diploma either ignorantly or fraudulently, liable to the forfeiture of its charter. The details of this plan, of course, require careful thought, but they are certainly such as could be arranged, and perhaps there is no subject which should so fully engross the attention of this Institute as the proper qualification of physicians. The system of a single cursory examination upon any subject is of little value in determining a man's fitness. The quick, ready, superficial man might pass a tolerable examination on many subjects, while a profound man, like Humboldt, might easily fail on many of the trifling details. The day of final examinations in the colleges themselves is fast passing away, but the daily and satisfactory work through a sufficient course of study is the only means of testing a man's ability and knowledge. Let it be decided, then, what length of time a student shall work in the medical school, the number of branches he shall pursue, the quality of work to be done in each of those subjects, and with a daily or frequent test through the whole course of his study before his diploma is granted to him, that diploma should afterwards remain undisputed as testifying to his qualifications as a doctor of medicine.

THE RECENT ACTION OF THE BRITISH HOMŒOPATHIC CONGRESS: AND WHAT IT SUGGESTS.

BY HENRY E. SPALDING, M.D., BOSTON, MASS.

[*Read before the American Institute of Homœopathy.*]

The criticism of the method of conferring degrees by some of our American colleges, as brought out at a recent meeting of the British Homœopathic Congress, and heralded far and wide by the medical press, can not be ignored by this organization, which is the oldest, largest and most authoritative homœopathic society in the world, and which assumes through its Intercollegiate and Medical Education Bureaus to have a supervising care over the homœopathic colleges of the country.

In considering this matter, we should not let patriotic pride ruffle the Eagle's plumage and set her screaming, nor should we attempt to silence the Lion's growling by a charge of the hot shot of retaliation.

By considering the action of the British Congress calmly, we shall be able to see that, while the discussion incident thereto may have been a little offensive and unfair, the action taken was

in strict accord with one of the fundamental laws of its organization. Every body has the right to formulate its own governing rules, and until, by legislative action, it rescinds or modifies them, its members are bound to abide by them. The aphorism, "self-preservation is the first law of nature," applies to organizations as to individuals. The measures adopted for self-preservation, be they wise or unwise, are not the legitimate subject for criticism or discussion by outsiders. It seems that a chief qualification for admission to the British Homœopathic Congress is the possession of a diploma that is certified to and registered by the General Medical Council of England. To be registered by this council, which, by the way, is a creature in part of the civil government and in part of the medical profession, the applicant must have received his diploma in conformity to certain set rules. These rules are also English, and if peculiar we are not to discuss them. We may say, however, that they appear to be a warning to Englishmen not to get their diplomas abroad.

The great crime of Dr. Heath, the applicant for membership, would seem to be that being a British subject he nevertheless obtained his degree in a foreign country. He had been a practising pharmacist twenty years, which was justly counted of equal value to one year's study; he had taken one course of lectures in England, and one, his final, in Philadelphia. He passed his examination and rightfully received his diploma.

Had he been an American citizen, this diploma would have been approved and registered. Again, although a British subject, had he resided five years in America before receiving his degree, whether the time had been spent in the study of medicine or not, his diploma would have been approved and registered. Still again, if instead of having been a practising pharmacist twenty years, he could have shown that he had been a practising physician ten years, although irregular, in England or elsewhere, his diploma would have been registered. Under these circumstances he was not registered, and hence could not be admitted to the British Homœopathic Congress.

In regard to the diploma of a second party, Dr. Harriet Carmen, which was brought in question incidentally with the discussion, it would seem that the faculty of the college granting her diploma were deceived as to the real value of her certificates of study in English colleges. They apparently covered the requirements, and in addition she had had some experience as a pharmacist. She passed her examinations, "stood high and graduated with honor."

In the third case, which all the evidence shows was an outrageous case of diploma selling, the diploma was conferred by a college that never was and never claimed to be homœopathic.

The outcome of these cases is much more creditable than was at first apparent. The manifest disposition to question the value of our diplomas very properly sets us thinking, and demands that we investigate the cause. There is smoke in the air! Where is the fire? It is largely a legacy of the past. A recent letter from an officer of the British Homœopathic Congress informs me that the act restricting membership to registered physicians dates back to 1870. It was then adopted "with special reference to a gentleman who had an American diploma, but no British diploma." It cannot be denied that in years past some medical colleges, homœopathic, allopathic, and eclectic, ambitious to swell their lists of matriculants and graduates, or from indifference and negligence, have conferred degrees upon students who not only failed to pursue the prescribed course of study, but were lamentably ignorant. They could not possibly have passed an honest examination. Students who have failed to pass in their first or their second year's work, have gone to a rival college and been graduated with honor, perhaps weeks before their former fellow-students, who had from the beginning done honest, thorough work, could receive their degrees. Such diplomas could not have been honestly gained by the student, or honestly conferred by the college. He enters professional life with the reputation of incompetency, and the contempt of his former associates in study, which follow him as a shadow. The result is that his life is but half a success, when with another year of study he might have accomplished work creditable to himself and honorable to the profession. The college gets a few dollars and one more name to lengthen its list of students, thus making a show of successful competition over rival colleges.

Now, when it is a fact that physicians who have obtained their degrees in this way, have for this and no other cause been refused membership in our state societies, we cannot wonder that foreign societies look with suspicion upon our diplomas, and it is with ill grace that we resent it. If American medical colleges have an unsavory reputation, they have doubtless earned it.

I have said that these are things of the past. It is certainly to be hoped that no college in our ranks would to-day so forget the high purpose for which it was founded, would be so wanting in integrity as to be thus guilty of professional dishonor.

It is to be feared, however, that with some, repentance is of such recent date, that, like all young converts, they need the most watchful care of the faithful to keep them in the straight and narrow path.

No longer ago than '91, there was in one of our medical colleges a man approaching middle life, whose past had not been

that of a student. He had taken the prescribed first year of study, but failed in his examinations. The next year he went over the same ground and again failed in his examinations. He was honestly advised to abandon the study of medicine. Instead of that, he went to another homœopathic medical college, and notwithstanding the fact that he had not completed his first year's work he was given a diploma after a twenty-six weeks' course of lectures. This happened only last year. To assume that this diploma was rightfully conferred, is preposterous.

This was highly reprehensible ten years ago. To-day, with our professions of high standing as leaders in demanding the utmost thoroughness in medical education, it is an outrage It behooves the American Institute of Homœopathy to throw the full light of publicity upon such acts, should they occur in future, and to place upon the guilty colleges the stamp of condemnation, no matter what their associations or how large their following.

Notwithstanding these occasional derelictions, it is a fact that the medical student can to-day get as good an education in America as in Enrope. It is claimed, better than in London or even Paris. In the hospital clinics of Europe, the recent graduates from our American colleges, with their three or four years' course of study, show more efficiency and thoroughness in the practical essentials of medicine and surgery, than do the students there at the end of a five years' course. There is no doubt that the very long term of study encourages giving undue attention to minutiæ, details and non-essentials. As homœopathists we may take a just pride in the fact that the homœopathic colleges have, during the last fifteen years, taken the initiative in advancing the status of medical education. It was a homœopathic college that first required an entrance examination or satisfactory credentials of a suitable preparatory education. Likewise a homœopathic college has the credit of being the first in America to provide for its students a four years' course of study. That they do, as a class, exceed in their requirements those of other schools, is acknowledged by allopathists. Dr. John B. Roberts, president of the section in anatomy, says, in his opening address before the Pan-American Medical Congress, Sept. 5, 1893: "It is a little embarassing to know that students entering homœopathic colleges are required by the American Institute of Homœopathy to possess a broader general education than is demanded of our students by the American Medical Association, the Association of American Medical Colleges, or our best medical schools."

It is the duty of the Institute to keep a careful watch over our colleges, and not only condemn all misdeeds, but as far as possible remove all incentives to them. Doubtless the spirit of

rivalry is the chief incentive to error. We have now too many colleges. The profession cannot so support them as to enable them to furnish the clinical and didactic teaching that is now demanded. And yet, scarcely a year passes but some new college venture is launched with high hopes and loud professions. No effort is spared to make the thing a numerical and financial success. There is, without doubt, an honest purpose to give good instruction, but the small class and poor clinical advantages inevitably attending these new ventures, make this impossible. The result is a too low grade of instruction, and confiding young men and women are induced to receive degrees from institutions that cannot furnish them what they need, and that, as institutions, will most likely, in a few years, be a thing of history.

Our medical colleges should be so located as to accommodate the needs of the various sections of the country. Moreover, they should be in populous centers, where provision has already been made for abundant clinical advantages. It does not seem possible that there is any demand for the establishment of two, three or four homœopathic medical colleges in any one city, however large it may be. There may be enough well-qualified teachers to fill the chairs, but there are not enough students to fill the benches, nor hospitals and dispensaries to fill the required clinical bill.

We believe, then, that the Institute should discourage the establishing of rival medical schools. Also, that it should keep a close watch over those already established, persuading them to seek the road to success and honor through the *quality of teaching* rather than through the *numbers taught.*

A REPORT OF FIVE CASES OF PRIMARY ORGANIC DISEASE OF THE LIVER.

BY JAMES R. COCKE, M.D., BOSTON, MASS.

The great advance in experimental pathology which has been and is being made in modern times, gives to the liver an importance physiologically which it has never possessed before; hence studies relating to its pathological condition must prove of profound interest, both to the general physician and to the pathologist. I find, in reading over the latest text-books and monographs upon diseases of the liver, many statements which are at once contradictory and misleading.

My first case is one of hepatic cirrhosis. She was seen by me in October, '93, in consultation with her family physician. Her family history gave no light upon her condition. She was forty-eight years of age and the mother of three healthy children. Her general habits were exemplary. The history of the

abuse of alcohol could be positively excluded. The same could be said of specific infection. Twenty years previous, she had suffered from a light attack of malaria and had been anæmic ever since.

She was very neurasthenic and had been treated for numerous ailments, gynæcological and otherwise. Eight weeks preceding the first time I saw her, she visited the World's Fair, and while in Chicago, noticed a rapidly developing enlargement of the abdomen. When I saw her the abdomen was enormously distended. Fluctuation was easily detected upon percussion. The skin of the abdomen was uniformly glazed and shining. Respiration was exceedingly difficult. We could indistinctly make out by palpation, a mass apparently floating free in the fluid in the left hypochondriac and left lumbar regions. Percussion of the chest showed the line of dullness caused by the liver to be about one-half inch lower than normal. The lady's general appearance suggested a simple anæmia. I immediately advised aspiration of the abdomen. This the family physician thought had better be deferred until she was removed to the hospital.

As she was anxious that she should have my personal care, and as her home was one hundred miles from Boston, I at first hesitated. She was, however, removed with little difficulty a few days later to the Boothby Surgical Hospital in this city, and on the day following her removal the abdomen was aspirated and about five quarts of light straw-colored serum was removed. It was analyzed and no bile was found in it. A small quantity of serum albumen was present. Its microscopic appearance showed nothing abnormal.

The indistinct mass upon the left side of the abdomen, previously mentioned, could, after the fluid was withdrawn, easily be determined to consist of an enormously hypertrophied spleen. Its anterior margin extended in front to one-fourth of an inch of the umbilicus. Its posterior margin rested upon the quadratus lumborum muscle. Its pointed lower extremity came within three-fourths of an inch of the left iliac crest. Its upper extremity occupied the lower portion of the left hypochondriac region. Its surface was dense. The notch in its anterior border could be easily palpated through the now lax abdominal wall. The lower border of the liver was inaccessible to palpation.

Following the aspiration, Dr. J. P. Sutherland was called in consultation. He, without my suggestion, determined the before mentioned line of liver dulness to be considerably lower than its normal position. We had then an enormously enlarged spleen and an apparently contracted liver.

Was the patient's condition due to leucocythemia? In order

to determine this Dr. Dewis, of the Carney Hospital, and Dr. Thomas, of this city, withdrew some blood from the finger of the patient and found the following curious conditions under the microscope.

The white blood corpuscles were slightly diminished if anything, as were also the normal red blood corpuscles. The field presented numerous very small polynucleated red blood corpuscles of embryonic life. Several examinations of the blood were made at different intervals with a like result.

The urine was next interrogated. The amount passed in twenty-four hours was forty-two ounces. The nitric acid test showed bile to be absent. Albumen was present in considerable quantity, one-sixth of one per cent. The biuret action determined a portion of this albumen, at least, to be peptone. The ethereal sulphates were pathologically abundant. Renal elements were conspicuous by their absence. Five different analyses of the urine were made and at no time was there bile present.

General Symptomatology. — The patient complained of a slight headache in the morning and flatulence after meals. Of general languor and debility; also insomnia and a very considerable amount of thirst. There was at no time severe pain. After aspirating the abdomen the veins of the abdominal wall became more prominent. This condition of things lasted ten days, the abdomen very slowly refilling with water. Dr. Sutherland and myself made frequent examinations of the heart and lungs, and found them normal. The patient died on the twelfth day after the aspiration. The following were the conditions of her demise.

Forty-eight hours before her death her temperature, which had previously been about normal, went up to 101. Her tongue became dry and parched, her intellect dull and apathetic, her pupils were contracted as if from opium poisoning, although none of this drug was given her at any time. Her pulse was from 72 to 126. The temperature slowly but steadily rose. The mental hebetude increased *pari passu*, with the temperature and pulse. She declined nourishment. The bowels which had previously been regular ceased to move. Apropos of the bowels, the stools were at no time clay-colored. She passed urine in normal amounts up to her death. The splenic region previously free from pain, became tender. Respiration which had been deep and regular after the aspiration became somewhat hurried. The patient expired, having been completely unconscious about eight hours. The cardiac sounds, particularly the pulmonary second sound, remained perfectly distinct until three minutes before her death. She died at midnight.

At 9 A. M. the next day, Dr. Sutherland, assisted by Dr. Dewis and myself, performed a necropsy. Opening the chest we found its viscera normal. Opening the abdomen two quarts of fluid were removed, by means of a large sponge. The liver was shrunken and hard, its anterior margin smooth and hard, its surface somewhat roughened. The spleen, as we expected, was enormously hypertrophied. The peritoneal surfaces over the spleen were covered with a fibrinous exudation. There were many foci of congestion apparent everywhere over the whole surface of the peritoneum, (it looked mottled).

Excepting for evidence of portal congestion, the other abdominal viscera were normal. Microscopic sections of the spleen and liver were made by Drs. Sutherland and Dewis. The tissues of the liver presented the typical appearance of atrophic cirrhosis of this organ. There had been a great proliferation of the interstitial connective tissues which had destroyed in the main the parenchymatous liver structures. The normal splenic tissues were simply increased.

It is unusual to speak of the therapeutics of the case for the first time after the necropsy. Even now I will only make brief mention of them. Iodide of potassium, arsenic and cinchona were the three remedies used during the different periods of the case. They were used in homœopathic doses. They apparently had little or no effect upon the symptoms.

The points of interest about this case are first, the absence of bile from the urine; second, the enormous distention of the abdomen with fluid; third, the presence in large numbers of polynucleated minute red blood corpuscles; fourth, the absence of alcoholic history; fifth, the relation of malaria to her condition; and last, the perfect, even increase in all the splenic tissues. The patient died in a typhoid condition, probably from auto-intoxication.

Prof. Bouchard and other physiologists teach us that in some way it is one of the functions of the liver to destroy the organic poisonous alkaloids formed during digestive proteolysis. If this be true, the system of the patient with cirrhosis of the liver, must either become greatly tolerant of these alkaloids, or find another way of disposing of them.

Referring to the diagnosis, there were, it will be seen, many symptoms present strongly suggestive of atrophic hepatic cirrhosis. At the same time a hobnail liver could not be felt, at least during life. The typical clay-colored appearance of the skin, so generally seen in cases of cirrhosis of the liver found in our hospitals, was absent. I have searched all the available literature on cirrhosis to find a similar microscopic condition of the blood, but have not found it described by any authority upon diseases of the liver.

CASE 2. Miss B., 51 years of age, consulted me in January, '93, suffering with convulsive tic. Palpating her face the skin presented that peculiar 'feel' so characteristic of jaundice. I asked her if she had had gall stones or had ever been jaundiced. She informed me that she had suffered with several attacks of abdominal pain two years since, which her physician had pronounced to be gall stone colic. She had always looked bilious as she expressed it, but once only had her skin been pronouncedly jaundiced. Examining the abdomen I found an enormous mass occupying the right hypochondriac, the right umbilical and right lumbar region, and this mass extended down nearly to the anterior superior spine of the ilium.

Palpating the mass carefully, I found its surface to be hard like a cartilage. It extended upward to the epigastrium. There was a notch corresponding to the notch felt in the normal liver, revealed by palpation in this region. Palpating the left side of the abdomen, I found a mass which was easily determined to be an enlarged spleen. Percussing both the splenic and hepatic regions, I found the spleen and liver to be greatly enlarged.

An analysis of the urine showed a small quantity of bile and albumen, together with hyaline and granular casts from the kidneys to be present. Dr. Suffa examined the eyes at my request, and found both the conjunctiva and the irides to be slightly jaundiced.

The patient complained of no symptoms referable to the abdominal viscera, and could scarcely credit my statements with regard to her spleen and liver. She had an attack of malaria twenty years ago. Her family history was negative. She was given at different times quinine, calomel in small doses, iodide of potash and arsenic.

This patient has been under observation at intervals up to the present time. Her general health remains excellent, and the jaundice has entirely disappeared from the skin. The liver and spleen still remain the same size as when first examined.

Wishing to make a careful study of the case, I invited Dr. Sutherland to see her with me in April of the present year. We made an examination together, and decided this case to be one of hypertrophic biliary cirrhosis of malarial origin. Consulting the literature I find that in Strumpell's text-book of medicine there are two forms of hypertrophic biliary cirrhosis. One is due to occlusion of the bile duct for a long time by a biliary calculus. The retained bile in the gall bladder and in the hepatic cells, generally acting as a chemical irritant, gives rise to a hyperplasia of connective tissues The second form of hypertrophic cirrhosis described by Strumpell seems to be in general due to the same causes which give rise to the atrophic

variety. Prof. DaCosta describes a form of hypertrophic cirrhosis due to chronic malaria, and thinks that such a cirrhosis is of long duration.

Now we see in our second case both evidences of biliary retention and malarial poison. It certainly is singular that one patient having an enormously enlarged liver and spleen should be able to attend to the ordinary duties of life and enjoy good health, while the first of my two cases should succumb so rapidly to a condition in which there was certainly no greater destruction of the parenchymatous tissue of the liver, and no more cause for hypostatic interference with the portal circulation. True, in the first case the liver was found to be atrophied, but there was no evidence at any time of biliary intoxication. In the second case, with evidences of jaundice and the enormously hypertrophied liver, together with an enlarged spleen, we neither had in the first place evidences of portal engorgement or interference by mechanical pressure. In strong contrast I will state another case.

Mr. C.; forty-eight years of age, known to me for ten years; complained in the spring of '93 of a sense of weight and pressure in the abdomen. I personally know that all of his habits were exemplary. His family history was excellent. His symptoms began in November of '92. He had a slight touch of malaria during this month for the first time. On palpating his abdomen I was amazed to find his liver enormously hypertrophied, and a similar condition of the spleen, the heart and lungs normal, and the urinary secretions the same. There was no tenderness in any part of the abdomen. The appetite, digestion and general nutrition were good, and he laughed at me when I told him the condition of his abdomen. At the urgent solicitation of his wife, he consulted his family physician in Malden. This gentleman was struck with amazement at the condition of things found in the patient's abdomen.

The physician wrote me a personal letter, assuring me that he had examined the patient in the spring of '92 for life insurance, and at that time there was no apparent abnormality in the abdominal viscera. He further stated that the condition of his liver was utterly inexplicable to him. The patient was under observation six weeks. At this time the skin became covered with purpuric spots in different parts of the body. The blood was examined microscopically, and save a slight secondary anæmia, we saw no abnormality. After the development of the purpura the patient became rapidly marantic and died.

A necropsy was allowed. Microscopic specimens of the liver and spleen were examined by pathologists in both New York and Boston. In the spleen the connective tissue ele-

ments preponderated. There was an enormous increase also in the connective tissues of the liver. Both pathologists agreed that there was only a very little of the parenchymatous tissue of the liver left intact. The gall-bladder and its duct were normal.

In the light of this case and of my preceding one, it seems to me that there must be at least two varieties of hypertrophic biliary cirrhosis due to malaria, and that these malarial cirrhoses of the liver differ very widely in their clinical histories. Why this man, previously in perfect health, should have developed such a condition so rapidly, and why it should have proved fatal so soon, is inexplicable to me upon any other hypothisis, especially when we consider that my second case is still living and well, with the liver and spleen equal in proportion, if not larger than in case number three. I had another examination by both pathologists, of the liver and spleen of case three, thinking that the elements of malignancy might have been overlooked, but they assured me that no evidences of carcinoma were found.

In a very careful study of many cases of cirrhosis of the liver, I have failed to find one which presented a history of such rapid development and so speedy a fatal termination.

CASE 4. Primary carcinoma of the liver. Owing to the rarity of primary carcinoma in the liver, the following case presents some features of peculiar interest. All medical writers agree that while metastatic or secondary cancer in the liver is very common, it is indeed very unusal for carcinoma to develop primarily in the liver.

I was called to see Mr. ——, in the spring of 1893. He had been treated, so I learned, for pleurisy, although I could gain no definite details concerning his previous illness. The history of his antecedants threw no light upon his present condition. He complained of severe pain in the lower right side of the thorax. There was dyspnœa. He was much emaciated; the skin was dry and parched. He also complained of hemorrhoids, insomna, and anorexia. There were, however, no serious symptoms referable to the stomach. The bowels were regular, and the appearance of the stools normal. The prominent symptom, then, was very severe pain in the right hypochondrium. I made a thorough examination of the thoracic viscera, and found the left lung and heart normal. The upper margin of the liver dullness upon the right side, extended to one half-inch above the right nipple, and up to about the fifth rib in the right axilla. Palpating the abdomen, I at once detected a nodular mass which occupied the right hypochondriac and right lumbar, a portion of the umbilical, and below a portion of the inguinal regions. The mass was nodulated. Some of the nodules were as large as a mandarin orange. Their summits were umbilicated (dimpled).

The mass would descend with forced inspiration. The percussion note everywhere over it was flat. Moving the abdominal wall over it, one could detect a very distinct friction fremitus; the sensation conveyed to the hand being that of crumpling leather. On palpating the epigastrium it was found also to be filled by a portion of the same nodulated mass. The superficiality of the position of the mass, together with its shape and general outline, made it at once apparent that the mass could not spring from the kidneys, and the fact that the dullness from the mass and dullness over the right thoracic region was continuous, made it practically certain that we were dealing with an enlarged liver, and an enormously enlarged one.

There was no ascites or anasarca. The amount of urine secreted in twenty-four hours was forty-three ounces. Albumen, casts and sugar were absent. Urea was greatly diminished. The specific gravity was 1018. There was an abundance of leucin, tyrosin, and indican. Also the sulphates, especially the organic (ethereal), were greatly increased. Believing the case to be one of carcinoma of the liver, Dr. Alonzo Boothby was called in consultation.

After palpating the case carefully with me, he at once concurred in my diagnosis. Now scientifically, the important question to decide was whether or not the epithelioma had started at the pyloric end of the stomach and had invaded the liver; or did this growth begin in the liver? There were certainly no evidences of carcinoma of the stomach. The man ate decently well, and save for a mechanical distress caused by the pressure of the mass, complained little or none of his stomach. Now, when we consider that this mass extended from the right hypochondrium across the epigastrium and downward to the umbilical region, this was an astonishing fact.

I tried auscultatory percussion upon the stomach, and found it considerably enlarged. Its lower margin lay below the umbilicus. I passed a flexible stomach tube into the stomach and inflated it, by means of a Pollitzer air-bag. After inflation, its exact limits could be plainly made out by percussion, and a portion of the mass occupying the epigastric region, owing to the inflation of the stomach, changed its position in such a manner that its lower edge could now be plainly palpated; and it could be felt to be continuous with the mass occupying the right hypochondriac region. I removed the wind from the stomach by pressure. It escaped through the stomach tube. Then directing the patient to cough, a portion of partially digested food from the stomach was obtained and analyzed after the Ewald method. Goonsburg's test showed hydrochloric acid to be present. The contents of the stomach also showed pepto-genetic

reactions, and I next determined to test the motor and absorptive capacity of the stomach. I gave six grains of salol by the mouth, and directed him to pass urine at intervals of a half-hour into three different bottles. Now as salol is decomposed in the small intestines into salicylic and carbolic acids, it will be readily seen that if the motor power of the stomach was decreased or wholly in abeyance, the salol would remain undecomposed in the acid contents of the stomach; and if the salol reaches the intestine it must do so by the expulsive power of the stomach, and on reaching the alkaline contents of the intestine, it is split up, as I said before, into its two component elements, salicylic and carbolic acid.

Now, carbolic acid appeared in the urine just one and one-half hours after the ingestion of the salol, hence it follows that the pyloric end of the stomach must have been patent, and the fact that it did not appear in the urine until one and one-half hours after its ingestion, proves that the pyloric end of the stomach must have been physiologically closed by its sphincter during the before-mentioned period of time. If there had been a cicatricial or malignant deformity of the pylorus, the salol reaction in the urine would not have corresponded so closely as it did to the reaction obtained upon the normal man, after the ingestion of salol.

If there had been a cancerous growth near the cardiac end of the stomach, I would have experienced difficulty in the introduction of the stomach tube. I decided that the dilated stomach previously mentioned, was practically a condition of congenital megagastria, for in cases of dilated stomach, due either to atony or malignant diseases, the absorptive power of the cells and motor power of the stomach are usually decreased or wholly absent. I proved that this was not the case, for I gave this man, in a gelatine capsule, ten grains of iodide of potash. In just twenty-three minutes after the ingestion of the drug, his saliva and perspiration gave the characteristic reaction of iodine with starch paper. Hence, it must have been absorbed with reasonable facility from the stomach, as my capsule was carefully prepared, so that there was no iodide of potassium upon it, but only in its interior.

The patient was under observation a month or six weeks. He was jaundiced at no time. He suffered severely from headaches, more from hemorrhoids, and still more from the pain in the hepatic region. He died in May of '93. A necropsy was not permitted.

From the physical signs and symptoms of this patient, it is apparent that he suffered from a growth, whose primary seat was in the liver. From the chemical tests made it is equally

apparent that no serious organic disease could have co-existed in the stomach.

True, authorities differ as to diagnostic significance of the presence or absence of hydrochloric acid in the stomach, but it is fairly well established now that in advanced stages of cancer of this organ, its ability to secrete hydrochloric acid is usually lost. There was no malarial or alcoholic history in the case, and as the physical signs and symptoms, together with the cachexia, were so marked, I feel that I am warranted in reporting it as a case of primary cancer of the liver.

CASE 5. Movable, wandering or floating liver. As this condition is a very rare one, and as the therapeutic efforts in the case have been so successful, I report it, hoping that it may lead to the further study of this condition. Also, a physical diagnosis of the movable liver is attended with some technical difficulty.

Mrs. ——, forty years of age, a mother of four healthy children, consulted me in the latter part of March of the present year. She belongs to a healthy New England family, and her own personal history is unusually good. About six weeks before she consulted me she fell from the top of a step-ladder, a distance of about six feet.

As the lady was quite stout, she raised herself with some difficulty. She felt, as she expressed it, "something give way" in her right side. She went about her household duties with a sense of weight and heaviness in the right side. A few days later a severe pain set in, extending from the right hypochondrium down into the right thigh. There was a sense of weight upon the hips, and a feeling as though her ribs upon the right side were "caved in" as she expressed it. The symptoms progressively increased. The skin became slightly jaundiced. There was frequency of micturition, insomnia and other neurasthenic symptoms intervened. When I first saw the lady she was in a great deal of distress.

Placing her in the dorsal position and sweeping my hand over her abdomen, I found a mass resting upon the right iliac crest hear the anterior superior spine of the ilium. Its under surface was concave, and its upper surface was convex. It presented a sharp, well-defined edge, and a notch could be plainly felt in it; the notch pointed toward the symphysis pubis. A well-oiled finger introduced into the rectum could plainly make out its smooth, resistant concave under surface. As the patient's abdominal walls were lax, the mass was easily felt to be lobulated. Percussion immediately over it gave a flat note. The rest of the abdomen was tympanitic. The right hypochondrium, to my amazement, also gave a clear, tympanitic note. Seizing the right and

and left hypochondria respectively with my two hands, the long axis of my hands being parallel to the long axis of the patient's body, I found that firm pressure upon the ribs, developed the fact that the ribs in the right hypochondrium were less resistant, if anything, than were those of the left hypochondrium. I next outlined the limits of the stomach by auscultatory percussion, and found that the tympanitic note was as apparent in the right as in the left side. Seizing this mass I exerted pressure upward and backward upon it. This gave considerable pain to the patient. The mass was movable to a certain extent laterally, and I found that after pressing the mass over to the right a little it readily made an excursion from below, upward and backward, and with a gurgling sound passed into the right hypochondrium. The percussion note over this region which was previously tympanitic, now became flat. Placing the patient on her feet the mass immediately slipped down again to the iliac crest. The patient being directed to breathe deeply while in a standing position, a structure feeling like a strong flat cord could be felt when the hand was pressed deeply into the abdominal wall. The cord extended obliquely upward and backward to the diaphragm by the ninth and tenth rib. From the foregoing signs I made a diagnosis of a displaced or wandering liver, and it was my opinion that the cord previously described was the taut and possibly twisted suspensory ligament of the liver.

Consulting the literature I found there had been a number of cases of wandering liver reported, but could find nothing that would aid me in the treatment. I determined to try some sort of bandage with a broad, firm pad, which would hold the organ in its proper place and at least relieve the pressure symptoms.

I studied up my design for a bandage and pad, and took the patient to Dr. J. Wilkinson Clapp. He and Mr. C. A. Boynton, well known in connection with the firm of Otis Clapp & Son, undertook the work with enthusiasm, although Dr. Clapp was somewhat sceptical as to the final result. I described a bandage and pad like the following. There was constructed an elliptical pad made of some hard substance and covered with soft material. This pad was fitted to a broad bandage. At the upper portion of this pad there was a steel spring, which, when it was compressed and fastened to the bandage, would cause the upper pointed extremity of the pad to press upward and backward.

In the presence of Dr. Clapp, I again reduced the misplaced liver and placed the pad on the right side of the abdomen, its long axis parallel to the long axis of the abdomen. I pressed the upper extremity of the pad firmly with my hand into the abdominal wall. Holding the pad in place I directed the patient to stand. We saw at once that if the spring could be adjusted

so that it would exercise pressure in the same direction, and to the same extent as my hand did, that it would hold the liver in place. This, then, was the mechanical difficulty with which we had to contend. A broad, firm bandage was constructed with laces and straps, which would permit it to be laced as firm at any portion as we might wish.

After a little experimenting, Dr. Clapp and Mr. Boynton succeeded in adjusting the spring so that the pad would press upon the lower margin of the liver and hold it in place. The rest of the broad bandage was made of light, elastic material. I taught the patient how to reduce her liver and adjust her bandage. Briefly, then, the bandage has been worn by her up to the present time. She attends to all of her household and social duties, and experiences no inconvenience either from the bandage or from the organ which was previously misplaced.

I found by several examinations that the pad holds the liver well in its normal position. Whether or not the liver will become adherent and remain in its normal position without the bandage, of course I cannot say. I shall try later a method of massaging the abdominal walls, which will develop the muscular structures, and hope in this way to increase the support of the misplaced organ. I have treated a number of movable kidneys by the adjustable pad and massaging, and have been gratified to find that some of my patients do not have a return of the dislocation, and I hope for the same result with the movable liver.

In the recital of these cases, I have endeavored to make the following points clear.

First, There are two varieties of hypertrophic biliary cirrhosis, which are probably due to malarial intoxication. One of these varieties proves quickly fatal, the other is of long duration.

Second, Atrophic cirrhosis, as in my first case, may also be due to the same cause.

Third, There is a variety of hypertrophic biliary cirrhosis of the liver due to the retention of bile from a mechanical obstruction in the gall duct. I have seen an enlarged liver due to this cause reduced, after the passage of a gall stone, to its normal size.

Fourth, Carcinoma may develop in the liver primarily, and physical and chemical diagnosis can with reasonable certainty exclude a carcinoma of the stomach.

Fifth, The symptoms due to a movable or misplaced liver can be wholly relieved by a properly adjusted pad.

I have omitted, for want of space, many technical descriptions of the methods used by me in palpating the abdomen.

PRACTICAL POINTS IN URINALYSIS.

BY J. P. RAND, M.D., WORCESTER, MASS.

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

Normal urine contains the ultimate products of tissue metamorphosis, and though these products may exhibit wide variations in health, yet a prolonged disturbance of their normal ratio shows at least an unbalanced condition of the excretory organs, and to that extent becomes an evidence of disease.

The examination of urine which was once but the crudest observation, has become in the hands of the chemist and microscopist a veritable science. From it we learn what we could not obtain in any other way, and to it we are constantly referring for help.

The first essential in the practical examination of urine is to know its normal constituents. I do not mean the forty things put down on this list in Flint's Physiology; these are all good to refer to; but I do mean the half dozen ingredients which all normal urine contains, and which are in point of fact almost its entire substance.

In general terms we may define urine as a solution containing about five per cent. of solid ingredients in ninety-five per cent. of water. First among the solids both in quantity and importance is urea, of which there is from two to two and one-half per cent.; next the chlorides from one-half to one per cent.; next the phosphates and sulphates, of each about one-half of one per cent.; and last the urates of which there are about one-tenth of one per cent. These are practically all the constituents of normal urine, and I will not weary you with even a recital of a score of others of which there is at most only a trace, and which present or absent are of little clinical significance.

It is the presence of these salts that determine largely the specific gravity or weight of any specimen. But the specific gravity throws but little light upon the total excretions, unless taken in connection with that other quite as important factor, the daily amount. This we should always determine first in every case, knowing which we have, even before we look at the specimen, a hint as to its pathological significance.

The average excretion of urine in an adult is about three pints a day; if this is markedly and continuously increased, it is due to some pathological conditions either of the kidney itself such as obtains in chronic interstitial nephritis and in amyloid degeneration of that organ, or the kidney may have nothing to do about it and we are forced to trace our polyuria back to that unknown cause of diabetes. The increased excretion has taught us this much before we have looked at the specimen at all.

What next? If the specific gravity is not above the average of 1020 it is not likely that sugar is present; If below 1010 it is hardly worth looking for. Suppose sugar is suspected, how shall we find it? The test I most frequently use is known as Baehr's Sugar Test, and I will give you the formula, as I have never seen it published in any work on urinalysis. It consists of

℞.	Potass. bich. . . .	ʒj.
	Sulphuric Acid . . .	ʒij.
	Water q. s. . . .	℥ii.

This produces a reddish-colored fluid, equal parts of which are boiled with the suspected urine, when if sugar be present the mixture will change to a greenish tint. If sugar is abundant, you will need no further evidence, but proceed at once to watch the progress of the case by the occasional use of Roberts' Fermentation Test to determine the amount. It should be noted in passing, that the fermentation is not delicate and will yield no reliable results if the amount of sugar present is less than two and one-half grains to the fluid ounce.

A third, and what I consider most delicate, is the Indigo Carmine (Mulder's) Test, and for this I employ the urinary test tablets put up by Parke, Davis & Co., of Detroit. In examining for life insurance I use Fehling's Solution, as most companies prefer it, but I am free to say that I do not especially like it. I also hold in reserve the Subnitrate of Bismuth and Picric Acid Tests to be used in doubtful cases.

In our zeal for nicety in the examination of urine we have overshot the mark. We were searching for sugar and albumen as evidences of diseases, and have found them sometimes present in the urine of perfectly healthy individuals. The significant question has ceased to be if sugar or albumen are present, but if continually so, and is the amount present sufficient to constitute a pathological condition.

We turn again to our urine of excessive amount, (excluding, of course, that of temporary nervous origin), with a low specific gravity instead of high. Have we a diabetes insipidus or a chronic interstitial nephritis? The presence of albumen will practically solve this question, but not positively so, for we may have a chronic nephritis without albumen, in which case we should withhold our judgment till the specimen be examined for casts. But how shall we test for albumen?

There are many ways, but in this instance the best are the simplest and the simplest the best. In any case the urine should be filtered before commencing, when the cold nitric acid test will be found satisfactory. To apply this test nicely you need a conical glass that will stand firmly upon the table, not a

test-tube to be held in an unsteady hand. You should always use a pipette and overlay the acid with the urine, not add the urine first and try to underlay the urine with the acid. The zone of opacity if albumen is present I will not describe. Should you wish for a test more delicate the acid is still all you need, but in this case you first boil the suspected urine and afterwards add the acid and allow the mixture to settle. If after twelve hours a sediment is present it is either (1) acid urates, (2) uric acid, (3) nitrate of urea, or (4) albumen. Either of the first three will disappear by boiling, albumen will not. These are all the delicate tests you need for albumen, while the mere boiling of an acid urine is sufficient for the grosser amounts. The question of how much albumen urine may contain seems to be one about which there is much lack of information or carelessness of speech. We see reported cases of twenty, forty and even sixty per cent. of albumen, and the writers evidently think they are correct. But the weight of authority is against them. Tyson says three or four per cent. is probably the maximun amount a urine can contain since blood serum contains only about five per cent. A two per cent. of albumen is a very large one, one-half per cent. is much more common, while many albuminuric urines contain much less than that.

Right here arises a conjecture in my mind as to what produces the tremendous drain on the vital forces when albumen is present. It cannot be due to the loss of albumen since that could not exceed an ounce a day, which would be replaced many times over by what we eat. Think it over, some of you who know, and explain.

With the waste of albumen there is apt to be another and much more serious condition present, viz., the retention of urea. The normal constituents of urine are only significant by their absence. Until recently, the tests for urea have been so uncertain and cumbersome that many physicians have neglected it altogether. In doing so we have failed to grasp a most important point. What is it that causes convulsions in nephritis? Is it the escape of albumen, the presence of casts or anything else that can be found in the urine? Not at all. It is rather what may not be found. In some way or other it depends upon the retention of urea, and, hence, it becomes exceedingly important that this product should be kept under observation.

The experiments of Prof. T. F. Allen in the proving of Cedron, which caused a marked effect on the excretion of urea, may yet furnish us a most valuable remedy. Until something like two years ago, I relied upon what is known as the hypochlorite process in testing for urea, using Squibbs' Labarraque's Solution as a re-agent. But the fluid was expensive and the

chances for error many, so that all things considered the results were not satisfactory.

Since then I have used the apparatus designed by Prof. Doremus, of New York, and this method I am told is taught in our colleges. The instrument is so simple that I have brought it with me for the benefit of any who may not be familiar with it. It is manufactured by Eimer & Amend, 205–211 Third Ave., New York, and only costs $1.50. I have with me a few descriptive circulars which will explain its use. All the chemicals you need are a bottle of bromine and a solution of caustic soda, six ounces to the pint, both of which will keep indefinitely. The only drawback to its use is the irritating fumes from the bromine one is apt to inhale in preparing the solution. The apparatus consists, as you will see, of a single glass tube and an ordinary pipette which is graduated so as to mark a single cc.

The hypobromite solution is prepared by adding 1 cc of bromine to equal parts of the caustic soda, and water enough in quantity to fill the long arm of the ureometer. Tilt now the instrument so as to drive out all the air, then with the pipette take up 1 cc of urine. Carry now the point of the pipette carefully under the bromine solution until it has entered the long arm of the instrument. Compress the bulb slowly and force out the urine, being careful not to drive any air-bubbles into the tube. The bromine solution will quickly decompose the urea present and the resulting gas will collect on the top of the tube. The instrument is so graded that every degree of the solution displaced by the gas represents one grain of urea to the fluid ounce, whence by a little arithmetic you can easily ascertain the amount in twenty-four hours. The contrivance is simple, the manipulations are not difficult, and every physician should have one and use it.

Of the tests for chlorides and other normal constituents I have no time to speak. Every physician has read that the chlorides disappear in pneumonia, but few would think of looking in the urinal to see if the patient was improving.

From the chemical I turn now to the microscopical examination of urine, about which I wish to say one word. There seems to be a misapprehension in the minds of some regarding the necessities for microscopic work. They bring an indifferent specimen of urine to your office and expect you to examine it while they wait, and from the way they talk one would suppose they thought that casts floated around in the urine like logs in a mill-pond and were about as easily recognized. Well, it may be so, but not in my experience, and I have often thought that if some physicians only knew a little more about the microscope they would expect of it a great deal less. And, first, don't ex-

pect a man to look for casts in any less than the sediment of a whole day's urine if it can be obtained, and this should be resettled for another day before he begins. Of late an instrument has been devised called the centrifuge, to facilitate the process of settling, but I have had no experience with it. Well, suppose you have a sample nicely settled, what may you expect to find? That depends upon whether your urine is acid or alkaline, and you should always determine the reaction at this point. Unless your sample has been preserved in some way it is usually alkaline; when urates of ammonia, amorphous and crystalline phosphates of ammonia and magnesia — called triple phosphates — and amorphous phosphates of lime would probably be present. If your specimen is acid we find not phosphates but urates and crystals of uric acid; these are usually of a yellowish-red color and are in point of fact the only urinary deposits so colored. Thus you see in distinguishing the amorphous forms of urinary deposit the litmus paper is of decided advantage.

Well, what next? Almost every urine contains crystals of indican, occasional white blood cells, and mucus and epithelial scales from the urethra, bladder or genital tract. These scales are usually of the squamous variety and have no significance unless very numerous; they should, however, be distinguished from the renal epithelia, which are smaller, hexagonal in shape, often found in groups, and when present indicate inflammatory lesions of the kidney itself. Next the microscope may reveal pus and red blood corpuscles, which, in connection with casts and a scanty urine, enable us to distinguish the acute from the chronic forms of kidney disease.

And now one word about casts. They are formed, as you know, from the uriniferous tubules becoming obstructed with blood, pus, epithelium or albumen as the case may be, which are later washed out from their renal moulds, and appear as cylindrical forms in the urine, forming a diagnostic sign of great value. They are usually accompanied by albumen, but not always, and are called by a variety of names depending upon the material of which they are composed; blood, epithelial, hyaline and dark-red granular casts, numerous blood disks and renal cells are found in acute nephritis. Dark, granular casts with hyaline casts and others composed of fragments of epithelium, or possibly of oil, with absence of blood-cells, indicate the large white kidney of chronic parenchymatous nephritis. A scantier sediment made up of broad, dark granular and waxy casts, together with a few narrower pale casts and a diminished excretion of urea would indicate that a secondary contraction of the kidney had taken place. A hardly visible sediment con-

taining delicate hyaline and finely granular casts with an increased amount of urine, which only contains a trace of albumen, would indicate a chronic interstitial nephritis that perhaps might not shorten at all the patient's life. An increased urine, with no visible sediment, yet containing broad, granular and hyaline and waxy casts would indicate, in connection with chronic constitutional disease, that amyloid degeneration of the kidney had taken place. Spurious casts composed of urates are sometimes mistaken for the genuine, for even the best observers make mistakes.

Lastly, the microscope may reveal the presence or absence of spermatozoa and confirm or refute our suspicions of spermatorrhœa. It may show the characteristic bacilli and prove the kidney to be involved in a tuberculous process, or the telltale groups of gonoccocci may expose the wanderings of a wily patient. All this and much more the urine will disclose if we only question it aright. In the court of physical examinations it is our best witness, while in diagnosis, prognosis and treatment it offers important aid.

THE TREATMENT OF DIPHTHERITIS.

BY JAMES KRAUSS, M.D., MALDEN, MASS.

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

In the treatment of diphtheria we are confronted by two problems; one to cure the patient, and the other to protect the community from infection. For there is nothing so firmly established in medical etiology as the fact that this dreadful disease does not originate *de novo*. If there is present a condition of general depression, a condition that is most often brought about by acute or chronic hunger, by physical or nervous exhaustion, by exposure to cold and wet, by mental shock and numberless other influences; and if in this condition of depression there occurs an exposure to a diphtheritic patient or to a room or some object infected by such a patient, diphtheria will usually obtain a foothold. In four cases of diphtheria which I have had, I could easily discover by means of the essence of peppermint that there were defective sewer-pipes in each house. The sewer-gas had ample opportunity to rise and infect the premises. Besides this defective sewerage, I could trace in one case, the exposure to clothes that had been made in a "sweating shop" in Boston. This patient infected his sister. The third was a janitor of a school, and the fourth was a grocer; both occupations favorable to exposure. The sewer traps themselves may become, if not properly flushed, breeding-grounds for the diphtheritic contagion. Diphtheria is also contracted from

animals, like pigeons, turkeys, cats; also from the milk of cows that have infectious mammitis. And even drinking-water is a source of danger. It may also be communicated by direct contact with a particle of the diphtheritic exudate, muco-purulent secretion from an infected surface, or the blood of a patient. It is beyond doubt that diphtheria is a contagious as well as infectious disease, and, therefore, isolation of every case becomes a matter of prime importance.

This subject of isolation and prevention of the infection at large has caused the most careful study of this disease, and the conclusion has been reached that there are really two pseudo-membranous diseases, one of a very virulent nature, caused by the Klebs-Lœffler bacillus, and called true diphtheria, and another caused by streptococci, staphylococci, diplococci, and even saprophytes, a milder disease, called false diphtheria. There is no denial that false diphtheria may merge into the true form and that it is contagious, although less so than the true variety; hence isolation is also proper in these cases. In this connection, it may be well to emphasize that all pseudo-membranous cases should, until all doubt as to their nature has been removed, be considered and treated as diphtheria. In New York City, careful bacteriological examination of reported cases of simple membranous croup disclosed the fact that eighty-five per cent. were true laryngeal diphtheria and only fifteen per cent. were non-infectious. This shows at once the great danger of arbitrary favorable diagnosis. Since diphtheria may present various clinical phenomena, these are no longer held by many to be sufficient for a positive diagnosis. Only the presence or absence of the Klebs-Lœffler bacillus will differentiate between a diphtheritic and a simple pseudo-membranous inflammation. The New York Board of Health has, therefore, organized an effcient corps of inspectors who are always ready to make a bacteriological examination if the attending physician wishes it. Such a provision should be made in every city and town. But so long as we have not these advantages, every physician should fit himself for such an examination. I confess to my regret that in these four cases I did not search for the specific bacillus and that I made my diagnosis simply from the clinical appearances. In the future, I mean to examine each and every case of pseudo-membranous inflammation for the Klebs-Lœffler bacillus. But if this neglect casts some doubt upon the correctness of my diagnoses, I must say that the clinical phenomena were of a pronounced and extremely serious nature, and that my cases, if they really were not cases of true diphtheria, prove that the pseudo variety may be very violent and dangerous.

On the 21st of July, I was called to attend a janitor of one of

our school-houses. He is about 42 years old and has a strong constitution. I found him in a high fever, temperature, 104, pulse, 110, extremely restless, face red, hot, and complaining of a sharp and constant pain in his forehead and occiput, with backache. The headache made him raving; it was as if his head were splitting in two. He had also severe chills with chattering teeth. I left Bell. 3x. In an hour I was called again. He had become almost violent from the headache. Belladonna gave him no relief. His wife told me that a few years ago he had a sunstroke, and suggested that the heat may have affected him that day. I gave him in turn aconite, glonoin, bryonia, rhus tox, and gelseminum; and applied cold compresses to his head; but all without relief. I saw him that night three times, and stayed with him about an hour each time. On examination of his throat, with good light reflected from my head-miror, I found nothing but an ordinary congestion of the throat, no fetor, no patches. But the next morning there was already on both tonsils a grayish-white pellicle, extending up and around the velum palati. I gave him at once phytolacca decandra 1x, 10 gtts. in one-half tumbler of water, two teaspoonfuls every half hour, and his headache grew immediately better. My attention was called to this remedy by Dr. Woodvine, who recommended it to me for follicular tonsillitis from which I suffered several times.

On taking phytolacca, I have always noticed how quickly it removed a pain and pressure in the region of my heart, that was always present with the follicular tonsillitis. Jacobi considers follicular tonsillitis really a form of diphtheria, and if we think of its peculiar contagiousness by which whole families are sometimes affected, he may be right. For this reason, and for the good effect it had upon my throat, I gave it in all my four cases of diphtheria, and with the exception of one, the grocer, who was helped by biniodide of mercury 2x, 1 grain every two hours, the phytolacca did fine service. The diet in these cases is a matter of great concern. In all my cases, there was such difficulty in swallowing that all offers of food were repudiated. Prostration, especially in the girl, became alarming. Finally, hot milk was taken and it exerted at once a marked influence upon the throat. The difficulty of swallowing gave way, but returned a little while after the milk was drunk, showing that the heat or the milk or both together had a beneficial influence upon the local difficulty. I believe it is the greatest mistake to put diphtheritic patients on whiskey or brandy, as is so often done. When such a patient recovers, the recovery is attributed to the stimulating effects of these alcoholic drinks, and when the patient dies, the death was caused only by the disease. If we remember that alcohol deranges the vaso-motor system, that it

disturbs the heart's action, that it relaxes the capillary vessels which become filled with blood and thereby is caused the deceptive feeling of superficial warmth, but that this feeling of genial warmth gives gradually way to a general depression, we must ask ourselves how such an agent can do permanent good in a disease in which prostration forms such a dangerous symptom. I believe hot milk fulfils much better the indications for a nourishing food and a harmless stimulant.

I shall not weary your patience with a useless enumeration of the symptomatic remedies that, from time to time, have been used in the treatment of diphtheria. I do not deny that they have done service in the hands of those who recommended them; but with our present light on the pathology of this disease, we must dismiss most of them as having no pathogenetic basis that should lead us to infer their usefulness in pseudo-membranous diseases. I have made, after the method of Dr. Conrad Wesselhoeft, a schematic study of the pathogeneses of the drugs that are recommended in various text-books for diphtheria, and, with the Cyclopædia of Drug Pathogenesy for my guide, I had to exclude most of them because of their inadequate pathogeneses. Still, there are some left to stay with us.

All the provers of phytolacca decandra experienced sore throat, great dysphagia, and one had thick white and yellow mucus about the fauces. Phytolacca also produces fatty degeneration of the heart, albuminuria, spinal paralysis, conditions very nearly simulating the action of the diphtheritic poison.

A yet clearer pathogenesis is furnished by the salts of mercury. Mercury causes a distinct gray pseudo-membrane in the throat and mouth. "A lady had struck the left leg, and a quack sprinkled on the place which had become hard, half a drachm of sublimate; in a few days her throat was so swollen that she could not swallow any fluid, and on the sixth day, after expectorating clots of blood, she pulled the membranes from the roof of the mouth with her fingers; in the fauces she had an ulcer the size of a pea, and a fissure in the soft palate." Vol. III., p. 242. Another woman, a week after drinking a solution of the sublimate, "discharged pieces of dead epithelium, like boiled potato skins, from the mouth and throat." (Ibid p. 248.) These are some positive indications and point strongly to the use of this drug in diphtheria. With the cyanide of mercury, there is a whitish grey deposit on the palatine arches and tonsils (Ibid., p. 264), and with its prostration and terrible fetor, this is probably the prince of all remedies for diphtheria above the larynx. The iodides of mercury are also anti-diphtheritics. In my fourth patient, the grocer, the biniodide of mercury apparently stopped the progress of the pseudo-membrane which was extending

from the left tonsil over the palatine velum and had almost reached the right side.

Kali bichromicum has on the anterior arch of the palate some circumscribed spots as large as millet seeds, and some larger, bright red, looking as though ulcers would form (Vol. II, p. 181). The permanganate of potash has small ulcerated spots, here and there on walls of throat, with stinging burning pains (Vol. III, p. 55). Kali bichronicum has been extolled in laryngeal diphtheria, and in one experiment on an animal, there were, indeed, found in the upper larynx blood-stained coagulated masses which could be separated from walls like a membrane, but which proved to be, not fibrin, but mucus colored by blood (Vol. II, p. 214). Diphtheria is, however, essentially a disease, the pseudo-membrane of which consists of necrosed mucous tissue and firm, fibrinous material exuded from the minute vessels. This condition is produced by no drug so well as by iodine. On the post-mortem examination of a man who was poisoned by taking two ounces of iodine, "the surface of the epiglottis was found covered with a strong pseudo-membrane; mucous membrane eroded, dark red, with a number of congested vessels; the sub-mucous layer œdematous, but stiff; the ventriculi Morgagnani closed by swelling and by a similar pseudo-membrane, the mucous membrane here dark red and injected; similar but discrete patches of membrane on the vocal chords and the parts of the larynx beneath them" (Vol. II, p. 697). Bromine has also an exudative inflammation in the larynx and trachea. Of course, as soon as laryngeal stenosis sets in, whether iodine is used or not, intubation of the larynx or tracheotomy must be resorted to. Inhalation of the vapors of iodine or of bromine may be here also of value.

These are really all the medicines, so far as I could find, which have caused pseudo-membranous inflammation of the nose, throat, or larynx, and few though they are they seem to have a positive basis for their use in diphtheritis. Almost all the other medicines that had been used in diphtheria were used only symptomatically, as aconite for restlessness, belladonna for sore throat, arsenic for prostration, apis for œdema, lachesis for extreme sensitiveness and prostration, rhus tox for headache and backache, and scores of others. All these medicines are, no doubt, invaluable when their special symptoms seem to overwhelm the organism. But on the whole, phytolacca, corrosive sublimate, cyanide of mercury, and the biniodide, iodine and bromine, are better indicated in the various forms of diphtheritis, judging both from the subjective experiences of the provers and from the objective appearance of the post-mortem table.

Besides the constitutional treatment, I believe local treatment

to have its proper application in diphtheria. Diphtheria is primarily a local disease, caused by the Klebs-Lœffler bacillus, and becomes a constitutional affection only after the ptomaines that have been generated by this virulent bacillus have entered the circulation. In order to reduce the local injury of the mucous membrane to its minimum, germicidal solutions should be applied as early as possible. In the Willard Parker Hospital of New York, they use 1-4000 corrosive sublimate solution for irrigation purposes. Chlorinated water is also used. In my first two cases, I used alcohol diluted in the proportion of 1 to 10 and 1 to 4. The most powerful of the known germicides that can be safely used in the irrigation of the fauces and nares by spray or gargle, is per-oxide of hydrogen. In my last two cases, I had the throat and the nares sprayed with one part of the per-oxide of a fifteen volume strength to ten or fifteen parts of water. Dr. Williams, of Boston City Hospital, finds in per-oxide of hydrogen the most active and, at the same time, least harmful of germicides. He also finds it a useful agent in detecting spots of membrane earlier than they would be apparent in any other way; for when the hydrogen per-oxide, even in weak solution, is applied to the throat where there is any trace of membrane, it causes it to assume a white color from the presence of fine foam which is made by the liberation of the oxygen gas. (*American Journal of the Medical Sciences*, October, 1893).

We have yet to destroy or antagonize the infectious principle of diphtheria in order to prevent so far as possible its propagation. Isolation will do a good deal, but will not do all. "Professor Grancher, in Paris, has a metallic screen surround the bed occupied by the patient, and all articles used by him, as spoons, forks and napkins, are disinfected immediately by being placed in about one pint of boiling water containing about one ounce of sodium carbonate. The bedding and the clothes used are disinfected by heat, and the floor, bedstead and walls are washed with the corrosive sublimate solution. Nurses and medical attendants wear blouses that are disinfected by heat each day, and they bathe themselves with a solution of corrosive sublimate or a five per cent. solution of carbolic acid." (Burnett's System of Diseases of the Ear, Nose and Throat, Vol. II, p. 364.) In private practice, the physician might easily fasten a sheet around the neck before examining the patient. These measures may seem to be a little too antiseptic for the notions of some physicians who think that cleanliness without antisepsis is sufficient. But it is by no means sufficient in diphtheritis where we must destroy an extremely contagious principle, even if physicians have to adopt more and more the hated antiseptic technique of surgeons. Prophylactic measures must also be

employed as regards other members of the family, and if any are sent from the premises, the entire surface of the body must be bathed with an antiseptic lotion, the clothes must be changed for new ones, or such as have not been infected, or have been disinfected by heat; and spraying of the mouth and fauces with a solution of per-oxide of hydrogen will act as a preventive. To counteract the air exhaled in the breath of the patient, Charles Smith, of Australia, following an idea of Prof. J. Lewis Smith, saturates cloths a foot square with a mixture of an ounce each of oil of eucalyptus and carbolic acid, and four to six ounces of turpentine. He places them on paper on the bed of the patient, so that the air of the room is strongly impregnated with the vapor. He states that patients who constantly inhale this vapor and recover do not have subsequent paralysis. After the termination of a case, the sick-room should be disinfected by burning sulphur in it, moist, not dry, with the doors and windows closed.

Laborious though these efforts may seem to some, I believe that by taking such measures we shall be repaid by the consciousness of having done our duty in preventing the propagation of such a formidable disease as diphtheritis. We must adopt the aid of bacteriology to measure honestly the value of our method of treatment, so that we may be able to compare scientifically our results with those of the old school. This can be done only by the proper differentiation between true and false diphtheritis and the careful notice of the action of our remedies upon them.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.—SEMI-ANNUAL MEETING.

The semi-annual meeting of the Society was held at the College Building, E. Concord St., Thursday evening, June 7, 1894, at 7.45 o'clock, Vice-president A. H. Powers, M.D., in the chair.

William T. Hopkins, M.D., of Lynn, and Francis B. Carleton, M.D., of Boston, were proposed for membership.

On motion of Dr. I. T. Talbot it was voted "That a committee of three be chosen to act in conjunction with a similar committee chosen by the Massachusetts Homœopathic Medical Society, and present to the Governor of Massachusetts the names of suitable physicians to represent homœopathy on the State Board 'of Registration and Examination.'"

The following committee was elected: Drs. I. T. Talbot, C. Wesselhoeft and Martha E. Mann.

SCIENTIFIC SESSION.

Dr. W. J. Winn presented four pathological specimens.

1. Adeno-carcinoma of uterus.

Patient, fifty years old. The operation involved the complete extirpation of the uterus and appendages, by abdominal section. A solid mass of adhesions bound the ovaries, tubes and uterus to each other and adjacent structures. The patient recovered.

2. Adeno-carcinoma of uterus.

Patient had been curetted several times. The intestine was adherent to the uterine wall at one point. The uterine wall was much thinned here by disease and curettement. Recovery.

3. Uterine appendages.

An abscess was found which was about to point in the rectum. A fistula existed for some time which has recently closed.

4. Ovaries and Tubes.

Dr. F. P. Batchelder presented a specimen of a uterus, tubes and ovaries which was recently removed by Dr. Horace Packard. The pathological condition was adeno-carcinoma of the uterus, which was demonstrated to the Society by microscopical sections.

Dr. Batchelder also presented a brief history of a case with pathological specimen. The patient, a lady 65 years of age, a native of New England, with a negative family history, so far as her disease was concerned, during the fall and winter of 1891–2 suffered from a condition resembling pseudo-leukæmia, in which the cervical lymphatic glands and adjacent tissues (right side) were markedly affected, as was at one time the right lobe of the thyroid gland. In the spring of 1893, after an interval of one year from the close of preceding condition, she developed marked gastro-intestinal symptoms. In the early fall of that year a small bunch was detected in the upper umbilical region. As time went on and the mass slowly increased in size, the diagnosis of carcinoma became certain. The latter part of the course of case was comparatively painless, no opiates were used. Arsenicum was one of the best indicated remedies used.

On autopsy March 13, 1894, the carcinomatous condition was found to involve the pyloric half of stomach with adhesions to transverse colon, and occlusion of the large intestine at junction of transverse and descending colons by a dense band of malignant tissue. The liver, spleen and mediastinal glands were normal. Both kidneys presented evidence of diffuse nephritis. The stomach was exhibited to the Society, and the condition was further demonstrated by microscopical sections.

SECTION OF DISEASES OF CHILDREN.

Geo. B. Rice, M.D., Chairman; Grace Marvin, M.D., Secretary; Emily A. Bruce, M.D., Treasurer.

In the absence of Dr. Rice, Dr. Marvin presided. A nominating committee composed of Drs. Lawrence, Turner and Childs were appointed to make nominations for officers of the Section of Diseases of Children for the ensuing year.

They reported the following nominations: Chairman, Grace Marvin, M.D.; secretary, E. A. Bruce, M.D.; treasurer, F. S. Canedy, M.D., which were confirmed by the Society.

The following papers were presented:

1. "Hemorrhages from the Gastro-Intestinal Tract in the Newly-Born," Geo. E. May, M.D.

2. "Opinions of Several Members of the Society on Bicycle-Riding for the Young," reported by Grace Marvin, M.D.

3. "Weaning," G. R. Southwick, M.D.

A paper entitled "Care and Treatment of Patients in Diphtheria," by Clara D. W. Reed, M.D., was omitted, Dr. Reed not being present.

DISCUSSION.

Dr. Mary Mosher believes in allowing the bottle-fed baby to nurse all it desires. It certainly does this while at the breast.

Dr. Southwick thinks the baby is much like its seniors, often eating more than is needed. While this rule holds good in nursing, it is not applicable in artificial feeding.

The following physicians also took part in the discussion: Drs. W. J. Winn, E. A. Bruce, W. T. Talbot, H. E. Spalding, I. T. Talbot, F. W. Elliot, Geo. E. May and M. W. Turner.

Dr. I. T. Talbot suggested that the discussion of each paper follow its presentation.

The Society then adjourned to the small lecture-room, where a collation consisting of ice cream, cake, strawberries and coffee was served.

J. EMMONS BRIGGS, M.D., *Gen'l Sec'y.*

NOTE. — The next regular meeting of the Society will occur on Thursday evening, Oct. 4, 1894, when the Section of Electro-Therapeutics will report.

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The semi-annual meeting of the Massachusetts Surgical and Gynæcological Society was held at Copley Square Hotel, Boston, Wednesday, June 13, 1894, Pres. W. H. Tobey, M.D., presiding.

Upon the recommendation of the executive committee Dr.

A. W. Hill of Lowell and Dr. E. N. Kingsbury of Woonsocket, R. I., were unanimously elected to membership.

The report of the treasurer, Dr. J. H. Sherman, showed an excess of $50 expenditures over receipts for the past year, the deficit being made good by a draft upon the reserve fund of the society. Dr. J. H. Sherman presented in writing this amendment to the Constitution, that the words "and Obstetrics" be added to Article II.

It was voted that a committee of five be appointed by the chair to petition the Legislature for such change in the present statute as shall give to the State efficient supervision of the production of vaccine virus for public and private use.

Dr. G. R. Southwick exhibited a table of ingenious design admirably adapted for gynæcological examinations and operations.

Dr. S. H. Jackson exhibited a novel and useful device for retaining a woman in labor in a convenient position for delivery or for operation upon the perinæum when in private practice skilled assistants were not available.

The report of Committee on Progress in Surgery, by Horace Packard, M.D., was read by F. P. Batchelder, M.D.

In the discussion Dr. Winn alluded to the prompt and brilliant results now obtained from skin-grafting by Tiersch's method. Hysterectomy and ovariotomy are now only thought advisable in extreme cases and where the morbid processes seriously affect the organs to be removed. A woman should not be unsexed in the vague hope of improving obscure and reflex diseased conditions.

Dr. Hayward held that fully ninety per cent. of herniæ could be permanently cured by the radical operation.

Dr. O. S. Sanders advocated therapeutic surgery. Too often unnecessary recourse was had to the knife. He had in mind two cases which had been under his care, age, 28 and 35 years respectively, for fibroid tumors of the uterus. Eminent surgeons had said when the fibroid uterine growths first appeared that an immediate surgical operation was necessary or death would ensue in a short time. They were now living in comparative comfort, though with abdomens somewhat enlarged.

Dr. Powers referred to the very valuable work of the Surgical Section of the New York Academy of Medicine. It now appears that the cause of the fashionable disease, appendicitis, in very many cases was the common bacillus of the colon, which found in a morbid condition of the large intestine a favorable soil for the development of its peculiar pathological products.

Dr. J. H. Sherman held that the family physician who is intimately acquainted with the case should have a voice in the deci-

sion as to whether or not a surgical operation should be performed.

"Vaccination, Its Technique and Complications," was the title of a paper by Dr. A. H. Powers.

In the discussion Dr. N. W. Emerson said that he had never seen a case of primary sepsis from vaccination. The infection was always secondary. The lymph was not at fault, but the care of the lesion in its pustular stage. From this neglect he had seen serious cases of secondary septic infection. The matter of re-vaccination was a vital one. Prior to 1875 it was largely a matter of theory. Since that time secondary vaccination has been compulsory in Germany. Records have been systematically kept and its usefulness is established on a secure basis by these carefully collated statistics. Thus it has been made evident that every child should be vaccinated before three years of age and again before puberty. This furnishes practical life immunity. Prior to compulsory re-vaccination in Germany the death-rate from variola was 34 to 100,000, after the secondary vaccination law went into effect, 2¼ to 100,000. The public health demands a general vaccination law. No student of medical history can fail to advocate it. Before Jenners' discovery, epidemics of small-pox were the most terrible and fatal scourge known to mankind, causing the death of three-fourths the entire population of Iceland, decimating Greenland, and demanding in Mexico alone in a single year three and one-half millions of victims.

Dr. W. C. Cutler of the N. E. Vaccine Co., who was present by invitation, explained the methods pursued at his establishment in the production of virus.

The law recently passed relative to State supervision of vaccine stables was of little practical value. No money had been appropriated for the inspection and the law could be disregarded because no penalties had been enacted. He gave an interesting account of the recent epidemic in Boston. 300,000 persons had been vaccinated, of whom 150,000 were treated at the public stations. Here he had seen in some cases surfaces two inches square denuded. This was butchery pure and simple. These large, raw, bleeding surfaces resulted in phlegmonous conditions and septic infection, sometimes with fatal results. The fault was not in the virus but in the method of applying it. A single denudation one-quarter of an inch square was ample to give a secure immunity as the best results.

Dr. Elliott had recently made six primary vaccinations, of these only one "took." The points were obtained from a prominent Boston house. He compared this with the results reported by Dr. Corey of the Local Government Board of London,

who testified before the Royal Commission on Vaccination that in nearly 50,000 vaccinations he had failed to find a single case of insusceptibility. This difference must be due in part to the fact that the production of the lymph in England is under the care of the public authorities. If the State or City here demands vaccination, it should also furnish virus whose purity and strength would be beyond question.

Dr. Hayward reported a case which was re-vaccinated nineteen times, the different operations extending over a period of fourteen years before vaccinia developed. We have here laws of compulsory school attendance and compulsory vaccination. What should be done in such a case as this? Drs. Calderwood and O'Leary also participated in the discussion.

"A Ruptured Tubal Pregnancy, Laparotomy, Recovery," was presented by Dr. G. R. Southwick. In the discussion, Dr. Winn urged conservatism in the removal of the non-affected tube and ovary. He had seen one case in which a second tubal pregnancy occurred and a successful coeliotomy was done, but, as a rule, if on inspection the other tube and ovary were normal they should not be disturbed.

Dr. Sanders reported a case of undoubted Tubal Pregnancy with fatal results. No autopsy being permitted, he emphasized the necessity of early diagnosis and prompt surgical interference.

Interesting papers were presented by Dr. H. C. Clapp on "Empyema, Sixty-Five Cases," on "Care and Preservation of Instruments" by Horace Packard, M.D., read and demonstrated by Dr. J. Emmons Briggs.

In the discussion of the latter paper, Dr. Southwick preferred the use of the soda solution and steam heat used at the home of the patient at time of operation to sterilization by dry heat in the laboratory. It was inconvenient to carry to place of operation a cumbersome sterilizing apparatus, but only in this way could absolute asepsis be obtained, as instruments sterilized by dry heat and kept in gauze packages, it is claimed, would show cultures of bacteria.

Dr. Briggs, in closing, said that whatever theory may obtain, the method employed has worked admirably in practice, as any septic condition is an extremely rare complication, the rule being the closing of wounds by first intention.

Collation, 6.30 P.M. Attendance, 75.

L. A. PHILLIPS, M.D., *Sec'y.*

FRED'K W. ELLIOTT, M.D., *Asst. Sec'y.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held at the Y. W. C. A. Building on Wednesday, May 9th, 1894, the president, E. D. Fitch, M.D., in the chair.

The records of the last meeting were read and approved. There being no further business the meeting was given in charge of C. L. Nichols, M.D., Chairman of the Bureau of Materia Medica and Therapeutics, and the following papers were presented:

"Glaucoma," L. Allen, M.D.

"Therapeutics of Vertigo," J. M. Barton, M.D.

"Therapeutics of Mastitis," E. A. Fisher, M.D.

"Study of the Natrum Salts," F. W. Patch, M.D.

"Study of Symptoms," C. L. Nichols, M.D.

"Study of Materia Medica," Conrad Wesselhoeft, M.D., of Boston.

Dr. Nichols' paper was read first as it furnished a fitting introduction to Dr. Wesselhoeft's paper. He took as a basis of his paper a report of three cases by Hahnemann with the analysis of the symptoms and prescriptions, deducing from this the method of arriving at the proper homœopathic prescription.

Dr. Wesselhoeft followed with a practical talk and paper on the "Study of Materia Medica." The paper was listened to with closest attention, each one feeling that some solid, practical points were to be gotten from the Doctor's clear, concise statements. Among the many good things the Doctor said was first the necessity of certainty in drug pathogenesis for accuracy in prescribing; that provings should be carefully sifted and analyzed and only those symptoms regarded which are found in more than one proving. He advised that we arrange methodically the drugs in groups that resemble each other; that we make short provings on ourselves, for, with truth the Doctor remarked that to *read* symptoms was one thing, to *feel* them was quite another. He urged the reading of original provings in Hughes, then to condense symptoms, for by so doing one got a good idea of the natural sequence of symptoms.

At one o'clock the meeting adjourned for dinner.

The afternoon session opened at 2.15 o'clock.

Dr. Allen read a paper on "Glaucoma," detailing the symptomatology and treatment of the disease, dwelling especially on the necessity of an early diagnosis.

Dr. J. M. Barton followed with an interesting paper on the "Therapeutics of Vertigo."

Dr. Patch gave a careful analysis of the Natrum Salts with the differential diagnosis between them.

The last paper was by Dr. E. A. Fisher on the "Therapeutics of Mastitis," citing a case and giving the most recent theories relating to the cause and the latest treatment of the disease.

This was followed by a general discussion and the meeting adjourned at 4 P. M. AMANDA C. BRAY, M.D., *Sec'y.*

MAINE HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-eighth annual meeting of the Maine Homœopathic Medical Society, held at Augusta, on Tuesday, June 5, was one of the best in its history. Twenty-two members were present and all entered into the work heartily. Many papers of excellent character were presented of which below are given a list of headings. Dr. J. H. Sherman of South Boston, a member of your society and also of ours, was with us and our membership was increased by the addition of four new names as follows: F. Ada Odiorne, M.D., of Portland, a graduate of Boston University class of 1893; Mary F. Cushman, M.D., of Castine, a graduate of the same college in 1892; Edgar I. Hall, M.D., of North Vassalboro, a graduate of the same college in 1881; William S. Morrison, M.D., of St. John, N. B., a graduate of Boston University, class of 1881. So you see your good medical school in Boston gives us all our new members this year. The society has lost by death during the past year Drs. N. G. H. Pulsifer of Waterville, and Frank A. Gushee of Appleton; while Dr. Solon Abbott of Biddeford left us this Spring for fresh pastures in Massachusetts. The President, Dr. James C. Gannett of Yarmouth, in his address, urged upon the members the necessity of doing more effective and earnest work in systematic study of materia medica. The cause of the Hahnemann Statue was urged also and it is hoped that a generous response will be made before long.

The following is a list of officers elect for the ensuing year: President, Edwin F. Vose, M.D., of Portland; Vice-president, Will S. Thompson, M.D., of Augusta, and John M. Prilay, M.D., of Bangor; Recording Secretary, Cora M. Johnson, M.D., of Skowhegan; Corresponding Secretary, Ralph H. Pulsifer, M.D., of Skowhegan; Treasurer, W. Scott Hill, M.D., of Augusta; Censors, Drs. H. C. Bradford, Lewiston; W. V. Hanscom, Rockland; M. S. Holmes, Oakland; Gertrude E. Heath, Gardiner; Huldah M. Potter, Gardiner; Committee on Legislation, Drs. A. I. Harvey, Newport; W. L. Thompson, Augusta; E. S. Abbott, Bridgton; J. W. Whidden, Portland; J. H. Knox, Waterville.

Delegates to the American Institute were elected as follows: Drs. Nancy T. Williams of Augusta, H. B. Esmond of Houlton, W. Scott Hill of Augusta, and J. C. Gannett of Yarmouth.

Papers were read as follows by members of the several Scientific Bureaux:

Dr. W. F. Shepard of Bangor, "Some Obscure Remedies — Ranunc. bulb. and Chelidonium."

Dr. S. P. Graves of Saco, "Materia Medica."

Dr. A. I. Harvey of Newport, "Pulmonary Tuberculosis — Tuberculinum."

Dr. E. S. Abbot of Bridgton, "Specimen of Acrania."

Dr. J. H. Knox of Waterville, "Rheumatic Fever with Unusual Complications."

Dr. J. H. Sherman of Boston, "Convictions from Forty-three Years of Student and Practical Medical Life."

Dr. Nancy T. Williams of Augusta, "Chronic Cough from Kernel of Corn in Bronchia."

Dr. A. K. P. Harvey of Lewiston, "Cases in Surgery — Injury to Knee with Resulting Tuberculous Disease of Joint; Uterine Fibroid; Chronic Appendicitis; Cervical Laceration; Chronic Inflammation of Knee Joint; Hallucination; Vomiting of Pregnancy with Death in Forced Abortion from Hemorrhage (Hemorrhagic Diathesis)."

Dr. J. H. Knox of Waterville, "Bursitis — Kali Hydroid."

Dr. Gertrude E. Heath of Gardiner, "Eye Notes from Practice in Conjunctivitis."

Dr. W. Scott Hill of Augusta, "Chronic Pharyngitis."

Dr. D. C. Perkins of Rockland, "The knife versus *similia similibus curantur*."

Dr. W. B. Perkins of Malden, Mass., "A Plea for Homœopathic Surgery in Maine and Report of Work in the Malden Homœopathic Hospital."

Dr. R. H. Pulsifer of Skowhegan, "Hygiene of the Skin."

Dr. Mary W. B. Stevens of Auburn, "Sanitary Science in the Sick Room."

Dr. Will S. Thompson of Augusta, "Quarantine and Disinfection."

Dr. J. M. Prilay of Bangor, "Complicated Labors."

Dr. C. A. Cochran of Winthrop, "Thirty-eight Years' Experience in Obstetric Practice by a Country Physician."

Dr. J. H. Knox of Waterville, "Placenta Prævia."

Dr. B. C. Woodbury of Patten, "Obstetrics."

Dr. Huldah M. Potter of Gardiner, "Spina bifida."

After a vote to hold the next annual meeting at Augusta, the first Tuesday of June, 1895, the Society adjourned. G.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The 44th annual meeting of the Vermont Homœopathic Medical Society opened a two days' session in the Pavilion parlors June 6th. The following officers were elected for the ensuing year:

Dr. W. F. Minard, of Waterbury, president; Dr. J. F. Shattuck, of Wells River, vice-president; Dr. Geo. I. Forbes, of Burlington, secretary; Dr. F. D. Worcester, of Springfield, treasurer; Dr. W. B. Mayo, of Northfield, Dr. H. E. Packer, of Barre, and Dr. E. B. Whittaker, of Richmond, censors; Dr. James Haylett, of Moretown, Dr. D. C. Noble, of Middlebury, Dr. S. S. Martin, of East Hardwick, auditors.

The President appointed the following delegates: To the American Institute of Homœopathy, Dr. W. F. Minard, *ex-officio*, and Dr. J. F. Shattuck. To the State Societies: Maine, Dr. W. E. Locke; New Hampshire, Dr. A. N. Logan; Massachusetts, Dr. Edward Kirkland; Rhode Island, Dr. M. D. Smith; Connecticut, Dr. C. A. Gale; New York, Dr. D. C. Noble.

During the session the following papers were presented: "Inula Helenium in Pneumonia," by Dr. J. H. Mayo of West Randolph; "A Bedside Sketch," by Dr. H. E. Packer of Barre; "A Study of Pulsatilla," by Dr. S. S. Martin of East Hardwick; "Tubercular Ulceration of the Rectum," by Dr. G. E. Sparhawk of Burlington; "New Things in Silicea," by Dr. A. F. Moore of North Shrewsbury; "Typhoid Fever Epidemic in Windsor," by Dr. C. P. Holden of Windsor; "Treatment of Carbuncle by Early Incision and Carbolic Acid," by Dr. Edward Kirkland of Bellows Falls; "Sanitary Science," by Dr. I. H. Fiske of Montpelier. The number of papers presented was unusually large and their quality such as to prove that their authors were fully abreast of the times. One of the most interesting and instructive papers was that on "Orificial Surgery" by Dr. L. A. Phillips of Boston, which was given during the first day of the meeting. Dr. Phillips is a firm believer in the philosophy of orificial surgery and, judging from the history of the cases which he presented, one can hardly see how he could be otherwise.

The annual address by the retiring president, Dr. H. S. Boardman of Montpelier, was a thoughtful and interesting paper. Dr. Boardman believes that the coming physician must pay more attention to sanitary science, and that it is along the lines of preventive medicine that the great work of the future must be done. Dr. Boardman also spoke of the subject of medical legislation and thinks that no effort should be spared to defeat all legislation which does not give equal rights to all schools. The

address as a whole met with the hearty approval of the society.

Besides the many papers read there were numerous clinical cases cited and a discussion following the reading of most of the papers.

Two new men were admitted to membership in the society—Charles N. Denison, M.D., of White River Junction, and Warren E. Putnam, M.D., of Bennington. The number of physicians present was the largest on record. This, with the number and excellence of the papers presented, rendered the meeting one of the most profitable ever held and was a source of great satisfaction to those interested in the work of the society.

The next, semi-annual, meeting will be held at Rutland in October. GEO. I. FORBES, M.D., *Sec'y.*

REVIEWS AND NOTICES OF BOOKS.

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DISEASES OF THE STOMACH AND INTESTINES. By Dr. Albert Mathieu. New York: Wm. Wood & Co. 294 pp.

This superb little monograph is an excellent summary of the latest progress in its chosen field. Written by a Frenchman it naturally reflects the dominant ideas of Bouchard, Germaine Sée, Dujardin-Beaumetz, etc.

The chapter devoted to the general consideration of Diet in Diseases of the Stomach and Intestines is certainly very interesting, although the average American physician would hardly agree with the writer that horse-flesh when powdered is one of the most easily digested and nutritious forms of aliment for dyspeptic patients. Most physicians in this country would also find it difficult to persuade even the worst of their dyspeptic patients to take their food beaten into a pulp, and poured down through an elastic stomach tube. Meat powders are highly recommended and the various rules of dietary are clearly and concisely stated. Among the most interesting chapters are those upon "Constipation and its Complications" and "Intestinal Antisepsis." The modern theory of auto-intoxication plays a prominent part etiologically and symptomatically in the teachings of this book. The statement is made that those suffering from constipation, especially when the fæces are hard, are not liable to auto-intoxication, because the hard fæces hold within their structure the alkaloids. The converse we are told is true in persons suffering with any form of diarrhœa. By far the best chapter in the book is the one describing Atonic or Motor-Nerve Dyspepia. Speaking of the book as a whole, it is perhaps not dogmatic enough in statement for the younger members of the profession, who lack experience in this very

difficult part of applied medicine. It is, however, very clear in its summary of the leading therapeutic methods in vogue in the dominant school of medicine, and its general tone is exceedingly conservative.

FERMENTATION, INFECTION AND IMMUNITY. By J. W. McLaughlin, M.D. Austin, Texas: Eugene Von Boeckmann. 240 pp.

In reading this volume one is struck by its visionary and speculative character. The author is evidently a student of no mean ability, but his explanation of catalysis is very difficult to comprehend and its application to applied bacteriology is, to say the least, unsatisfactory. Infection and Immunity may be the results of molecular vibration, but alas, even the best physicists know very little practically about it. In writing a book an author should realize that his work should possess one of two qualities. It must either state something new of value or tell us the old truths so that they will come to us in a new light. Neither of these ends are accomplished in this little volume. The busy practitioner and the pathologist have but little time, in this practical utilitarian age, for fanciful speculations based only upon some abstruse and unproved theory.

THE BLIND AS SEEN THROUGH BLIND EYES. By Maurice de la Sizeranne. Translated by F. Park Lewis, M.D. New York: G. P. Putnam's Sons. 1893. 154 pp.

Dr. Lewis has given us not only a sympathetic translation of M. Sizeranne's thoughtful and suggestive volume, but an excellent introduction to it in which he sketches for us the noble and far-reaching work that M. Sizeranne himself has done among the blind of his own country. We scarcely need, after reading a half dozen of his pages, Dr. Lewis' assurance that M. de la Sizeranne is an ardent enthusiast in his field of philanthropic work. None but the sightless can fully and intelligently appreciate the needs of the sightless; and the author of this little book has utilized his own misfortune to the blessing of his fellows similarly affected. Not the least of his many services to them must be reckoned the writing of this book, which cannot fail to leave its readers with not only a fresh and quick sympathy with the blind, but with an added and even amazed respect for their gifts and their possibilities of varied, useful and even in some instances brilliantly exceptional work. Much food for thought is found in the simple statement that in France alone the blind number 32,000, in Europe 200,000, and as nearly as ascertainable, in the world as a whole, about 2,000,000. Once realizing this, is to realize how instant and serious a problem it is, so to train and educate these vast

numbers, that they may find life worth living and be of use to the lives of others. The limits of M. Sizeranne's work lie chiefly in the fact that he deals largely with what may be called the artisan possibilities of the blind, rather than with their more artistic and intellectual ones. As a study of the psychology of blindness, his book commends itself to every student and thinker, as a study of the duty of the community to its blind citizens, it commends itself to every sociolgist.

Public questions of current interest discussed in THE CENTURY for July are "The Attack on the Senate," an essay by Charles Dudley Warner; "What German Cities Do for Their Citizens: A Study of Municipal House-keeping," by Albert Shaw, which will be in the nature of a surprise to most Americans; "The New Woman-Suffrage Movement"; "The Latest Cheap-Money Experiment"; the "American Protective Association" and "A Martyr of To-day" (Robert Ross).

MISCELLANY.

—:o:—

PATIENT. — "As we have known each other so long, Doctor, I do not intend to insult you by paying your bill. But I have left you a handsome legacy in my will."

Physician.— "Very kind of you, I am sure. Allow me to look at that prescription again. There is a slight alteration I should like to make in it."

NOT HIS SPECIALTY. — Distracted Wife. — "What is the extent of his injuries, doctor?"

Young Physician — "His nerve-centres are highly disturbed, madam. Give him one of those powders every hour until—"

"But his leg — is it broken, doctor?"

"As to that, madam, my advice is that you consult a surgeon. Fee for prescription and advice, five dollars." — *Chicago Tribune.*

THE DOCTOR IN FICTION. — The *Boston Medical and Surgical Journal*, in discussing this subject. finds but few creations which represent the medical man with vitality and truthfulness. First of all is placed Balzac's "Mèdecin de Campagne." George Eliot's Dr. Lydgate in "Middlemarch" is a realistic portrayal; and Dr. Sevier, in one of Cable's stories, ranks among the very best of novelists' creations. This is only three out of hundreds of attempts to portray the physician. We quite agree with our contemporary in its critical estimates.

"FOR three or four years I have been hearing of the use of pine-apple juice for the cure of diphtheria, but thought little of it. Recently, however, it has taken better shape in the report of a case where the child was given up by the doctor, and a friend coming in named the fact that he had known children relieved by the pine-apple. The physician in attendance said, "Get it and try it; it can do no harm." A ripe pine apple was gotten, and the juice expressed, and given in teaspoonful doses slowly. It seemed to clear the throat, swallowing was easier, and in a few hours the child was sleeping, and recovered well." — *Dr. John M. Scudder.*

A STERILIZATION STAMP. — Doctor H. Hocheegy in a recent number of *The Wiener Klinische Wochenschrift* describes a method whereby he can assure himself that articles of dressing have been sterilized. He uses yellowish-brown marking fluid which has the property of becoming bright red on exposure to the temperature of boiling water. If the sterilization is complete, the yellow spots with

which the dressing has been marked become red. The coloring matter consists of one hundred and fifty parts of a solution of aluminum acetate, one hundred and fifty parts of water, and five parts of a twenty-one per cent. alizarine paste. — *Ex.*

In a recent number of the *Lyon Medical* there is a summary of an account given in the *Mouvement Medical* and afterward in abstract in *La Medecine Moderne*, of a case in which a chicken was suffocating as the result of too great haste in attempting to swallow a piece of bread. The cock, grave and majestic, stalked up, threw a side glance into the throat of the distressed chicken, then placed himself face to face with her and plunged his beak into her mouth, whence he withdrew a large piece of bread. The success of the operation was testified to by the operator and the patient crowing and cackling in concert.

The Craig Colony for Epileptics. — Following the example of some European countries, New York State has provided for the establishment of a colony for epileptics, Governor Flower having recently signed the bill authorizing the Craig colony in Livingston County. There are five managers of the colony, each of whom serves for five years without compensation. The Governor has appointed Dr. Frederick Peterson, of New York, Mr. W. H. Cuddeback, of Buffalo, Dr. Charles E. Jones, of Albany, Mrs. C. F. Wadsworth, of Genesee, and Mr. George M. Shull, of Mount Morris. At a recent meeting of the managers Dr. Peterson was elected president and Mr. Shull secretary of the board. The Assembly has appropriated $140,000 to purchase the land, erect buildings, etc., and meet the necessary expenses.

The Historian Parkman and His Physicians. — Francis Parkman, now in the first glory of his posthumous fame, in a brief autobiography, in the possession of the Massachusetts Historical Society, with a good-natured irony thus hits off various physicians: "The Faculty of Medicine were not idle," he says, "displaying that exuberance of resource for which that profession is justly famed. The wisest, indeed, did nothing; commending his patient to time and fate; but the activity of his brethren made full amends for this masterly inaction. One was for tonics, another for a diet of milk; one counselled galvanism, another hydropathy; one scarred him behind the neck with nitric acid, another drew red-hot irons along his spine with a view of enlivening that organ. Opinion was divergent as practice. One assured him of recovery in six years; another thought that he would never recover. Another, with grave circumlocution, lest the patient should take fright, informed him that he was the victim of an organic disease of the brain which must needs despatch him to another world within a twelvemonth; and he stood amazed at the smile of an auditor who neither cared for the announcement nor believed it. Another, an eminent physiologist of Paris, after an acquaintance of three months, told him one day that from the nature of the disorder, he had at first supposed that it must, in accordance with precedent, be attended by insanity, and that he had ever since been studying him to discover in what form the supposed aberration declared itself, adding, with a somewhat humorous look, that his researches had not been rewarded with the smallest success." — *Med. Record.*

Dr. Baranov, in St. Petersburg, gives in his dissertation statistic data as to the influence of different trades upon the development of consumption, and takes as a basis facts collected during a period of ten years. He comes to the following conclusions:

1. The trades which cause a great deal of dust have a very evil influence and prepare the ground for the development of consumption.
2. A sitting mode of life affords the greatest per cent. of mortality.
3. Vegetable dust is just as injurious as mineral and animal, and even more so than the rest.
4. The salt trade dispose in a high degree to consumption.
5. The blacksmith's trade gives a high per cent. of mortality.
6. Singers who strain their voices too much risk consumption, particularly if they have an innate disposition to the disease.
7. House-servants and waiters in hotels are very little exposed to conditions calling forth consumption.
8. Physical over-exertion contributes to the development of consumption and accelerates the course of the disease, if there is an existing predisposition.

9. Cabmen suffer from consumption less than those engaged in other trades and the disease develops more slowly with them.

10. The bath-attendants in the public baths enjoy good health and are preserved from consumption by their trade. — *Med. Visitor.*

PERSONAL AND NEWS ITEMS.

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FOR SALE. — One set, ten volumes, "Guiding Symptoms," cloth, in good condition. Price low. Address

OTIS CLAPP & SON, 10 Park Square, Boston.

DR. GEO. B. RICE will return from Vienna on the 21st of July, and will resume practice at 229 Berkeley Street, Aug. 1st. Dr. Rice has gathered much valuable information in his specialty, and will enlarge his field of usefulness on his return.

DR. GEO. H. EARL has removed from 64 Huntington Ave. to the Hotel Copley, 18 Huntington Ave. Office hours, 3 to 5 P. M. Telephone, Tremont 839.

AT a meeting of the Corporation of the Malden Hospital held May 2nd, Dr. C. M. Nordstrom was elected a Trustee for three years.

THE many friends of Dr. Eloise A. Sears of Waltham, will be pleased to learn that she is gradually regaining her former health and vigor.

WE regret to record the death of Capt. Henry Coleman, father of Dr. E. B. Coleman of Nantucket.

THE Ward's Island Hospital, of New York, has been transferred to Blackwell's Island, where it has larger quarters in the building occupied by the female insane; it will henceforth be known as the Metropolitan Hospital.

EDITOR OF NEW ENGLAND MEDICAL GAZETTE:

Dear Doctor: — The Secretary of the Boston Homœopathic Medical Society wishes to correct, through the columns of the GAZETTE, an error in the recent publication of the "Constitution, By-Laws, List of Members of the Society and of the Sections for 1894."

In this pamphlet a paper entitled "The Treatment of Insomnia by Electricity," presented by Dr. Walter H. White, was accidentally credited to Dr. E. A. Bruce. Dr. Bruce's paper, subject, "Apostoli's Method," was unfortunately left out of the list of papers read.

Very sincerely,

J. EMMONS BRIGGS, *Sec'y.*

OBITUARY.

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DAVID THAYER, A.M., M.D., was born in Braintree, Mass., July 19, 1813; died in Boston, Dec. 14, 1893. Was graduated from Union College in 1840, and from the Berkshire Medical School in 1842. Soon after receiving his degree in medicine he became interested in the subject of homœopathy. After earnest and thoughtful investigation, feeling convinced that *similia similibus curantur* was the expression of a true law of cure, he adopted it as his rule of practice. In 1847, he united with the Massachusetts Homœopathic Fraternity, at that time numbering only thirteen members. Upon the incorporation of the Massachusetts Homœopathic Medical Society he was elected as its first secretary, continuing in the office five years; was president in 1861–62. In 1870 he was president of the American Institute of Homœopathy. At the formation of the Boston University School of Medicine he became one of its professors, which position he occupied for several years.

Having served several terms as representative in the Massachusetts legislature, he was enabled to render efficient service in procuring the charters of the Massashusetts Homœopathic Medical Society, of the Boston Homœopathic Dispensary, of the Homœopathic Hospital, and the Boston University School of Medicine.

The distinguishing characteristic of Dr. Thayer, was his firm, unflinching adherence to that which he believed to be right; this it was which made him an abo-

litionist when it was far from being popular; this also made him a homœopath at a time when it meant very much more than it does at present. Then it meant a separation from all medical association — it meant obloquy, reproach, scorn, contempt; but he, being one of the kind that knows no fear when convinced of the right, pursued his course regardless of the opinions of others. Connected with inflexible adherence to the right under all circumstances, he was genial and affable in his manner, making many friends. Being a good student, and deeply interested in his patients, he was successful in obtaining a large and lucrative practice; and thus, upright and honorable, with his mind and body still vigorous, he rounded out his four score years of life until the summons came.

DR. EDGAR EVERETT DEAN, of Brockton, Mass., died Dec. 31, 1893, of fatty degeneration of the heart, after a protracted and painful illness of nearly a year. He was born in Easton, Mass., Dec. 17th, 1837; was a student at Bristol Academy for three years, leaving there, in 1856, to take up the study of medicine with Dr. Luther Clark, of Boston. After graduating from Harvard Medical School, he practiced for a time in Boston, but, in June, 1861, removed to North Bridgewater (now Brockton) and succeeded to the business of Dr. Alexander Hichborn. In 1878 he spent the year in Europe, at the Dublin Lying-in Hospital, in order to perfect his specialty of diseases of women. After his return to Brockton, he acquired a large and lucrative practice among the wealthier people of his city. In 1883, he was appointed by the Governor a member of the Massachusetts State Board of Health, Lunacy and Charity, retaining his position till 1886, when the Health Department was made a separate board. He was also a member of the Pension Board, Sewerage Commission, and at various times of the city government. In June, 1866, he married Helen Amanda Packard, of Brockton, and had three children, all of whom survive him.

The Doctor was a 33rd-degree Mason, and a warm personal friend of the late Benj. Butler.

Unremitting attention to his profession, abreast of the times in its literature, and a manner which invited the confidence of youth and age alike, were qualities with which he achieved his success.

DR. CHARLES HAYES died suddenly of heart disease, Friday, June 8, at his resiresidence, 3 Tobey street, Providence, R. I.

Lieut. Col. Charles Hayes, Medical Director of the Brigade, Rhode Island Militia, was the fifth child of Elijah and Jane Hayes, and was born in North Berwick, York county, Me., March 7, 1840. He was educated in his native town and at Phillips Academy, Exeter, N. H. Because of an accident to his leg, received in his youth, he was unable to enlist when the Rebellion broke out, but in 1862, he joined the corps of nurses and was appointed Assistant Acting Surgeon, W. S. A. He served until his health become so impaired that he was compelled to withdraw from service. In 1864 he received his diploma from Dartmouth College, and again, in 1865, he resumed his hospital work at the front. In 1869 Dr. Hayes commenced practice in Fall River, Mass, but afterwards removed to the West. In 1876 he moved from Ashland, Wis., and commenced practice in this city.

Dr. Hayes was a member of the Rhode Island Homœopathic Medical Society, and served as secretary for five years from 1883, and as president from 1888 to 1890. He was admitted to the American Institute in 1889. He was also a member of the Union Congregational Church. In 1877 Dr. Hayes was appointed Surgeon of the Providence Horse Guards, and in the following year received from the Governor his commission as Surgeon of the 1st Battalion of Cavalry, R. I. M., with rank as captain, which was raised in 1888 to that of major. In 1889 he was acting Medical Director, Brigade R. I. M. while his chief was in Europe, and in 1872 he was appointed to the position of Medical Director with rank of lieutenant colonel. Dr. Hayes was also a member of the Soldiers' and Sailors' Historical Society, of the Military Service Institution and the Association of Military Surgeons of the United States. Socially Dr. Hayes was a great favorite. He was kind of disposition and genial of manner.

He leaves a wife and three children, two girls and a boy.

THE

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EDITORIAL.

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A WORD ON VACATIONS.

To the average man "vacation" is apt to mean certain very rational things. Temporary freedom from conventionality in dress, for instance; much out-of-door air; cheerful obedience to the dictates of indolence and drowsiness; entire change of occupation and consequently of thought; in short, rest and enjoyment which, however brief, are in the true sense of the word, recreative. The masculine theory of vacation being thus the eminently rational one, it is the more a pity that the average adult masculine American so rarely puts the theory into practice, and that so many of our countrymen, especially in the mercantile and professional ranks, postpone vacation at the demands of work, until nervous prostration — "the American disease" in the satiric European phrase — bids work cease for a period which is far from being one of vacation. The rational vacation to-day is chiefly enjoyed by those who, in one sense, need it least; namely by the young of both sexes, on whom there as yet is no such serious pressure of work and responsibility as to make relaxation absolutely imperative. We would not be understood as failing to rejoice in the vacations enjoyed by our young folk, but merely as regretting that their wearied and burdened seniors cannot be as universally blessed. It is the brain-weary, nerve-strained father in this office on State or Wall St., for whom

the gallop over breezy roads, or the "bake" on the warm sea sand would minister to a more crying need than that of the stalwart college lad whom his generosity sends to enjoy them. It is the mother to whom summer vacation means little more than doing the family sewing on a boarding-house veranda rather than in the family sitting-room, to whom a week's freedom from all responsibility of work would come like a draught from the fountain of youth.

The high pressure of American life, however, makes such vacations for those of mature years and responsibilities a difficult matter; familiar cares, as in the classic proverb, riding ever behind them on the saddle, when they would attempt escape. Nevertheless, the attempt should be made, and its necessity preached, in season and out of season. And when the attempt is made, care should be thrust away at least at arm's length; a week entirely away from the telephone, the letter with business stamp, and the work-basket, being worth months of attempted compromising of these with conditions of rest.

Since it is the young to whom it is chiefly possible to enjoy vacations, the physician can but rejoice that those vacations are on the whole of so much a more rational sort than was he case even a decade ago. More and more vacation is meaning out-of-door life, approach to wholesome natural conditions, relaxation of the merely conventional. As has been said, this was always true of the masculine vacation, at least in theory; but it is only since the feminine element which rules our social world has been converted to this view, that such rationality in the matter of vacation-taking has obtained in practice. To-day the old, irrational vacation which meant more elaborate and varied dressing than even was demanded by winter social life; which meant hours of dawdling over fancy-work on hotel verandas; hours of midnight dancing, to be succeeded by hours of sleeping away the freshness of the morning; this so-called "vacation," once so popular, is giving way to the newer, more rational sort. Brisk walks over hill and meadow, tennis, plenty of sleep, rowing and swimming, and all this in sensible dress adapted to such uses; such is the modern vacation which sends our young people home ruddy, strong and cheery. That the young should enjoy such

vacations means great good to the rising generation. Meanwhile, the physician can only preach to their elders the wisdom of the effort to secure vacation of the right sort, as often as may be.

EDITORIAL NOTES AND COMMENTS.

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THE BOARD OF REGISTRATION IN MEDICINE AND SURGERY for the State of Massachusetts has entered upon its duties; its members having been duly appointed by the Governor and confirmed by his Council. At a special meeting of the Governor's Council held July 9th, the following list submitted by his Excellency was approved: Drs. Edward J. Forster, Boston, seven years; Walter P. Bowers, Clinton, four years; Augustus C. Walker, Greenfield, one year, allopathists; D. B. Whittier, Fitchburg, five years; S. H. Blodgett, Cambridge, three years, homœopathists; C. Edwin Miles, Boston, two years; Augustus L. Chase, Randolph, six years, eclectics. Homœopathists have reason to congratulate themselves on being so excellently well represented in this, Massachusett's first experiment in state control of medical practice. It is to be hoped and anticipated that the new board will work together in harmony, and to fortunate result.

THE NEW HOMŒOPATHIC INSTITUTION FOR THE CARE OF THE INSANE, soon to be established at "Collins Farm," in the town of Collins, New York, will begin its career with every advantage to be gained from admirable situation, wise and energetic management, and from the planning of its arrangements, in every detail, in the light of past successful experiment and experience. The following quotation from an Albany journal gives an encouraging glimpse of the progress, up to date, of an institution in whose establishment, adding as it does to homœopathy's opportunities for telling and useful work, homœopathists everywhere cannot fail to feel hearty interest: —

The board of managers, appointed under the provisions of the law, met July 13, at the Collins Farm premises, and effected a formal organization by the election of the following permanent

officers: President, Dr. William Tod Helmuth, of New York city; secretary, Dr. H. M. Paine, of Albany, and treasurer, Mr. S. Lewis Soule, of Collins.

The managers, after a careful and critical examination of the 500 acres, every portion of which is susceptible of a high degree of cultivation, were more than pleased with the superior advantages, the development of which, under proper management, will be made available for the purposes for which the property has now been set apart.

State Engineer Adams will, in the course of a few days, have a topographical survey of the property made, the object being that of locating a thorough system of under-drains, the selection of suitable sites for the requisite buildings, the sources from which an abundant supply of potable water can be obtained, and for outlining the courses of projected walks and drives through the premises. The capabilities of the place for the purposes proposed are far greater than its projectors had reason to expect, and when, through the aid of future legislation, appropriations are provided, an institution of largest dimensions can be built up and maintained on a basis of true and wise economy, and a degree of marked success alike gratifying and encouraging to its most ardent supporters.

Love of Sport as an Incentive to Physical Culture and Hygienic Living, is receiving illustration in the experiment now being tried in the scientific and practical study of football at the school at Newcastle, N. H., as interestingly noted in the following clipping from the *Advertiser*:

"While the summer school for physical culture is meeting with such success at Cambridge, another branch of Harvard educational effort has just been begun upon a little farm near Newcastle, N. H. The instructors are not yet numerous, but they seem to be quite enthusiastic, and the pupils are working hard to acquire a beneficial tuition during the summer. The football elective, which forms the chief study at the Newcastle summer school, is not officially recognized in the list of regular university studies; but it can be safely said that the general public is more interested in the result of the school's work, as

it will appear next autumn, than in many electives that are given direct recognition in the Harvard catalogue, and the Harvard men at Newcastle appreciate that fact and show their appreciation by the energy with which they are pursuing their studies up on the quiet little New Hampshire farm. Accounts of the work of the school indicate that between thirty and forty students will take the summer course. Some of these attended the summer school last year and took a high university stand when 'team' appointments were given out last autumn.

The course of study at the Newcastle school will not be prolonged this year, and will be simple. At 7 the students rise, take breakfast, and are allowed a 'spin' up or down the little river. From 9 o'clock until noon the regular instruction in punting, passing and rush-line work is carefully given to all the scholars. About the middle of the afternoon two hours of very hard study are given, but five hours each day being allowed to the regular work of the elective course."

Hereafter those who, in selecting a college, ask not only how its instructors stand, as to educational prestige, but how its base ball, foot ball and crews stand, as to record of successes won, will set down to the credit of Harvard, that her undergraduates, if not as yet her faculty, are so far recognizing the dignity of at least one sport, as to pursue the study of it by methods as fixed and scientific as those applied to any study of the regular college year.

Much may be said of the dangers, in modern university life, of the predominance of love of sport over love of study, and the disproportion of the honor paid to the athlete to those paid to the scholar. The preachers on this side of the question may instance the very experiment under discussion, as showing with what ardor the lads enter upon the study of how to retrieve their errors on the foot-ball field, as compared to that shown in retrieving the errors in their examination papers. But the fact remains that the sport is not all to be condemned which can induce pleasure-loving boys to lead, for so much of their vacation months, a life of physical self-denial and strenuous hard work. The physical results of such a life cannot but be of the best, and much may be hoped from the realization the ended

summer brings them, of how richly worth while is hygiene living *per se*, in its effects on body and mind. The physician, a great part of whose life-work concerns itself with the preaching of such living, may well sigh for the creation of some interest for those under his care, as potent as is the love and ambition of sport which spurs on the "students" of the Newcastle's "elective."

COMMUNICATIONS.

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CIMICIFUGA; ITS POSSIBLE PLACE IN THE THERAPY OF GESTATION AND PARTURITION.

BY ANNIE M. SELEE, M. D., MELROSE, MASS.

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

Actea raremosa is a drug which has interested me very much from the beginning of my study of medicine. Its peculiar therapeutic value was impressed upon me at that time by a highly esteemed personal friend and medical adviser, the late Dr. E. O. Phinney of the allopathic school, who had for more than twenty years been analyzing its individuality and bringing it more and more into his practice, emphasizing its especial indication where the whole nervous system had been irritated and depressed.

I have used the remedy quite extensively in my own practice, and as I have observed its sedative action, its wonderful control over reflex hyperæsthesia, I have felt that it might perhaps prove a panacea to help strengthen and fortify the nervous system for the ordeal of child-birth.

I understand that to speak of any remedy as a panacea is quite unscientific, yet the peculiar power of this drug over so large a field of the neuroses, and the constantly increasing conviction I have, that no small percentage of the sufferings of gestation and child-birth are due to the influences of a demoralized condition of the nervous system, may perhaps excuse me for my theories and hopes. Nearly two years since at a regular meeting of this society, Dr. I. T. Talbot made some statements with regard to this drug and added some suggestions, which inspired me anew to commence at once regularly and quietly in my own practice, to discover if possible what cimicifuga might do to relieve the pains of parturition. I believe on general principles which govern the relation of nerve force to the whole process of gestation that there ought to be found a remedy

adapted to the peculiar process, and that we need not be charged with acting empirically when we seek to adapt the same remedy to a given condition wherever found. I have a case under observation where there is need of constant aid, that the patient may not give way to melancholic foreboding. I believe there are many cases where some deeply acting remedy may do much to stimulate and strengthen, and that medication begun with the mother may not only be of decided value to her, but may extend its benign influence to her unborn child.

In the cases which I will report I have commenced at about the seventh month to give the 2x two or three times daily, instructing the patient to take the medicine for one week, and then omit for three or four days. I propose this coming year not to confine myself to the last months but to use the drug for those earlier disturbances in pregnancy, such as nausea, fainting, with most disagreeable sensations in the epigastrium, etc.; surely this would be homœopathic.

In the case of a number of primiparæ who have had the drug, the labor through all its stages has been as normal as one could well ask. In a number of cases which I had attended at previous confinements and had been compelled to resort to forceps delivery, the labor has been much shorter and decidedly more natural, more free from those torturing pains which seem to accomplish so little. In all cases the first stage has been much relieved from those irritating spasmodic pains which cause such great suffering, often exhausting the patient before the second stage really commences.

I feel no small hesitancy in making these statements, since I am aware that sometimes we find most favorable conditions where no medicine has been taken and that the same patient is so different at different times. Yet contrasting the experience of the past two years with that of any previous two years of my practice, I am encouraged to persevere, and do not expect to be disappointed. In no case where the remedy has been administered as stated has there been need of instrumental aid, or any prolonged delay that has made me feel that nature must be assisted.

We do not of course claim that any remedy can correct pelvic deformity. While we feel that medication may do so much, we cannot lay too much stress on the most thorough hygienic measures. I do and say all I can to inspire my patients to make hygienic living their basis, insisting upon proper dress, so arranged that the most perfect circulation may be maintained; proper food taken at proper times; plenty of exercise in the life-giving, glorious sunshine; sleep and rest sufficient and every attention to both mental and physical conditions, as-

suring them that if they will live naturally they may confidently expect only natural results.

Parturition seems to be and is the most natural thing in the world. Since it is so emphatically true that this is God's plan for this universe, cannot homœopathy find the drug which shall so affect the different tissues as to bring about harmonious action in this process? Indeed when all mental and physical disabilities are under control, then woman will be self-poised, "with a body free and strong, adorned with that high beauty which comes of perfect use," fitted for all the duties which her peculiar sphere may bring her.

STATISTICS OF MASSACHUSETTS INSANE HOSPITALS FOR 1893

BY A. BLAKESLEE, WESTBORO, MASS.

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

The purpose of this paper is to show something of the curative work of the five State hospitals which receive acute cases. The results at Westboro are comparatively successful, and the prominence given them here is with the desire of promoting the increasingly useful knowledge of them. The conclusions stated have been verified by Dr. Wm. O. Mann, of the Westboro Hospital staff, and he will certify to their correctness.

In examining the hospital reports an essential difference is noticed between the conditions of the several institutions. This pertains to the numbers of alcoholic patients admitted to some hospitals, including those under the heads of alcoholic insanity, delirium tremens and habitual drunkards. At two hospitals 163 of such were received, and 104 recoveries are reported. Their rate of recovery was more than four times that of the other patients admitted. At the three remaining hospitals only a few of the alcoholic entered, and but 27 recovered, six only of them being at Westboro. It appears that the hospitals first mentioned have many cases of the hard drinkers who, perhaps, need but a few weeks for their restoration. To arrive at correct conclusions, therefore, it seems clear that these peculiar patients should be deducted.

Voluntary patients, those received without commitment papers, number more at Westboro than at all the other hospitals together. At present a State rule excludes the recoveries of this class from the reports, and it seems that they should also be taken out, as well as the few found not to be insane.

The table below shows the percentage of reported recoveries to the admissions, first, with no deductions, and second, with the above-named ones,

NO. I. — RECOVERIES IN 1893 COMPUTED UPON THE ADMISSION.

Westboro, 20.59; other hospitals, 20.48.

With all the drinking patients included the others nearly equal Westboro.

Second, the same with the stated deductions. Westboro, 22.78; other four hospitals, 14.48. Westboro nearly three-fifths (57.36) the larger.

Estimating upon the admissions as is done above is thought to be the method nearest correct and the one most in use. Sometimes the reckoning is made on the whole or the daily average number treated. It is done for some tables in this paper. The estimates are also sometimes made on the discharges, and the results in that way do not differ much from those upon the admissions.

For the next table deductions are made of those who may be called the hopeless of recovery. Of mental diseases four classes are about altogether incurable. They are dementia in its several forms, general paresis or paralysis of the insane, epilepsy and imbecility. In all the hospitals, 524 of these were admitted last year, and only one from these classes in each of three hospitals was reported as recovered. Danvers, drawing from the large cities and towns near there, and Westboro, receiving mostly from Boston, have a proportion of about one-third more of these "hopeless" than do the others.

Table No. 2 excludes these and also those mentioned for the first table. This plan for obtaining the results is believed to be very accurate.

NO. 2. — RECOVERIES TO ADMISSIONS, WITH DEDUCTIONS AS NAMED.

	Total.	Men.	Women.
Westboro . . .	38.10	45.71	32.65
Danvers . . .	26.90	26.88	26.92
Worcester . . .	23.57	21.19	25.14
Northampton . . .	19.63	25.53	15.00
Taunton . . .	15.51	16.82	14.49

Average of last four, 21.51.

Westboro more than three-fourths (76.89) the larger.

For the men 108.53 larger; the women 53.93.

Simpler methods of observing the results are as follows: The average daily number treated at the other four hospitals was about 5⅞ times as many as at Westboro. Dividing the recoveries elsewhere by this number shows their proportion to the recoveries here.

Of the admissions there were very nearly 4½ times as many at the others.

The next table gives the numbers by both of the ways named, the alcoholic and the voluntary being deducted.

NO. 3. — PROPORTION OF RECOVERIES BY THE DAILY AVERAGE NUMBER TREATED.

Westboro, 64, to 32¼ at each of the others.

Second, the same by admissions. Westboro, 64, to 40½ at the others.

THE MUCH IMPROVED AND THE IMPROVED.

The discharges under these heads seem to show much of the good work of the hospitals.

Table four gives the proportion of these by similar ratios to those used for the third table, but with no deductions.

NO. 4. — PROPORTION OF THOSE DISCHARGED AS MUCH IMPROVED AND IMPROVED. ESTIMATED BY THE DAILY AVERAGES.

Westboro, 157, to 77 at each of the other four hospitals.

Second, the same by admissions. Westboro, 157, to 99½ at the others.

The discharges of the above two classes at Westboro exceeded by more than twice those of the recovered.

Computing upon all the patients treated or all by daily average as is done in the last two tables, is to the advantage of Westboro. There are less here of the old cases of whom very few recover. This is a younger hospital and also the changes here are more active.

The following gives the proportionate numbers admitted and discharged.

Averaging the number of patients remaining in the other hospitals at the close of last year shows 746 for each, the number at Westboro being 514. It appears by this that their average capacity is nearly one-half larger than that here. But the 340 admissions here were only 31 less than the average of theirs, and the 371 discharges here were eleven more than their average. Some of these discharges were by transfer to chronic asylums and other institutions. Deducting these as not fully discharged, and the 298 sent out from here were 16 less than the average elsewhere. If the others by this proportion of size had equalled Westboro they would have received 587 more than they did, and discharged 473 more, this being with the transfers deducted.

RECOVERIES OF CURABLE CLASSES TO THEIR ADMISSIONS.

Aside from the alcoholic, which are not included for the statement below, nearly all of the recoveries are of the divisions of mania and melancholia. Last year at Westboro only one recovery was not of them, and the rate of recovery was 63.64 per cent. upon their admissions. At the other hospitals 43 in all came in under the heads of hypochondriacal, hysterical, acute, confusional and recurrent insanity and some others, and they gave 23 recoveries.

Otherwise only two of the recovered elsewhere were not of the first-named curable classes. Including all forms spoken of above the recovery rate was 23.19 for the other hospitals. But in the Westboro report the curable divisions are more clearly separated than in the others. Phthisical insanity, a heading used here, showing 14 admissions, is not found elsewhere. Paranoia, with 55 admissions, is also not named by the others, although two of them use the similar term, delusional insanity. The Westboro headings mentioned are held by the physicians here to be in accordance with the best approved practice. There are no recoveries of them, and they must include some who would elsewhere be placed in the classes of mania and melancholia. With uniform classifications the proportion between the rates of recovery here and elsewhere would perhaps be not far from two to one instead of about $2\frac{3}{4}$ to one, as appears from the above given percentages.

THE DEATHS.

Of the diseases called "hopeless of recovery" three also show the most fatality. In all the hospitals last year 116 were admitted having general paresis. The deaths of such cases were seven-tenths as many. Of dementia patients 283 came in, and the deaths from that general class were slightly more than one-half as many, and of epilepsy 70 were admitted, with about one-third as many deaths. Of all the other classes 1397 entered, and the deaths from those classes were only a little more than one-tenth of that number. If the deaths from the divisions most fatal are deducted for Westboro, and for the other hospitals in addition, the deaths from forms given as of senile, organic and post-paralytic insanity, the results are as by the next table, which also shows the percentages with no deductions. The reckoning for both is upon the total number treated, which is believed to be the most usual and correct method of computing the rates for deaths. Because of the differing modes of classification it appears that the first rate given for the other hospitals should be somewhat less than it is, but it cannot be told from the reports how much less.

NO. 5. — THE DEATHS.

To the whole number treated with deductions as stated, Westboro, 2.03; the others, 4.63.

Second, with no deductions, Westboro, 7.57; four hospitals, 7.34.

It is seen by the above that almost three-fourths of the deaths here were of the three fatal classes.

No instance of suicide was reported at Westboro last year, and with the single exception of an alcoholic patient several years ago there has never been one. This differs much from the general experience.

THE WOMEN PATIENTS.

Why do they outnumber the men?

You may say,— in the population of the State they exceed the men by over 63,000. Why should they not furnish more patients? But in fact they do not. Less of them enter the hospitals than of the men. During last year 153 more men than women were received at the various institutions. Still the excess of the women, which was 288 at the beginning, increased during the year to 380. Fewer of the women patients recover than of the men, and fewer die. One of the lady friends of this hospital wishes for an explanation of these differences. A part of it is that the men furnish many more of the alcoholic cases, and these as we have seen recover freely. As to the deaths, it is found that more of the men admitted have the fatal forms of disease. Last year, in the five acute hospitals, about one-eighth more of the men entered having dementia. Of epilepsy nearly three-fourths more of the men came in, and of general paresis more than five times as many entered of the men. Also, we are compelled to acknowledge it, the men exceed in imbecility.

MAY A STUDENT OBTAIN AN A.B. AND AN M.D. DEGREE IN SEVEN YEARS?

BY HENRY EDWIN SPALDING, M.D., BOSTON, MASS.

[*Read before the American Institute of Homœopathy.*]

In looking over the lists of graduates from the medical schools, it is very noticeable how small is the number who show by the academic degrees of A.B. or A.M. that they have had the preliminary course of study which may be counted a liberal education, so desirable for all physicians.

Of the matriculants in Harvard Medical School in the year 1884, the college-bred men represented fifty-four per cent. of the whole number, which was, we believe, the maximum ratio

in the history of the school. Since then there has been a steady diminution of this proportion, until in 1893 it was thirty per cent. Even now Harvard is, of the larger schools, the leader in this respect. In the medical department of the University of Pennsylvania, fifteen per cent. were college graduates; of Yale, twelve and one-half per cent.; of Columbia College, the old college of physicians and surgeons in the city of New York, nine per cent. It will be observed that all of these are departments of universities, which would naturally augment these proportions over those of medical colleges having no direct university connection. Some of these latter may be found without a single college-bred man on their rolls of students. I have purposely selected these old, established and popular schools as examples, in order to make the showing as favorable to the profession as possible.

Of the homœopathic colleges, the Boston University takes the lead, but she can boast only seven per cent. of college graduates. It is true that some are graduates in science or philosophy, but, including them, the ratio would be increased only one to five per cent.

Dr. Bowditch, in commenting on these figures pertaining to the Harvard Medical School, says: "The cause of this relative diminution in the number of what must be regarded as the most desirable class of our students, is doubtless a complicated one, but among the influences that have contributed to this result it is fair to assume that the increasing demands of our colleges upon the time of the under-graduates, and a growing conviction of the importance of beginning professional studies at an earlier age than that at which most students obtain the degree of A.B., have played an important part. This view derives confirmation from the fact that there is a large, and apparently an increasing number of students in every entering class who have received a certain amount of collegiate education, but have left their colleges without taking a degree."

We can not here discuss the prevailing belief that a man should be able to commence his chosen life-occupation at the age of twenty-five years. To medicine, this is specially pertinent, for it is the exception that the young physician becomes self-supporting until he has been in practice from two to five years, and to attain a living with a fair margin of profit demands at least as many years more.

The boy of to-day, as he advances from one educational grade to another, is met by far more exacting requirements than was the rule even a score of years ago. As a result, the average entrance age of students at our colleges is now about nineteen years as against seventeen to eighteen a few years ago. It

does not seem safe, if possible, to push forward more rapidly the work of our preparatory schools. As it now is, he enters college at nineteen, graduates at twenty-three, then, according to present requirements in our best medical schools, he has four years of professional study. He is thus twenty-seven years old before he can presume to commence the productive work of life. In addition to this, it is now thought desirable to spend a year or more in post-graduate study. This makes the case only worse.

What corrective can best be applied to this condition of things, it is difficult to decide. We certainly can not begin at the medical end of the course to abbreviate. We are but just getting the four years' graded course established in our schools, and find it none too long to cover the ground demanded by the medical science of to-day. It seems as though the curriculum of classical and medical schools might be so re-arranged that, by way of electives, the work in the academic might merge into that of the professional schools without apparent break and with a saving of one year of time. This, according to a recent letter from President Low, Columbia College is already doing. He says: "At Columbia College we allow seniors in the college proper to take the first year courses in the medical curriculum as electives, counting them towards their A.B. degree. In this way the students who take both the A.B. and the M.D. degrees save one year in the total time required."

Princeton and Brown Universities are working in the same direction. President Patton of Princeton writes me: "We are endeavoring to increase the number of electives germain to a medical education so that a student in his senior year by choosing these electives may have what will be regarded as a full equivalent for one year of medical study. I am in full sympathy with the idea that it is important to get candidates for the degree of Bachelor of Arts, but particularly in their junior and senior years, to study specifically for the learned professions, so that one year of either law or medicine may be covered by the student during his undergraduate life in college."

President Andrews of Brown tells me: "There is a medical association connected with the university, made up of our graduates who are eminent in the medical profession. Under their advice we are proposing to offer courses enough in the medical line, including human anatomy, to enable students who specialize in this way for two years, two hours per week, to enter the best medical schools a year in advance. The studies listed in the catalogue on pages 94-5 do not quite compose this, being short by considerable in physiology. We are, however, making provision against this for next year, when the plan will be in

full vigor. Probably the ideal method would be for an intending physician to study the entire four years in general subjects and make his medical course entirely independent of this end later. Yet considering the pressure bearing upon young men now-a-days to begin earning money as early as possible, our plan seems a necessity, and I am sure that the result of it will be a larger proportion of men in the medical profession who will have an excellent education both general and medical."

Many of our scientific schools offer courses that are a good foundation for the study of medicine and lead up to it most naturally, but that does not give the physician what may be termed a *liberal* education. Harvard offers special advantages in this direction, but the list of matriculants in medicine shows that they are but sparingly utilized. "The third year of this course is the same as the first year's course in the medical school, and the first two years of the course make a good preparation for medical study."

It is a fact, moreover, that some students are so arranging their electives at Harvard as to enable them to do all the work required for an A.B. in three years instead of four. They are then actually in the medical school during their senior year in college, and receive their A.B. degree at the end of their first year in medicine.

President Eliot has some characteristically radical ideas on this subject. In a recent letter to me he says: "It does not seem to me to be possible for a college student to anticipate or replace in any way the first year of the four years' medical course. I know no colleges which teach in any sufficient manner the subjects of the first year in our medical school. Thus, human anatomy and medical chemistry are not taught at all by the faculty of arts and sciences at Cambridge. Physiology, histology, embryology, hygiene and bacteriology are taught, but not in the way and within the limits suitable for medical students. Since the four years' graded course in medicine is a necessity, I advocate the reduction of the ordinary course for the A.B. to three years, and also a reduction of the age of admission to colleges, so that young men may be ready to enter our medical schools at twenty-one, having already had a very thorough training in secondary schools and colleges."

The chief obstacles to incorporating into the academic course what might count as one year in the medical course, seem to be human anatomy and medical chemistry. Human anatomy is taught, but too often in a way that, it seems to me, might be improved upon. If the time devoted to minute and structural anatomy were used in geographically studying the osseous, muscular, arterial, venous and nervous systems, together with their

functions, I believe it would be of more real and lasting value to all of the students, whether they propose taking up the study of medicine or not. Practical dissecting might not be convenient, but even this would not be found impossible and need not be made impracticable. If not in connection with regular college work, arrangements might be made, in our educational centres, at least, whereby the student electing it might do his dissecting at some reputable medical college, and the certificate therefor, together with a satisfactory examination, count on his work for a degree. It would be no serious matter if medical chemistry were omitted until the second year of the medical course. There may be a good knowledge of general chemistry and of botany. The instruction given in physiology, histology, embryology, hygiene and bacteriology, might, perhaps, be somewhat modified so as to be of special value to the medical student and at the same time not be less valuable to the general student.

With this work accomplished and the general mental development gained by his academic course, and especially since by this time the acquisition of knowledge has become a second nature to him and he has learned to work to the best advantage, he certainly ought to be one year nearer the degree of M.D. than is the high-school graduate.

I believe with President Eliot that the course of study may be so adjusted as to allow a boy to enter college at eighteen, and that, with electives, a properly arranged course of three years should entitle the average student to an A.B. degree. He could then take his four years' medical course and graduate at twenty-five.

I have been in communication with some of our smaller as well as our larger colleges and universities, hoping thus to get a more exact idea of what may be thought of the matter as well as to learn what, if anything, is being done in the direction proposed.

There seems to be a consensus of opinion that the subject is a most important one and that some immediate action is demanded. President Carter, of Williams College, writes: "Nothing has been done as yet by our college in the direction of so arranging the electives for the senior year as to make it possible for medical students to anticipate one year of their course. I have no doubt that ultimately some such change will be made and I should personally greatly favor such a change."

President Gates, of Amherst, says: "With all that tends to a more thorough professional equipment for our medical men, I have the fullest sympathy. The tendency to hurry men into practice of that very important and influential profession, with a

slender equipment by way of liberal training or scientific knowledge, seems to me most lamentable."

That something may be done to encourage our young men and women to obtain a liberal education as a preliminary to the study of medicine, I would suggest that the American Institute of Homœopathy appoint a committee to bring the matter more fully before the colleges and universities of the United States, and conjointly with them, to so arrange or modify the curriculum in the academic and medical schools as to enable the average student to earn his A.B. and M.D. degrees in seven years.

VACCINATION. ITS TECHNIQUE AND COMPLICATIONS.

BY A. H. POWERS, M.D., BOSTON, MASS.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

The past winter's experience and a request that I write on this topic, are the reasons why I shall say some commonplace things on an old theme. I think I am right when I say that every one in the hearing of my voice is fairly certain that he or she has mastered the technique of this simple operation; but that ideas on this topic may be exchanged, I propose to briefly discuss some of the main points in regard to it.

First and foremost of all requirements for proper vaccination is cleanliness. By this I mean surgical cleanliness and an aseptic condition, and not the common meaning which I fear even certain physicians might give the word. By cleanliness I mean that a clean "point," (and of this I will say more later on), a clean operator, and a clean arm are necessary. The hands of the physician and the arm of the patient should be washed for a reasonably long time in an antiseptic solution, and this followed by washing with plain sterilized or boiled water. In regard to the clean "point" I believe that there is very little danger in this respect. The air which was formerly thought to be the medium of infection of wounds is now known to have slight action in this direction, and the "points" are really exposed to the air for only a short period while the virus is drying on them, and then we have a smooth, impervious coating which practically cannot be contaminated by the air. I think the ivory point the best instrument with which to scarify the arm, because of the possibilities of sepsis and syphilis from the use of any other instrument. This possibility can be made very small, I admit, but still there will always remain a possibility, and hence I prefer the ivory point.

The next question refers to the size and number of scarifications. In reply to this query I would say two places one-fourth of an inch square, and one and a half to two inches apart. I

am sure that some will differ with me and say that one scarification is as good as two, and that it is unnecessary to cause the patient such additional discomfort. However, I have noted that some who cry loudly for one place scarify a space one-half to an inch square, thus denuding the skin over a much larger area. Still farther, the scarification should only be deep enough to slightly wound the papillæ of the skin, causing slight hemorrhage of pin-point appearance.

After the arm has been scarified, dip the vaccine point in sterilized water and carefully wipe the tip of the point over the scarified space, and then allow the serum, blood and virus to dry. I do not approve of placing plaster over the scarification and will have a further word to say in regard to this point when I speak of complications.

The time for vaccination, I believe, may vary except when there is an epidemic; but usually a child should be vaccinated when from three to four years old if in ordinarily good health. The season of the year is of little importance, though the heat of summer would naturally not be chosen. The time for re-vaccination is not easily or clearly defined in the minds of the general public or even the profession, and I expect exceptions will be taken when I say that re-vaccination should be practised every five to seven years till four or five distinct scars are seen. The reasons for this are first of all that if thus performed the disturbance in health and comfort will be slight. Some of the worst results from vaccination which I have seen were when a long interval had intervened since the primary vaccination. Had these cases been re-vaccinated early the complications, I believe, would be largely avoided. Then the danger of an epidemic of small-pox would be much lessened if all were thus vaccinated. Since the discomfort and complications of re-vaccination would be much lessened there would be less opposition to it, and the anti-vaccinationists would have even less than their present ground on which to stand.

The complications of vaccination are numerous and occasionally some are serious. Some deaths have occurred during the past winter from this cause, but such results are very rare. The most common of these complications is some form of eruption of the skin. Perhaps this should not be called a complication since it so frequently occurs. Erythema multiforme is frequently the type of eruption as is also a simple erythema. Urticaria-like lesions are not rare, and occasionally a vesicular eruption covers a part or the whole of the body. These disturbances are very annoying, but so far as I know are never fatal and leave no scarring.

Whether a general enlargement of the lymphatics should be

called a complication or not I can hardly decide. I have found it very common in the cases I have examined. By this I mean not simply the glands of the axilla but the glands of the whole body. But the most serious complication is septic infection of the wound and through it the general system. Contrary to the ideas of many, I believe that this does not often take place at the time of vaccination, but rather after the vaccination has "taken" as it is termed.

If the primary wound was infected early we ought to have constitutional and local symptoms of sepsis in a day or two; but as a matter of fact this is rarely observed till a few days after the vesicle is formed or the crust removed, and then is the time this trouble is usually noted. Certainly this period offers more chance for septic infection than the five minutes when the skin is being scarified. Further, the crust once removed is often removed again and again; hence, I believe that to avoid infection in vaccination the physician should each day properly dress and bandage the arm during the vesicular stage. Abscesses and large sluggish ulcers are nearly always the result of septic infection and must be treated on general surgical principles. Occasionally, a latent tubercular or syphilitic trouble may be awakened as the result of vaccination, and these cases may prove serious ones. The popular idea that skin and other diseases are caused by vaccination is met by an equally popular idea that often skin diseases disappear after vaccination, and that the child often is better in its general health than ever before.

My experience in the surgical department of the Dispensary where the children are vaccinated, and the skin department where children are treated for such troubles, would not lead me to give much credence to either idea. I believe that much of the prejudice against vaccination is from reasoning in the *post hoc ergo propter hoc* manner. Other complications arise, but they are not common, and I will not weary you with their rehearsal.

A CASE FROM PRACTICE.

BY GEORGE H. EARL, M.D., BOSTON.

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

The interest in the following case lies mainly in the facts that although the woman was in a critical condition, viz.: in imminent danger of fatal blood-poisoning, she did not feel especially ill; and that the usual symptoms of death of the fœtus were absent. The diagnosis had to be made by purely inductive reasoning. The case as it presented itself was briefly this.

Mrs. S——, twenty-five years of age; married seven years; has had four children and no miscarriages. She was pregnant with her fifth child about the first of last October. Had suppression of menses for November and December and experienced the usual symptoms of early pregnancy with which she was familiar. Just before Christmas, when she was presumably about three months pregnant, she had a fall caused by the breaking of a chair in which she was sitting. A few days later she commenced flowing, continued two days, then ceased two days and then flowed again for three days. She had no pain, and, except for the slight flow, felt as well as usual. Two weeks later she flowed again for about four days, and during the next few weeks she flowed "off and on" about half the time. She still had no pain, and the uterus was increasing in size until it was about as large as it should be at five months.

During the next two months, or until I saw her, she had flowed constantly, the uterus sometimes decreasing slightly in size. The blood was thin and brownish but with no odor. She still had no pain. It was now five months since conception had probably occurred, and although she had felt motion in each of her previous pregnancies at four months, she had felt none with this.

The diagnosis was made of dead fœtus, probably a month before, and that since that time there had been an accumulation of clots, causing the increase in size of the uterus, with occasional diminution. The usual symptoms of pain, feeling of weight in the epigastrium, nausea and chilliness were absent. The diagnosis was reached by the following reasoning.

The uterus being the size it should be at five months, I should be able to get fœtal heart sounds, but could not. Motion had always been felt at four months, but there had been none with this. The uterus did not contract under the hands as it should have done, and as it always does in normal pregnancy. Ballotement could not be obtained, showing that the uterus contained something besides a normal fœtus and appendages. Continued bleeding, the character of the blood being thin and brownish.

The treatment consisted in rapidly dilating the cervix and clearing out the uterus. Dilatation was made first with the steel dilator and then with the fingers. The vagina was thoroughly douched and scrubbed with a two per cent. solution of creolin before dilatation was commenced and the uterus was washed out with the same solution after delivery. As usual in such cases, the hemorrhage, which was not excessive at any time, ceased almost entirely as soon as the uterus was emptied. The vagina was packed with aseptic gauze around the cervix and with clean cotton down to the vulva, with instructions that

it be removed the next day, or as soon as it became wet. No douches were afterwards used and the patient made an uninterrupted recovery. Not the least interesting feature of this case was the fœtus itself, which was of about three and a half months' development, the sex being barely distinguishable, probably female. It presented the following deformities: Spina bifida in the lower dorsal region; ventral hernia, the liver and intestines being outside the abdominal cavity and enclosed in a sac. The left hip was dislocated upwards and backwards, and there was a distinct talipes equino-varus of the right foot.

PRESIDENT'S ANNUAL ADDRESS.

BY JAMES CHURCH GANNETT, M.D., YARMOUTH, ME.

[*From the Forthcoming Transactions of the Maine Homœopathic Medical Society.*]

Fellow-members of the Maine Homœopathic Medical Society:— I give you cordial greeting. I congratulate you that so many have been able to gather within these walls to-day. I congratulate myself that I am permitted to be here to-day.

It is good for men to gather in societies. It is good for us as physicians, distinctively as homœopathic physicians, so to band ourselves together and meet as our society authorizes us, that we may become better acquainted, and mutually encourage, uphold and instruct one another. A hermit alone in his cave or the desert loses the helpful uplift to be gained by human society. And just so does a medical hermit lose much of humanity's refining touch when he withdraws from contact with his fellows, says he has naught for them or they for him. We need each other and can only do harm to ourselves and those about us by drawing within ourselves.

Thus realizing their needs, have medical men banded themselves in societies; and homœopathic medical men, feeling an ostracism emanating from their medical brethren who did not embrace a like faith with themselves, have been impelled to the formation of such societies. And here in Maine, since 1867, we have had our special society. And here we, as such a society, have met each year since; and here we are met to-day to uphold, encourage and instruct each other.

At a meeting like this, twenty-one years ago, in the city of Bath, he whom you honor to-day with a seat in the president's chair, received his election to membership in this society. That gathering was smaller than this, only twelve members being present. Of those present four are in other fields to-day and six have passed to the silent majority. Silent, do I say? No, their works do follow them and their voices still proclaim the

truth they so faithfully upheld, applied and illustrated, and urge us to zeal and honest endeavor in the paths they walked.

The earlier homœopaths, as well versed as any of the medical men of that day in all that made up a medical education, found themselves wanting in the distinctive knowledge of homœopathic materia medica and therapeutics. And this study, calling as it did for the strongest powers of mind to master it, led our predecessors to a neglect of the other and equally important branches of medical study and research. Old-school physicians dipped deep into anatomy, physiology, pathology, diagnosis, and ridiculed the homœopath for his lack of knowledge in these branches. But our homœopaths made their cures, even in the face of the allopathic diagnoses and prognoses, and had their laugh at their friends, the enemy. In later years, all branches of medical science have been entered by strong and brainy homœopaths, and the medical world has been compelled to acknowledge their work and its worth, and our colleges are equal in curriculum and requirements to any colleges in the country.

We have advanced on this line till our workers stand in the front rank with those of other schools. How is it with these branches in which we are distinctively homœopathic? Have we grown in our acquirements in materia medica and therapeutics? Can we claim the advanced place as against the old school that our fathers could? The old school has seemingly made some long strides in the knowledge of the effects and uses of drugs and in methods of prescribing. The multiform prescription is going out, the simple prescription, the symptomatic prescription, the minimum dose are coming in. And we say, This is a result of homœopathy's leavening influence. We say it advisedly, and the people generally acknowledge it. This result is not entirely dependent, either, upon the demand of the people for the easier, pleasanter doses of the homœopath. It comes from the observed fact, that under the use of the much maligned little doses the patients of homœopathic physicians were and are cured, and that also in severe and complicated illnesses.

The study of drugs by the old school in later years, tending as it has to an analysis of the so-called physiological action, has gradually led to a more or less perfected system of symptomatic prescribing, one of several practices adopted from homœopathy without credit.

How is it with us? Are we still leading in this method of prescribing? Have we kept in the van in this as were our fathers in medicine of fifty and seventy-five years ago? "The world do move." Are we moving with it? Are we in Maine moving with it?

Since, in 1868, I took my first look into things medical to the present, great progress has been made by homœopathists in the lines of surgery, gynæcology, ophthalmology, otology, and in many other specialties. Their stand is a bold one and their standing high, and much has been done in the face of many difficulties to perfect the treatment of special diseases, mechanically, locally and also medicinally.

The older homœopathic physicians were, had to be, specialists in materia medica, for this promised and furnished a rich field for study and application for them and they worked perhaps to a manifest loss of skill and prestige in other branches. Led by loyalty to truth and a faith born of failure in the old, and success in the new methods of treatment, they may perhaps have erred in considering all methods or measures wrong except the prescription made absolutely upon the principle *similia similibus curantur*, and in eschewing the surgical and mechanical treatments. I say they *may* have erred. They may have been too severe in their strictures upon the medical magazines of those days against the insertion of advertisements of a questionable character as viewed from a homœopathic standpoint.

Are we not inclined to err upon the other side? We say our homœopathic books are not what they should be, either in fulness, scope, research, etc., and we buy the standard allopathic works, and read and study them. Can we keep our minds clear from the contaminating influence of old-school opinions of treatment, or hold to our belief in the scope of homœopathy? Are not our own journals furnishing some material for undermining the foundations of homœopathy in individual minds by their accepting and publishing proprietary advertisements? Do our colleges make a sufficiently strong point in the Institutes of Homœopathic Medicine? Do we know all we ought of this? Are we grounded in the Homœopathic Primer? Do we *know* the Organon? (I use the word "know" in its deeper meaning).

Fellow-members, how are we different from the other physicians about us? Are we a collection of experimenters, jumping from this thing to that in our blind search for a specific, using this to-day, to-morrow that? Or are we working from some fixed axiom, upon some certain line? Do we have faith in our method of cure? Do we show it?

It is a fact that we fail to cure cases, cases that are curable, cases that some one else, some allopathic brother, even some charlatan, succeeds in curing, to our overthrow and the stigmatization of homœopathy. Is the law at fault? No. Let us rather believe that the fault is in us, and seek relief, not in extraneous methods, not in the devices of the proprietary advertisers in the pages of the journals, but in a more earnest, pains-

taking study of the materia medica and its application. Let us be ready to say and believe not that the homœopathic law of cure is inactive in a given condition. Let us believe the most for it. Let us be careful not to limit it where it is not limited. Let us look for its limit of application above and beyond our present conception of it. If we are impelled through lack of present knowledge and opportunities for desirable consultation to make use of palliative, questionable, or extraneous methods for our present purpose, let it be with an earnest intent to search out a true remedy against a second time of need.

The medical field is fast filling with specialists, and they are needed. We have them in Maine, and to my mind more good ones would find a sufficiency of good work to do. We cannot all be surgeons, nor would we if we could. We cannot all be gynæcologists, nor obstetricians, nor oculists, nor aurists, nor rectal specialists, nor specialists in clinics, nor yet materia medica, or any one branch of medical or allied science. The field of study is too large, the work too broad, and man's faculties too varied to permit such narrowing. We are all laboring for the same end, the helping the human family to attain and keep a higher physical development. And one of us works along one line, seeing things from one point of view, another from another. One grasps and reasons out a proposition of truth through one line of reasoning, another from another, arriving at the same result. One develops a special faculty for selecting the remedy and curing the case by the physiological method, so called; another, working by the method of adapting characteristics of patient and of remedy accomplishes his purpose as speedily, surely and happily.

Medical progress, as in other of the world's advances, appears to be in waves, now here and now there, some special feature of the work appearing more prominently than others, and this soon to give place to another. Just now there seems in our homœopathic world an effort to promote earnest, united, fruitful work in materia medica. We have been passing through a long season of questionings, of affirmations and denials, and now there is an evident movement to extend the real work in this special field from the few earnest workers to the many, widely extended over our country. Is it not time for *us* to begin some organized effort in this direction? I would suggest that the bureau of materia medica, aided perhaps by that of clinical medicine, organize thoroughly and put themselves in communication with the leaders in materia medica study and improvement. Let there be some special plan of work, some special remedy or class of remedies to work upon through the year, with reports upon them at the annual meeting. And the members of these bureaus should devote their energies to this work.

Carroll Dunham has said "A study of materia medica will yield a better return than any other department of medical science." Dr. Dunham knew materia medica, knew its worth and knew how to apply it in practice. It was my happy privilege to listen to him during my medical studies and no lecture was pleasanter than his on this dry subject. We cannot do better than to take his word, make the study in dead earnest and expect due profitable returns. Let us make the coming year a materia medica year, a study of materia medica by all, of earnest, painstaking, methodical study.

Fellow-members, I feel that we are not doing all that we might or ought to help bring towards perfection our system of medical practice as it relates to materia medica and therapeutics. We are doing our work of visiting and prescribing for our patients, studying diseases, diagnosis and prophylaxis, and the surgical, dietetic, hygienic and local treatments. But how about materia medica and symptomatology? Are we using as strong and intelligent effort to improve our materia medica?

In order to give an opportunity for organization at this session the appointments upon the several scientific bureaux will be announced soon after the close of the President's address, and it is suggested that the chairmen call their several bureaux together during the intermissions for preliminary organization. Having some plan of work, and the necessity of each member of a bureau keeping in touch with his fellow-members, will tend to keep his special work in his mind through the year, with consequent gain in knowledge and improvement in its expression. Carefulness in study carries with it carefulness in recording; and this will doubtless bring improvement in diction; and from this will directly follow greater ease, clearness and correctness in discussion.

As physicians it is well for us to be particular about little things, even to the manner in which we write our notes of advice, medical directions, etc. I know that a physician's leisure and study time, especially that of the most of us who are really country doctors, are scanty and much broken, and we find it hard to do good literary work under such distractions as come to us. But I also know that every effort we make in that direction brings its own reward. The office of recording secretary, which for seven years I have filled, with positive enjoyment, coupled with much hard work, and from which I am now released, gives me opportunity and ability to say a few words to you. This I would say from the closest fraternal side, with sincere desire only for improved work, that the work of succeeding recording secretaries may be lighter.

The making up reports of cases and writing any of the arti-

cles for our transactions should be looked at as well from the side of the secretary and book-maker as from that of the writer. It will be seen at once that various shortening methods that are useful and allowable for one's own advantage would be out of place in papers intended for publication. By avoiding these things the work of the secretary, who would otherwise have all these things to correct, would be much lightened. Let us not forget that while we are physicians with lives filled with the things of the physician's busy world, we are also educated men and women, and are expected to put time and our best thought into the construction and clothing of our reports. We owe it to ourselves and our readers to try to make each report a master-piece. Our world should be the whole medical world and we should strive to make every paper worthy a place anywhere. The world owes us much and we certainly owe it as much. Let us be sure to yield good measure on our part.

The homœopathic physicians of Maine are invited to unite with the homœopathic physicians throughout the nation in erecting in the City of Washington a monument to the founder of the homœopathic school, Samuel Hahnemann. The movement began at the meeting of the American Institute in Washington in 1892, when the fund was started by subscriptions amounting in a very short time to three thousand dollars. A committee was appointed to have the matter in charge and later this committee was enlarged by the formation of an auxillary committee composed of one member from each state society and medical college faculty. I was made the member from this society. The work has been going forward for nearly two years and a report will be made to the American Institute at its session soon to be held at Denver, Colorado. Some report should be sent from this society and the Maine physicians. Let the matter receive your careful consideration and action, individually and as a society. The subject will be brought up later when opportunity will be given for discussion and action.

Our society has suffered during the year just passed in the loss of two of its members by death and one by removal. The last of April Dr. Solon Abbott, of Biddeford, our treasurer, removed to Franklin, Mass., after transmitting to me his books, papers and the monies in his care. It will be well for the society to make choice at once of a treasurer that the work of that officer may proceed. The death of Dr. N. G. H. Pulsifer, of Waterville, occurred, Dec. 2, 1893, and that of Dr. Frank A. Gushee, of Appleton, Dec. 20, 1893. I have requested Dr. D. C. Perkins to prepare a sketch of the life of Dr. Gushee, and have reason to believe that Dr. W. E. Fellows is prepared with a notice of the life of Dr. Pulsifer. Dr. N. G. H. Pulsifer was

one of our charter members, one of those whose number is becoming less from year to year. Soon some of us will be called to notice the passage forward of the last of our pioneers. They unfurled a noble banner in the Pine Tree state and we have been permitted to assist in upholding it. More and more has it fallen to younger hands to bear it, and soon will the last veteran's salute be given it this side the river. "Faithful and true" may well be written of them, the pioneers. May it be said of each of us as we pass out of sight.

Fellow-members, I claim for homœopathy at least as good education, as much power and as good results as I am willing to accord to the old school. Can I claim less in loyalty to my flag and to truth? Let us prove it always. In Maine let us prove it. Prove it in our methods of study and our studiousness. Prove it in our bedside work. Prove it in our intercourse with our fellow-men, professional and otherwise. Prove it in our literary and scientific work. Only by thorough, persistent, pains-taking, self-denying study can we attain and hold this high place, but using these means our attaining it is assured. Let us work, not merely for present results, but rather for the grand, final completion of development, the perfect manhood, thoroughly furnished unto every good work. We should be satisfied only with the best that is in us; and that not to hoard it, but to give it out — to our patients first in the sick room; to our fellow-workers at our society meetings; to the community. And always should we endeavor to give the best we have, in its best equipment, thoroughly ready for service.

THE CARE AND PRESERVATION OF SURGICAL INSTRUMENTS.

BY HORACE PACKARD, M D., BOSTON.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

In the present era of surgical achievement when cleanliness, otherwise known as asepsis, holds such an important relation to the surgeon's success, any matters relating to the care and preservation of the operator's instruments, is pregnant with interest to both the general practitioner and the specialist. What can be a more prolific source of contamination than soiled, imperfectly cleaned and non-sterile instruments? Can one think of a more prolific source of infective material than a pocket surgical case, a surgical bag in which instruments are carried loosely, or any permanent receptacle in which instruments are carried to operations, used, we will say, in opening abscesses, dressing ulcers, and with no more than a hasty rinsing, returned to such receptacle and there remain until again called into use.

I will cite an example or two which have come to my personal observation. A physician in general practice had used a scalpel for the opening of a septic abscess. His assistant washed the scalpel, wiped it, and while putting it away, he accidentally slightly cut his finger. This knife had probably received all the cleansing it would receive preparatory to its use on some other patient; but from that slight cut, sufficient septic matter was introduced to set up the most violent cellulitis which destroyed the finger and seriously threatened the whole hand.

What shall we say of a physician or surgeon either, whose equipment on his arrival to perform an operation, even though it be slight, consists of scissors, forceps, needles, holder, a comb and hair brush, all loosely mingled in a hand-bag? With the glamor which came with the use of chemical antiseptics, we were inclined to conciliate our conscience for any lack of thoroughness in washing, by immersion for a greater or less time in carbolic acid, creolin or some other germicide of repute. Nothing can be more delusive. How often has it been the experience of us all that in spite of the free use of carbolic acid, bichloride of mercury, etc., the most profuse suppuration has occurred in a wound where we should have expected healing by first intention. To be sure, surgical instruments are not the only source of wound contamination, but they must be acknowledged the most important source excepting the operator's own fingers.

To the surgeon whose armamentarium includes a large number of instruments, the adoption of some systematic and reliable method for their care and preservation, becomes at once a most important aid and element in his success for the reason that he deals in his operating so frequently with vital portions of the body, as the abdominal cavity where wound contamination means not simply prolonged healing with suppuration, but probably the death of the patient.

For several years, I have utilized a method which has proved so satisfactory, that I am glad at the request of your Secretary to present it to you. I know of no other surgeon who follows exactly the same system. It may not prove practical for the general practitioner, yet I see no reason why it should not.

It is based on the following requirements:

1. That the operator's instruments should always be sterile, *i. e.*, should be at once, or within a short time following an operation, thoroughly cleaned with soap and water, and sterilized by heat. They should not be put away and allowed to remain days and perhaps weeks, until just before another operation, and then hurriedly cleaned.

2. The surgeon should be sure when he leaves his office, that

he is armed with all the instruments which will be required in the performance of the anticipated operation.

3. His instruments should be so arranged that on being called in haste, in an emergency, he can quickly select such instruments from his collection as the case demands.

To accomplish the above objects, my instruments are divided in eight groups, according to the various classes of operations which fall into the surgeon's hands, as follows:

Group for gynæcological operations.
Group for abdominal operations.
Group for amputations and bone operations.
Group for brain surgery.
Group for genito urinary surgery.
Group for intubation and tracheotomy.
Group for hemorrhoids, fistulæ, circumcision, abscesses, emergencies, ligation of arteries and minor operations of any character.
Group for hare-lip, cleft-palate and nasal operations.

MISCELLANEOUS INSTRUMENTS KEPT IN ORIGINAL CASES.

Aspirator.	Urethrotome.
Set of graduated French sounds.	Thermo-cautery.
Tonsillotomes.	Bigelow Crusher and Evacuator.

With this classification, it becomes necessary to duplicate some of the more common instruments, such as scissors, forceps, retractors, knives, needle forceps, etc., that each group may have its proper supply.

Each group is rolled in a strip of aseptic gauze, and kept at all times when not in use, on its appropriate shelf which is labeled and devoted exclusively to that group and no other.

In the use of my instruments, it is my purpose never to let blood or other animal discharges become dried on them. I have always at hand a basin of clean boiled water in which the instruments as they leave my hand in the course of an operation, are immediately immersed. At the close of the operation they are, as is the invariable custom, rather hurriedly washed and dried, rolled up in gauze, and packed with other apparatus into my surgical bag. On my return to my office, they are taken to my laboratory, scrubbed with soap, brush and hot water, rolled in a fresh piece of aseptic gauze, placed in a Lautenschläger sterilizer provided with a thermostat and thermometer, and subjected to a temperature of 212° F. for one half-hour. The group is then laid away on its shelf, and remains unopened until it is again called in use by an operation of the class for which it was designed.

This method has proven so satisfactory that I have felt no

inclination to change it for any other. It seems to me far superior to any system which necessitates the carrying to the place of operation, of cumbersome apparatus for the sterilization of the instruments as they are used. I never have any anxious thought over the condition of my instruments, for I know they are always in order, always clean, and that I always have with me just what I shall want.

I herewith append a detailed list of the instruments in each group:

GROUP FOR GYNÆCOLOGICAL OPERATIONS.

Speculum. (Simon).
Two retractors. (Packard).
Bullet forceps. (Martin).
Tissue forceps. (Similar to bullet forceps, modified by Hanks).
One bistoury.
One bellied scalpel.
One long shanked, narrow-bladed knife.
Two pairs toothed forceps. (Triple and multiple).
Straight and curved scissors.
Director.
Needle forceps. (Martin).
Curette. (Racamier).
Three other curettes of devious shape.
Uterine sound.
Spoon saw. (Thomas).
" " (Marcy).
Dilator. (Wiley).
Hook retractor. (Bilroth).
Pean forceps.
Wire ecraseur.

GROUP FOR ABDOMINAL OPERATIONS.

Two bellied scalpels.
Toothed forceps.
Straight, curved and angular scissors.
Twelve Pean forceps.
Four broad ligament forceps.
Two bullet forceps. (Martin).
Two cyst forceps.
Three pedicle forceps.
Cyst trocar. (Packard, modification of Spencer Wells' trocar).
Needle holder. (Martin).
Retractors.
Velcellum forceps.
Two pairs delicate forceps and extractor for gall-bladder surgery.
Gall-stone searcher.
Aneurism needle.
Herniotome
Four forceps for holding sponges.

GROUP FOR AMPUTATIONS AND BONE OPERATIONS.

Two scalpels.
Long, short and medium amputating knives.
Two amputating saws. (Large and small).
Chain saw.
Bone pliers. (Large and small).
" forceps. (Small and large, lion-jawed).
Dry dissector.
Three chisels of different sizes.
Bone curette.
Mallet.
Scissors. (Straight and curved).
Toothed forceps.
Six Pean forceps.
Retractors.
Needle holder.

GROUP FOR BRAIN SURGERY.

Scalpel.
Toothed forceps.
Pean forceps.
Trephines. (Three sizes).
Drills.
Rongeur forceps.
Straight and curved scissors.
Brain knife.
Exploring needle.
Dry dissector.
Sharp curette.
Needle forceps.

GROUP FOR GENITO-URINARY OPERATIONS.

Graduated steel sounds. (English and French).
Silver catheters.
Olive-tipped bougies.
Soft catheters and bougies of all sizes.
Filliform bougies.
Urethrotome.
Searcher.
Endoscope.
Gorget.
Staff.
Lithotomy forceps.
Retractors.
Scalpel.
Forceps.
Scissors.
Pean forceps.
Lithotome.

GROUP FOR INTUBATION AND TRACHEOTOMY.

O'Dwyer intubation set.
Silver tracheotomy tubes, three sizes, and tape.
Scalpel.
Forceps.
Delicate retractors.
Pean forceps.
Fixation tenaculum.
Dilator.
Tracheal forceps.
Scissors.

GROUP FOR HEMORRHOIDS, FISTULÆ, CIRCUMCISION, ABSCESSES, EMERGENCIES, LIGATION OF ARTERIES, AND MINOR OPERATIONS OF ANY CHARACTER.

Two scalpels.
Straight and curved bistouries.
" " " scissors.
Plain and toothed forceps.
Probe and director.
Pean forceps.
Retractors.
Rongeur forceps.
Curette.
Aneurism needle.
T. forceps.
Kelsey's hemorrhoidal clamp.
Rectal speculum.
Scissors, retractors, and tenacula adapted to enucleation of eye-ball.

GROUP FOR HARE-LIP, CLEFT-PALATE, AND NASAL OPERATIONS.

Scalpels.
Bistouries, straight and curved.
Needle forceps.
Toothed forceps.
Long handled needle. (Peasley).
Delicate tenacula.
Pean forceps.
Mouth gag.
Adenoid forceps.
Septum "
Bullet "
Polypus "
Retractors.
Hard rubber nasal plugs.
Steel finger nail curette.

NEEDLES.

Needles of all sizes are kept constantly in my surgical bag, in a screw-cap glass bottle.

SUTURES.

All suture material is sterilized, wound on glass spools, and kept in screw-capped bottles filled with alcohol. A plentiful supply is kept at all times in my surgical bag, with razor, hypodermic syringe, an unopened four-ounce can of Squibb's ether, a small bottle of chloroform, an ounce bottle of Monsel's powder, an ounce bottle of iron tincture, a package of sterilized gauze for sponging purposes, inhaler, corrosive sublimate tablets, and drainage tubes (rubber and glass and bone).

THE SURGICAL TREATMENT OF SOME CASES OF ECZEMA.

BY FREDERICK W. ELLIOTT, M.D., ROXBURY, MASS.

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

Forty per cent. of all skin diseases treated at the hospital clinics of the four great medical centres of this country, New York, Philadelphia, Boston and Chicago are reported as eczema. The percentage abroad is considerably less as children are not included in dermatological statistics.

The disease is protean in its manifestations; and its causes, immediate and remote, are legion. Many of these causes are easy of diagnosis and the treatment is correspondingly brief and satisfactory. An occasional case tests the skill and patience of the medical attendant. He employs faithfully the various local measures of relief. He exhausts the resources of the materia medica, yet the disease persists and the verdict is compelled — not cured and not curable.

Taylor in his admirable atlas of venereal and skin diseases asserts that in many instances the morbid changes in the skin are associated with, and perhaps an expression of, a deranged systemic condition. Other writers when at a loss to state in exact terms the nature of the cause of eczema take refuge in the loose and unsatisfactory generalization, that eczema is due to constitutional or general debility or to perverted innervation.

A chronic eczema shows a thickened skin which has largely lost its flexibility. Capillary circulation is poor. Cell proliferation is present in a marked degree.

Tillbury Fox states that the most important element in the production of the disease is a faulty innervation. Hebra looks upon a disturbance in the cutaneous circulation to which is due capillary congestion as the direct cause. If then in any way or by any means we can remove the capillary congestion, quicken the sluggish cutaneous circulation, awaken the dormant cutaneous nerves to whose inaction the paresis and stasis are due, the cure of eczema is not far to seek. If this can not be done, an eczematous condition is not infrequently intractable, chronic, liable to recur, an opprobrium to the physician, a burden and menace to the patient.

As illustration of the foregoing, the following cases which may be regarded as fairly typical, may not be without suggestion.

CASE I. Frank G——, of healthy parentage; weight at birth, 13 1-2 pounds; when six weeks old a slight eczematous rash appeared upon one cheek. The nurse neglected to restrain the child; he bored his head into the pillows, used his finger nails vigorously, and soon neck, face and forehead were involved.

When first called in Oct., 1892, I found a well developed and aggravated case of eczema. The infant was phenomenally fat, the tissues flabby, cutaneous circulation sluggish, the so-called scrofulous diathesis, vital functions normal, save sleep, which was restless and interrupted by the pain of the lesion.

Many remedies were prescribed, numerous local applications employed. At times marked improvement appeared, but relapses were frequent and discouraging. At last the case passed from observation slightly, if at all, benefited by the local, hygienic and medicinal treatment, which had been used most assiduously for a period of ten weeks.

The patient was then placed under the care of a leading dermatologist of this city, who gave a guarded prognosis as to immediate relief. Under his treatment the case lingered along in a distressing and unsatisfactory way, at times slightly improved and at times much worse, — apparently not amenable to remedial measures, until, with the advent of warm weather, after eight months of suffering, the child seemed slowly to outgrow the condition and the eczematous eruption gradually disappeared. Whether the course of the disease was to any considerable extent modified or benefited by the treatment may be reasonably a matter of doubt. It is also a question whether this may not be a fair illustration of how not to do it.

CASE 2. Published by Dr. S. G. Godshall. A six weeks' old boy with eczema universale. Eruption developed at two weeks of age and grew progressively worse. Under sulphur 30x the child did not cry so much but the eczema was unchanged. His body was a mass of sores and crusts. A redundant and tight pupuce was found on examination. Circumcision was performed. In two weeks' time a permanent cure resulted.

CASE 3. Published by Dr. F. D. Holbrook. J. M.; age, 6; a case of eczema following vaccination. A nervous, irritable child, circumcision had not benefited. The rash steadily spread until the entire body was covered from the crown of the head to the soles of the feet. In the axilla the inflamed integument was so hypertrophied that the arms could not be brought to touch the body. The condition was most aggravated on the abdomen, sexual organs and buttocks. Medicines and ointments had been prescribed for six weeks without relief. Treatment was nearly impossible on account of great pain and irritation. Under ether anæsthesia the sphincters of the anus, both external and internal, which were extremely tight, were divided by sub-cutaneous incision. Various pockets and papillæ were removed from the rectum. The entire body was freed from scabs, bathed in a one per cent. carbolic acid solution, anointed with zinci oxidi unguentum and then wrapped in surgeon's lint.

The eczema rapidly disappeared and within a week the boy was well.

CASE 4. Reported through the courtesy of Dr. L. A. Phillips. E. L.; switchman; age, 33; six years ago suffered severely from rheumatism, especially affecting one foot and one heel, followed by an eczema of the anus. This persisted, with aggravations and ameliorations, yet on the whole grew worse year by year. For the past six months medication and local treatment have failed to relieve the intense pruritus, which, annoying during the day, became almost intolerable at night. He was admitted to the Phillips Hospital, Feb. 19, 1894.

Status presens., Feb. 20. Aggravated chronic eczema of the anus and nates extending symmetrically upon the thighs, the integument thickened and fissured, the sulci exuding an irritating secretion. Primary lesions of a vesiculo-pustular type existing with secondary lesions of scales, fissures and crusts. Rectal examination revealed several well-marked fissures of the anus and a mass of hemorrhoidal tumors. The sphincters were fully dilated and the American operation performed. Boracic acid and campho-phenique dressings applied. The patient received rhus tox. 3x the first week and ars. 3x thereafter. The wound healed kindly by first intention and an uninterrupted recovery followed. He was discharged from the hospital in three weeks, and at this writing, six weeks from the operation, is entirely cured of the eczema.

This treatment is not claimed as a panacea. It is thought, however, that the subject of nervous reflexes and nerve irritation in the treatment of certain cases of eczema not amenable to ordinary measures, is worthy of investigation and trial. It is no longer a matter of doubt that many intractable cases of skin disease may be cured by that improvement in the cutaneous circulation, which follows a thorough dilatation of contracted sphincters and a radical removal of morbid and irritating growths from the orifices of the body.

TYPHOID FEVER.

BY C. P. HOLDEN, M.D., WINDSOR, VT.

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

I have prepared this paper at the request of the Chairman of the Bureau of Sanitary Science. I shall, however, deal with the question more as a physician than as a sanitarian.

This disease has a special interest to us as sanitarians, because the researches of modern science have shown that it is preventable beyond any possibility of doubt. It belongs to the class of diseases known as "filth diseases," and is infectious.

In early days we read of fearful ravages by this disease every year; and I can myself remember when a student, fifteen years ago, that my preceptor expected his annual harvest from typhoid fever with as much confidence as the farmer expected his harvest from the fields. Only so recently as three years ago, I met an intelligent physician from Kentucky in attendance at the Post-Graduate School of Medicine in New York who informed me that in his country this was also the case, and that everyone soon or late expected to have this disease.

A common cause of typhoid fever is infection by water or milk. Some authors hold that in order to get the disease we must have the specific germ, the bacillus typhosus. I cannot accept this view of the question, for I think it must have been the experience of every physician who has practised in the country, that we often get sporadic cases which apparently have no other cause than a sink drain flowing on the surface of the ground or into an overflowing cess-pool, or one which had no ventilation except into the house through the sink pipe. Such cases would seem to arise *de novo* and disprove the theory that the disease always is caused by the specific germ only.

I will give you a brief history of the epidemic in Windsor. There was a case of sickness in the family of a farmer, who lived at the head of the brook or springs from which Windsor gets her water supply, which case began about the middle of January and continued into February. After the outbreak of the epidemic the State Board of Health made a careful investigation and reported that this was a case of typhoid fever which was not reported to the local board; that the *excreta* of the patient were put into the privy vault without any disinfection, and that the vault was so situated that when the warm days came early in March and the snow melted and the water ran, this vault drained directly into the stream supplying our reservoir. The fifteenth day of March I saw my first and what was one of the first cases of the epidemic probably. Between this time and April 27th when I saw what was probably one of the last cases, there occurred 103 cases in a population of about 1300. All these cases were in families or were persons who had drunk the water. If a case was discovered in a family not using the water it was invariably found in the person of some one who drank the water at school or at the place where he worked. Since then there have been cases which are probably secondary. The total mortality has been 16 2-3%. My own mortality record is 3 7-10% and all cases convalescent are doing well. Some of these cases have been mild, so-called "walking cases," and some exceedingly severe; some have run their course without fever, but presenting all other symptoms of malignant typhoid poison-

ing; great prostration, typhoid tongue, enlarged spleen, rapid pulse, diarrhœa, rose spots, etc. Many of the cases have been very protracted having two recurrences of fever. My youngest case was a child of ten months and my oldest a woman of ninety-three, and I believe these represent the extremes of age in this epidemic. My treatment was to give the homœopathic remedy as indicated, and this was usually bryonia. I also gave salol in doses of three grains, three to six times in the twenty-four hours as an intestinal antiseptic. I also used the rubber coil with ice water to the abdomen, also to the head if there was headache. This with cold or tepid sponge baths was sufficient antipyretic treatment to keep the fever within bounds. I did not use full cold baths because of lack of facilities and because the milder means were sufficient; and here I wish to say that in some cases a tepid bath was not well borne and a hot bath seemed efficacious; rather showing that it is the evaporation of the water from the body that reduces temperature rather than extreme cold. Possibly I made a mistake but did not try the specific treatment, iodine and carbolic acid.

Some months ago I received a little advertising sheet from Tieman & Co. recommending the use of injections of sterilized water by the colon tube and fountain syringe in typhoid fever, upon the theory that the contents of the large intestines contained the ptomaines which were absorbed by the system causing the pyrexia, claiming that while the disease was not shortened the violence of the disease was much lessened. This enema was advised once in three days according to my recollection, to be discontinued in case of hemorrhage and used only with great caution during the stage of ulceration from fear of perforation. This treatment commended itself to me as fulfilling a very important point by removing the cause. I shall dwell somewhat fully upon it because my experience, though not gathered from a large number of cases, confirms the value of the treatment, and the modifications I shall advise are, so far as I know, original.

First, as to the method: I do not think the colon tube introduced full length essential, though better. The rectum holds but a small quantity, three or six ounces, and if you inject two quarts of water the surplus is bound to get into the colon where you want it. Again once in three days is not often enough, and it should be used every day for at least two weeks after the beginning of convalescence (I mean to begin it at the onset). I have not found it necessary to stop for hemorahage, only I would advise cold water then. I do not think there is any danger of disturbing clots at the seat of hemorrhage, as your injections will not reach them, *i. e.*, the seat of ulceration. There

cannot be much danger of rupturing the ulcer because the treatment prevents tympanites, and again after a few days the patient will not take so much water at a time. I have seen no trouble from diarrhœa with this treatment; the patient has one or two movements, and his bowels do not trouble him any more till the next day. Sometimes there is a little pain after the injection but not much. I believe the treatment not only makes the case mild but shortens the course of the fever.

One case, a babe of ten months, had an evening temperature of 105 on the sixth and seventh days, and on the thirteenth was normal. Another had a temperature of 104 on second and third days and on the seventh day morning temperature was normal, and on the eleventh day the evening temperature also. This case was a boy of seventeen years. Another, a boy of twelve years, had no fever after the seventh day. It would seem to me that two cases were aborted after three days, but, of course, here there must be doubt of the diagnosis. Of twenty-five cases treated more or less thoroughly, all lived, and this in an epidemic where the total mortality was 16 2-3%. My one fatal case at this writing would not hold water enough to do the least good. As a rule the cases having the treatment early and thoroughly did the best. One case, the babe of ten months, took a quart daily without any difficulty. In some cases I used the injection the next day following hemorrhage without harm. I think a saline injection just as good treatment for hemorrhage in typhoid fever as for post partum hemorrhage, and the system will absorb the water as greedily as the dry earth will take up rain, with the greatest benefit.

I want to say a few words in regard to relapses in typhoid fever. We were formerly taught that they came from errors in diet or from over exercise. That we may get a more or less severe fever of brief duration, I can readily conceive, but a run of fever from one to three weeks and presenting all the phenomena of a typical attack of typhoid fever, cannot come from such causes but means rather that the patient is not yet "immune," that there has been auto-infection.

Beatrice H——, age three-and-a-half years, was seen March 29th on the second day of disease: temperature, morning, 101; evening, 103 until the eighth day when there was hemorrhage and temperature fell to 99 but rose at once to 104 and ranged from 100 to 104 until the 26th and 27th days when it became normal, and patient very comfortable; from then until the 40th day temperature reached 104 and 105 every day, when it was normal every morning and only 99 and 100 at night, until the 59th day when it rose to 101 at night, and kept along until the 63rd day when it finally disappeared. There was no possible source of re-infec-

tion except from the patient herself. Another case was convalescent on the 21st day and wholly free from fever until the 31st day when the temperature reached 104 and fever ran twelve days. Another, temperature normal from the 14th to the 22nd day, fever from the 22nd to the 31st day, normal till the 40th and again fever for fourteen days. The question may occur to you as it did to me, were these relapses due to treatment, and would it not be better to let the fire burn briskly and have a short and quick run? The answer is that I am not aware that I had any more cases of relapse than those doctors who used other treatment, and the mortality record must be the general answer.

There are many interesting features of the epidemic and of the disease that I cannot touch upon for my paper is already too long. I must say a word, however, about alcohol and heart failure. I have found no necessity for alcohol except when the temperature was subnormal and the patient cold, when a very little whiskey did much good. I have an impression that alcohol and heart stimulants are responsible for most of the cases of heart failure in this disease as well as in pneumonia. In one case and the only one I saw there was on the 47th day a pulse of 140 and dicroctic. She got an enema of a pint of saline water, and in four hours the pulse was 120; she then got another injection of the same, per rectum, and in four hours more the pulse was 100. I cannot close this paper without calling attention to the fact that this epidemic arose from the neglect of a physician to disinfect the excreta of a typhoid fever patient, and that every secondary case, seven in number, was due to the neglect of those in attendance to maintain scrupulous cleanliness.

TWO HOSPITAL CASES.

BY A. D. HINES, M.D., WESTBOROUGH, MASS.

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

No. 1. B. C. was admitted to the Westboro Hospital the latter part of September, '93. Mother of five children; oldest, thirteen years; youngest, one year. Temperament, sanguine; disposition, quiet, thoughtful, energetic; habits, temperate, and she was a very hard-working woman. Family history, negative. She became quite depressed for a week, one year ago, immediately after giving birth to her last child. She thought everything was going wrong, and that the children would be killed. For several years she has suffered severely from hemicrania. The paroxysms were confined to the right side and only came in the winter, lasting each time about one week.

Symptoms of the present attack were noticed by the family

three weeks before her commitment to the hospital, and immediately following four weeks' nursing. She was nursing her own child, which had had a severe attack of diphtheria. She was up night and day with him, and she broke down mentally as soon as his convalescence was established. She gradually became worse at home until she could not be induced to stay in bed, sleep, or take proper nourishment.

The "certificate of physicians" reads as follows: "She refuses to eat or sleep, is standing in the room or walking about, wringing her hands; says she is the greatest sinner in the world; says God told her she was going to have all this trouble. Has lost all interest in her home and children, and seems to be overwhelmed with melancholic forebodings." When admitted she was in poor physical condition, weighing only ninety-five pounds; tongue large, showing indentations of teeth, and coated yellow; gums swollen and of a dark-red color; teeth, slightly loosened; skin moist, giving the face a shining appearance; heart action rapid, 100 to 120; dry râles heard over upper portion of both lungs; reflexes, normal; tongue protruded with some difficulty; mentally she appeared dull and confused, paying no attention to her surroundings, moaning continuously and very restless. She thought people were coming to kill her and her children. Said she saw and heard them, could hear them talking things over, arranging to take her life, as well as the lives of her children, and for that reason she would not take food. Said she wanted to die, though she never tried to kill herself; thought she had done something wrong; said her head felt peculiar, as if she had no sense. She was put to bed, but was so restless that within ten days of her admission a protection sheet had to be used to keep her in bed, and as she would take no food, had to be fed by means of the nasal tube. She remained in this condition, restless, moaning, sleeping but little, and refusing all food for two months. About this time she began to show signs of improvement physically, the face especially becoming fuller and less haggard in expression; and immediately she became more quiet and began to eat. The protection sheet was now removed and she remained quietly in bed and took her food well. She continued to improve and soon became entirely changed physically and mentally. Her form became round and plump; her face lost that expression of severe mental pain, which it had shown since her admission, and now had a pleasant and cheerful look. Her recovery was uninterupted and complete. After her recovery she remembered her delusions and hallucinations but did not believe any longer in them.

Treatment: — She was given rest in bed, abundance of nourishment, such as eggs, milk, etc. Light massage with cocoanut

oil alternated with warm baths evenings, until she was able to be up. As medicines she had kali phos. 3x until protection sheet had to be used, and then the medicine was changed to bell. 1x. She was discharged recovered three and a half months after admission.

No. 2. G. E., admitted latter part of December, 1893; female; age, 22; married; temperamunt, nervous; disposition, quiet and reserved; habits, temperate and industrious; occupation, general housework. Father died suddenly with "pain in side," remainder of family history negative. No previous attacks. Menses have always been regular, but rather profuse, flowing five days, and she would be much exhausted afterwards. In the latter part of June, 1893, some of her friends, for a joke, told her that her intended husband was paying his respects to another girl and taking great interest in his new love. She immediately began to worry about it, and next morning vomited her breakfast. During the next five weeks she continued to worry, and vomited most of her food, especially that taken in the morning. By this time she became very much exhausted and began to dislike to see any one. She then quit work, but remained with her landlady. Wanted to be left alone in dark room all the time; thought life was a great burden and not worth living; was very sleepless and had a poor appetite; had been troubled with constipation for several years. She was treated for nervous prostration for two months before her commitment. She gradually became worse, and at times thought she heard the landlady calling her when they were far apart. Friends advised her to marry, which she did the first of November. Husband tried to induce her to "cheer up" and be happy, as other people, but his "cheering ups" made her life more unhappy. She had thought of suicide one week before marriage, and now she became more determined in this direction. Three days before her admission she took one half-ounce of laudanum with suicidal intent, but vomited most of it. On the following day she took a portion of a box of "rough on rats," thinking she would certainly succeed this time in ending her miserable life. She began to suffer severe pain immediately, and vomited most of the poison taken. The pain following the second suicidal attempt was so severe and prolonged that she became very much frightened lest she should die, and then resolved that if she did not die this time she never would again try to take her own life.

When admitted she was in fair physical condition; height, 5 feet, 7 3-4 in.; weight, 120 lbs. Tongue coated milky-white; stomach very irritable, rejecting food quickly; skin dry and scaly about the face; pustular acne on back; heart action rapid

and tumultuous, soft, systolic murmur; beating noise in ears and occiput; pulse, 120; temperature, 99.2° F.; dizzy and faint feeling when walking; reflex, normal; twitching of levatores palpebræ; somewhat restless; mentally she was much depressed and dull; had hallucinations of hearing, but showed no delusions; perceptions blunted, and she was emotionally weak.

Within a week she would retain her food and had improved quite perceptibly; had no hallucinations or delusions, and was quiet and less despondent. At the end of second week an herpetic eruption, accompanied by severe neuralgic pains, of the skin on the left side of the face and neck developed, lasting two weeks. She has continued to improve physically and mentally, and is now quite cheerful and industrious. She is still in the hospital, with every prospect of being discharged, entirely recovered, within a few weeks.

Treatment: — She was put to bed and given rest-treatment, liquid food, in small quantities and often at first, until the stomach became less irritable, then she was given solid food; nux vom. 1x was given regularly until the eruption appeared, when mezereum 3x was substituted.

REVIEWS AND NOTICES OF BOOKS.

THE PRACTICE OF MEDICINE. By Edwin M. Hale, M.D. Chicago: Gross & Delbridge. 1033 pp.

Dr. Hale's name is too well known to readers of the GAZETTE, and his writings have been too numerous and influential to make necessary anything like an introduction to him or his work. This, his latest book, treats of all those diseases usually dealt with in works on general practice. The subjects discussed are classified as follows: Chap. I, Fevers; Chap. II, Infectious Eruptive Fevers; Chap. III, Specific Infectious Diseases; Chap. IV, Constitutional Diseases; then follow chapters on diseases of the Respiratory, of the Digestive, of the Urinary, of the Circulatory, and of the Nervous Systems, etc. The plan of the work is to give as concise and graphic a picture of a disease as possible, without effort to be exhaustive or encyclopædic, and to give as practical and reliable instruction in the matter of treatment as wide personal experience and much study can make possible.

To give an idea of the condensed style; — on opening the book at random, pleurisy and its complications is disposed of in seven and one-half pages, about two pages being devoted to the disease picture, the balance to treatment. "Scarlet fever" shows

one and one-quarter pages devoted to the diagnostic picture, four and one-half pages to treatment.

Under the heading "treatment" one finds everything likely to prove palliative or curative, which has commended itself to Dr. Hale, including things prophylactic, dietetic, hygienic, and medicinal. The drugs recommended are not arranged alphabetically and do not have long symptomatologies presented, as is the case with most homœopathic works on practice, but seem to be arranged in the order of their usefulness. Oftentimes, simply a list of remedies is given, without symptoms or indications of any kind to assist in differentiation; thus necessitating the consultation of a work on materia medica in order to make a prescription (unless one use the list seriatim). The characteristic features of the work, however, can best be outlined by quoting from the author's preface, whose ideas must coincide with those entertained by a very large number of medical practitioners:

"The aim of this book is to present to the physician the most practical way of treating disease by medicinal and hygienic methods. To do this, I have drawn upon my experience as a general practitioner for forty years, and upon the experience and observation of my colleagues of all schools of practice, so far as I believed them trustworthy. I entertain the broad belief that while the law of *similia* is the chief guide in the selection of drugs, there are other methods of cure which should not be neglected. While I believe the application of the law of *similars* is very wide, I know that it has its limitations. . . This is an era of preventive medicine. The physician who prevents disease is worthy of equal, if not more, honor than one who cures. . . . The best criticism I desire for this book and myself is that I have been honest, liberal, and conscientious."

After a careful reading of Dr. Hale's work, the critic must be carping indeed, who can deny to its author or his book the trio of adjectives it is his honorable ambition to have earned.

THERAPEUTICS OF THE SERPENT POISONS. By John H. Clarke, M.D. London: The Homœopathic Publishing Co. 1893. 31 pp.

This treatise, first delivered as a post-graduate lecture at the London Homœopathic Hospital, and since published in the *Homœopathic World*, is now offered in a permanent form to the medical world. Like all Dr. Clarke's work, it is admirably written, its style being fresh, vigorous and convincing. A group of nine serpent poisons is dealt with, the best known of these being Lachesis Naja, and Crotalus. Dr. Clarke touches but little on the pathogenetic aspects of these poisons, this having

been so fully dealt with in the Cyclopædia of Drug Pathogenesy. The skeptically inclined reader may pause to remember, however, that the pathogeneses were obtained with the thirtieth attenuations. It is with the clinical uses of the poisons that Dr. Clarke deals, more particularly with those of lachesis, as being best known and most widely experimented with. The cures reported from their use may well tempt further experiment on the part of readers of the enthusiastically-written little treatise.

A Complete Repertory of the Tissue Remedies of Schüssler. By S. F. Shannon, M.D., Denver, Colo.: The Chain and Hardy Co. 1894. 544 pp.

The indispensable features of a good repertory are I, the arrangement of the subject matter, and II, the reliability of the symptoms given.

If the arrangement be such that a given symptom can be easily and quickly found, the chief purpose of the repertory is fulfilled. In this repertory the table of contents indicates that the classification of symptoms is partly anatomical, as "ears," "eyes," "face," "stomach," etc.; partly functional, as "lactation," "parturition," "eating," "drinking," etc.; and partly heterogeneous in character, as "locality," "direction," "temperature," "weather," etc. There being no index, it may require some searching to find a given symptom or condition; for instance, the condition alopecia following erysipelas is not indexed, there being no index; in the table of contents no reference is made to hair or scalp, but under "O," "Outer Head" is found; turning to the page indicated one begins with the alphabetically arranged symptoms till "hair" is reached when only six symptoms are found, only one "losing the hair" pointing towards the condition sought. Another instance;—for a case of carbuncle on the leg a remedy is wanted. No index to help one, and no help from the table of contents. Under "lower limbs" no reference to carbuncle is found. Carbuncle is mentioned under the heading, "Skin," calc. sulph. being the remedy named; also under "Neck and Back," silica being given; again under "Tissues" where silica and kali mur. are found. This does not help in the case instanced unless we combine the indications under "Skin" and "Tissues," both of which are found in the leg. Without doubt, however, familiarity with the book will help one to find any given symptom. Fortunately there is a frequent repetition of symptoms; as under headaches which are chiefly classed in the section "Inner Head," though many of the same headaches are found under "Sensorium." "Boil over the left eye" in the section "Inner Head" is doubtless accidentally placed.

As to the reliability of the symptoms given opinions will differ. From the homœopathic standpoint a well proven remedy will furnish trustworthy symptoms; a remedy that has not been proven has nothing reliable to offer. This repertory deals with the "Twelve Tissue Remedies of Schüssler," which being prescribed on the "biochemical" theory need neither proving nor anything but the dogmatic assertions and theories of Schüssler to recommend them. Dr. Shannon writes in his preface, "after having carefully used these remedies since 1885 along with *the other homœopathic remedies*," etc. (our italics.) We desire to protest against this confounding of homœopathy and Schüsslerism. If these remedies are used according to Schüssler's directions they are used merely empirically; if they have been proved and are used in accordance with their pathogenetic symptomatologies, they are homœopathic, and need no fanciful theories of biochemistry to commend their usefulness.

THE BIOCHEMIC SYSTEM OF MEDICINE; COMPRISING THE THEORY, PATHOLOGICAL ACTION, THERAPEUTICAL APPLICATION, MATERIA MEDICA AND REPERTORY OF SCHÜSSLER'S TWELVE TISSUE REMEDIES. Written by George W. Carey, M.D., St. Louis: F. A. Luyties. 1894. 444 pp.

In the "Preface" to this book one reads, "It is with the kindest of feelings towards the science of homœopathy and its many brave and noble defenders, that its underlying principle, 'similia similibus curantur,' has been questioned, and *idem* — the same to the same, or the law of *Supplying Deficiencies* — pushed to the front as the *Natural Law of Cure*."

It is unnecessary to call attention to the fact that this book "written by" Dr. Carey is so nearly like other works on the "Tissue Remedies" that his claim to originality is as open to question as in his judgment, is the law of similars. But this fact in connection with the above quotation ought to be enough to condemn the book as useless to the homœopathic physician.

THE BEE-LINE REPERTORY. By Stacy Jones, M.D. Phila.: Bœricke & Tafel. pp. 210.

The author in his brief preface gives the would-be consultant of his little repertory a hint or two as to how best to use it. He suggests that only by reference to several sections, can be secured the "three legs to the stool of affliction" on which to base a successful prescription. Thus "pain," "aggravation," "amelioration" and the like are to be taken successively into account, and if possible the remedy found whose indications meet all these conditions. The repertory has the rather individual feature of combining materia medica and therapeutics in

its alphabetical columns, somewhat to the reader's confusion of mind: since, for instance, the paragraph after "mumps" is found to deal with "mustard." Which reminds us that not all the remedies recommended are drawn from homœopathic sources: those taken from domestic, traditional and empirical practice being not infrequently brought into prominence. Mustard and vinegar instance those drawn from the first-named sources; ichthyol instances those from the latter. Specific indications for the use of the remedies recommended are not always obtainable; thus, peroxide of hydrogen is glitteringly generalized as suitable for "asthma, cough, woman's weakness, and death-door conditions from flooding, poisoning, or any other cause." The headings under which diseases are grouped are often singularly untechnical; thus gynecological troubles appear under the heading "Female": and gastric derangements under "Stomach." But with all its oddities the little book is doubtless destined to popularity, since it contains much that is suggestive, useful and practical: and affords the overworked practitioner at least a hope of flying by a "bee-line" to a successful prescription.

HEADACHE AND NEURALGIA. By J. Leonard Corning, M.A., M.D. Third edition. New York: E. B. Treat. 271 pp.

Limited as it is by its very title, this little book, nevertheless, covers quite a field in therapy. The somewhat peculiar views advanced are already familiar to the medical readers through the two previous editions of the work. For instance for the patient suffering with nervous headache the following drastic and exhaustive treatment is recommended: Antipyrin is administered in fifteen grain doses every twenty minutes for the first two hours. The bromides are then given in a dose of from twenty to thirty grains in conjunction with a drachm of the tincture of hyoscyamus. If sleep is still absent, an eighth of a grain of morphia should be given, and the patient given the peace of a darkened room. The author explains in detail his method of treating the various pains of spinal irritation by the aid of deep hypodermic injections of the hydrochloride of cocaine. The injections are made in close proximity to the cord, and must be if possible into the spinal canal. Whether the author's methods of treatment will ever become generally accepted remains yet to be proven. That there is much interest felt in their study, the fact of a third edition bears witness. P. G. B.

HOW TO USE THE FORCEPS. By Henry G. Landis, M.A., M.D. Revised and enlarged by Charles H. Bushong, M.D., New York: E. B. Treat. 203 pp.

Contained within this little book are many views, both inter-

esting and novel as compared with those of many of our common text-books. The "Mechanism of Labor" with which the opening chapters deal, is treated in a clean and incisive manner, and offers original ideas modestly stated.

The author adopts a middle ground condemning alike haste and too great conservatism in the application of the forceps. For the use of the forceps he gives specific indications after the appearance of which the failure to apply them is by him considered criminal. The book is clearly and honestly written, the arguments are ingenious and hold the attention of the reader. Its perusal cannot but be helpful; for the application of the forceps in obstetrics is too often undertaken in doubt and terminated in unsuccess. Failure in their successful application is usually the result of ignorance of anatomy and of the position of the child — so our writer claims. P. G. B.

THE INTERNATIONAL MEDICAL ANNUAL '94. — The annual for '94 should be in the hands of every practitioner who desires to be fully abreast of the times. Its price, $2,75 is so moderate as to put the volume within the reach of all. It contains within its covers, so arranged as to be quickly accessible, something like 6000 references to the experiments, innovations, and discoveries made during the preceding twelve months in the vast field of medicine. The articles are from the pens of the most noted American and European specialists, and are so judiciously condensed that without occupying much space everything essential is presented to the reader. Even occasional reference to its pages will amply repay one, in knowledge of facts and opinions thus obtained for the slight outlay involved in its purchase.

MISCELLANY.

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THE Homœopathic Hospital at Leipzig, Hahnemann's home, recently received a donation of 5000 marks from a patron who attributed his unusually long life to the fact that he had never used any but homœopathic medicines. — *Medical Century.*

THE death is announced of Dr. Cusco, of Paris. His name, although perhaps unfamiliar to many, will long survive in connection with the bivalve vaginal speculum in common use in France, and invented by him.

REPORT OF THE PASTEUR INSTITUTE. — During the year 1893, the Pasteur Institute in Paris received for treatment 1,648 persons who had been bitten by rabid animals. Of these, four died, the others, as far as known, escaping hydrophobia.

IN Soltare, in the Province of Hanover, the adherents to homœopathy have carried their point that upon the erection of a general hospital twelve beds must be set aside for such patients as desire to be treated homœpathically.

DR. JUHEL-RENOY, a promising Parisian physician, died recently, at the age of thirty-nine years, of typhoid fever. He made numerous valuable contributions to medical literature. His most recent work was, perhaps, his advocacy of the cold-bath treatment of typhoid fever.

THE will of Sir Andrew Clark disposes of a property worth $1,021,000. A legacy of $2,500 is to be used in founding a medical scholarship at the London Hospital. The rest is to be distributed in the family. Sir Andrew started in life with only a small independent income.

THE CZAR AND THE NEXT INTERNATIONAL MEDICAL CONGRESS. — The Czar of Russia, who has from the first shown great interest in having the next International Medical Congress meet in Russia, has signified his intention of contributing fifty thousand rubles toward the expenses of the meeting. — *Medical Record.*

DR. GRANDIN, of this city, gives in the April issue of the *New York Journal of Gynæology and Obstetrics* a case when the child, still in the womb, uttered during the turning distinct cries, as of an angy child. Each motion of the foot was followed by a cry distinctly heard by the physicians and nurses. The child was asphyxiated but speedily revived. Air undoubtedly obtained entrance into the uterus during the first step in turning. Cases of this kind have been noticed from time to time, but they are so rare as to render each additional case worthy of mention.

MUSIC AS A HEALING POWER. — The idea that music possesses an actual healing power is about to be tested in London. The Guild of St. Cecilia is about to build or hire a large hall, in which musicians, especially trained to sing and play the very soft music which alone should be administered to those whose nerves are weakened by illness, shall perform by day and night. Telephones will connect this composite and continuous music room with certain wards of London hospitals. Records and data of conditions and effects are to be kept, and conclusions arrived at. — *Medical Record.*

THE TREATMENT OF HICCOUGH WITH SNUFF. — In the *Journal des practiciens* for May 5th (*Lyon Médical* for May 20th) M. Tatevossow relates a case in which he successfully combated diaphragmatic spasm accompanied by cough or prolonged paroxysms by making the patient take snuff until sneezing set in. Its action was immediate, the paroxysm ceased, and the continued use of the snuff caused the disease to disappear. This, it is remarked, is an extenuating circumstance in favor of snuff that the societies against the abuse of tobacco might take into account in their proceedings.

A MOST significant thing in gonorrhœa in women is the vulvo-vaginal gland situated near the junction of the lower end of the labium minor with the labium majus. When one can see a little red circle around the mouth of Bartholini's duct, it is suspicious; and when one can squeeze some yellow pus out of the duct, it is almost certain to be gonorrhœa; the gonococcus has penetrated the duct and attacked Bartholini's gland. We have no better guide to gonorrhœa than Bartholini's gland. I have now examined so many, with confessions and non-confessions, and noted results, that I would say that if pus can be pressed out of both ducts ninety-nine cases in a hundred are gonorrhœa. So chronic catarrh of Bartholini's glands is pathognomonic. — *Hom. Jour. of Obstetrics.*

PERSONAL AND NEWS ITEMS.

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P. R. WATTS, M.D., has removed from Stafford Springs, Conn., to No. 925 Tenth Street, Sacramento, California.

DR. HORACE PACKARD will be in his office ready to receive patients and make appointments on and after Oct. 8, 1894.

W. J. WINN, M.D., has removed his residence and office to Massachusetts Avenue, corner Dana Street, Cambridge. Office hours 8 to 9 A. M., 3 to 4 P. M.

L. A. PHILLIPS, M.D., has returned and will open his hospital on the 15th inst. He will soon vacate his rooms in the Woodbury building and remodel the same for use as offices for physicians.

FOR SALE AT A BARGAIN. — One Allen's pump in good condition. Address Otis Clapp & Son, 10 Park Square, Boston.

FOR SALE. — A second-hand set of "Hering's Guiding Symptoms," cloth binding, in good condition. Price low. Address Otis Clapp & Son, 10 Park Square, Boston.

ORIFICIAL SURGERY. — The eighth annual course of lectures and clinics for instruction in orificial surgery, by E. H. Pratt, A M., M.D., L.L.D., of Chicago, will commence Monday morning, Sept. 3, 1894, at 9 o'clock. Seats reserved in order of application. For further particulars address Francis D. Holbrook, M.D., 56 Central Music Hall, Chicago.

A UNIQUE and valuable souvenir of the recent "Jubilee" session of the American Institute of Homœopathy, is the programme of the Section of Materia Medica and Therapeutics, as edited by the energetic and able chairman of the section, Dr. Frank Kraft. The pretty volume comprises the Order of Exercises, synopses of the papers presented, excellent likenesses of the teachers of homœopathic materia medica, and the opinions, tersely formulated, of these teachers, as to how homœopathic materia medica should be taught. The book will grow in value with the years, and the members of the Institute, whether present or absent from the memorable Denver meeting, must appreciate the enterprise that gives them so worthy a souvenir of it.

THE MEISSEN. — Homœopathists have already done much to break down ancient traditions, not only by the proving and administration of drugs and innovations in the sick-room, but also by accepting women as medical students, co-workers in medical societies and as co-laborers in the medical profession. It is possible that the fact that homœopathic physicians co-operate with women as students of medicine and as practitioners may have served as an incentive to their wives and daughters, that they, too, in the home life, might co-operate in lines not professional or medical, but touching the deep social problems upon which the successful home-building depends.

With this end in view, as well as the importance of warm, personal relations with each other, a society has been formed composed of the wives and daughters of the members of the American Institute of Homœopathy. It was organized in Chicago, in June, 1893, and what then seemed to be experimental has already become eminently satisfactory in its success.

The first meeting in Denver was held on Saturday morning, June 16th, when more than fifty ladies assembled in the parlors of the Brown Palace Hotel. The object of the meeting was the discussion of the purposes for which the Meissen was organized. The president, Mrs. I. T. Talbot, stated many of the possibilities of such a society, and her remarks called out enthusiastic discussion. The decision reached was to broaden the purposes of the society beyond sociability and hospitality, and to include the consideration of social and literary topics.

On Monday, at two o'clock, in the parlors of the church where the Institute held its sessions, a special meeting was called to hear a paper read on "What the Meissen May Mean to Its Members," by Mrs. Wm. L. Jackson, of Boston. It suggested ways in which a wife might interest herself in her husband's professional work. The ideal doctor's wife will know from her study of the acknowledged authorities of the day, the hygiene of the nursery, the chemistry of cooking and the science of home making.

The annual business meeting was held in the parlors of the Brown Palace Hotel, at nine in the morning. Several amendments to the constitution were adopted, and the following officers elected for the ensuing year:

President, Mrs. I. T. Talbot, Boston; Vice-Presidents, Mrs. Wm. Tod Helmuth, New York; Mrs T. Y. Kinne, Paterson, N. J.; Mrs. Wm. Higbee, St. Paul, Minn.; Secretary, Miss Emily F. Paine, Albany, N. Y.; Treasurer, Mrs. C. S. Hoag, Bridgeport, Conn.; Honorary President, Mrs. C. E. Fisher, Chicago, Ill.; Executive Committee, Mrs. Henry C. Houghton, New York; Mrs. James M. Walker, Denver, Col.; Mrs. Sheldon Leavitt, Chicago, Ill.; Mrs. A. Boothby, Boston, Mass.; Mrs. Frank Kraft, Cleveland, O.

A resolution was adopted to thank most cordially the ladies of Denver for the many thoughtful courtesies and warm hospitality tendered to the Meissen.

EMILY F. PAINE, *Sec'y.*

THE

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EDITORIAL.

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URIC ACID AND ITS INFLUENCES.

A question which would seem to be from the rush of recent literature on the subject, one of comparatively modern birth, but which is in reality one of the oldest in medicine, concerns the formation, elimination, pathogenetic influence, etc., of uric acid, and the treatment of diseases arising from, or supposed to arise from the retention of uric acid in the system. Within ten years the entire subject has been studied with renewed vigor by the biological chemist, the physiologist, the pathologist, the diagnostician and the therapeutist. That the subject has attracted the attention of the eminent minds in medicine, that such investigators as Murchison, Fothergill, Bristowe, W. Roberts, Garrod, Huchard, Vigouroux, Charcot, Bouchard and others have devoted time and energy to the study of the subject in all its details is ample evidence of the importance attaching to it. There has been scarcely a practitioner of prominence in England or France who has not written on one or another phase of uric acid intoxication. According to a recent writer, Dr. J. F. Barbour, who has given an interesting résumé of the subject in *The American Therapeutist*, June, 1894: "Uric acid has now come to be regarded as one of the great poisons, fully comparable in its evil effects upon the human body to syphilis and tuberculosis, but far more insidious and slower in its action than either of these."

The clinical study of gout, and the results of such studies

have been important factors in establishing the wide pathogenetic power of uric acid. These studies have shown that gout is only one form of poisoning by uric acid; in this case the uric acid circulating in the blood in the form of the quadriurate (Sir W. Roberts) uniting with sodium also found in the blood, in synovial fluid, etc., and forming a salt, the bi-urate of soda which is with great difficulty eliminated by the kidneys, and is capable of causing great disturbance in various parts of the body. There is no system, no organ, no tissue in the body privileged to escape the immediate or remote effects of uric acid poisoning. Take for instance the urinary organs: — simple excess of uric acid in the urine may cause increased frequency of micturition, painful micturition, enuresis, pains and aches in the bladder, calculous incrustations of bladder, or vesical calculi with concomitant evils, "gravel," irritation of the kidneys, renal congestion, slight or severe hæmaturia, albuminuria, attacks of nephritis more or less marked and even transitory, but if frequently repeated, productive of a slowly progressive nephritis surely ending fatally as a "chronic contracted kidney."

In the blood-vascular system itself a marked change may be produced by the circulation in the vessels of blood surcharged with uric acid, said change being an arterio-sclerosis with its frequently resulting miliary aneurisms. Rupture of such aneurisms within the encephalon is known to be the cause of cerebral apoplexy.

M. Bouchard has shown that the persistent presence of an excess of uric acid in the blood and tissues may be the causative agent in the production of organic affections or functional derangements according to the tendency of the individual; obesity, gout, diabetes, certain cutaneous affections being examples of the first, and headaches, asthma, neuralgia, insomnia and the neuroses and psychoses generally being examples of the second class.

Thus far simply to show some of the effects produced in the individual by the evil habit of body which prevents complete tissue metabolism, and allows the accumulation of waste products which cannot from one cause or another be disposed of by

the organs of elimination. These effects are not, however, confined to the individual, but may be, and too frequently are, transmitted to his progeny, the tendency being too often to the production in the latter of more serious mischief than existed in the progenitor. It is claimed (Edwin M. Hale, M.D.) that gout "is more hereditary than any other disease," Garrod claiming "that one-half of all gouty patients get it by heredity." The hereditary influence, however, may not develop as gout, but may admit of variations, more especially in the direction of the neuroses, or the establishment of a strong constitutional bias towards depraved organic or functional disorders, terminating eventually in the eradication of the family altogether. Such troubles as migraine, chorea, hysteria, neurasthenia, hypochondriasis, epilepsy, tabes, hemiplegia, dementia, are often merely continuations of arthritism or uric acid diathesis, by heredity, "the life-time of one individual not being sufficient for the evolution of the disease." (Dr. M. Sakorrhaphos).

In view of the foregoing it is well to search for the prime cause of such a list of woes. The teaching of a few years ago that the production of uric acid was the result of incomplete metamorphosis of nitrogenous food products, the liver being possibly at fault, has been modified by further research until now the explanation traces the origin of the trouble to the cell nucleus. According to Levison,

"I. Uric acid is formed by the decomposition of the albuminous substances of the tissues and especially of the nuclein or nucleins." (Nuclein (Barbour) is the substance constituting the cell nucleus in all animal cells. It yields a series of decomposition products, called the xanthin bases, which belong to the uric acid group. These bases find their orign in the nucleic acid of the cell nuclei, showing that there is a close relation existing between the chemical changes going on in the cell nuclei and the development of uric acid).

"II. The excretion of uric acid is increased or diminished by all those factors (diseases, medicines, poisons, etc.) which produce a quicker or slower destruction of the cellular elements of the body, especially of the leucocytes.

"III. Ingestion of food, especially of meat, brings about a

transitory digestive leucocytosis which is evidently called forth by the nuclein introduced in the food.

"IV. The amount of uric acid eliminated in twenty-four hours is not affected to any great extent by the diet. There is only this difference that the easily digestible animal albumins produce digestive leucocytosis as well as the formation of uric acid much more speedily than do the vegetable albumins which are difficult of digestion."

Physiological chemistry, by delicate methods of investigation, has finally succeeded in tracing the uric acid diathesis back to its actual morphological point of origin. Anatomically there are "no more worlds to conquer." Is the question therefore fully answered? It is safe to say that the real solution of the question is as far off as ever. Why, if a sufficient supply of oxygen and moisture be provided, the cell nuclei are unable to complete the reduction of uric acid to urea, the ultimate product of tissue metamorphosis, has not yet been demonstrated. The question may be as incapable of solution as the question of life itself.

The practical outcome of all these carefully conducted investigations and startlingly precise results is, after all, the old cry of suffering humanity for help; have these investigations and results actually been serviceable in promoting our therapeutics? Can these sufferers from uric acid poisoning be more promptly and efficiently relieved than was the case before the cell nucleus was discovered to be at fault? The only addition of promise that has been made to modern therapeutics, and that is but a promise, its real utility being far from determined, is piperazin, which is strongly recommended in some quarters not only for the acute uric acid storm, but also for the established diathesis. On the whole our more or less useful therapeutic resources remain the same as before the investigations were made; lycopodium, berberis, colchicum, lithia, iodide of potash, the salicylates, etc., being depended on with more or less confidence by those of different therapeutic beliefs.

Careful, methodical clinical observation and experience must join hands with laboratory investigation and by concerted action strive patiently to discover the real etiology and elabo-

rate the curative therapeutics of this protean disorder, "lithæmia," "the uric acid diathesis" or whatever name it may be known by. Up to date, as is shown in this instance as scarcely anywhere else in the wide domain of medicine, properly regulated hygiene and diet are the only effective preventive, abortive and curative measures. In the words of Barbour such patients "should keep perpetual lent. They are like a smoky flue; everything must be done to increase the draught." The tripod which seems by itself able to uphold confidence in treatment, and which offers most promise in all the varied manifestations of the disorder, meeting the indications drawn chiefly from its etiology, is old but reliable and simple, as follows:—

A non-nitrogenous diet.

Abundant exercise in the open air.

The free use of water both internally and externally.

EDITORIAL NOTES AND COMMENTS.

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THE MODEST CLAIMS OF ORIFICIAL SURGERY are well set forth in the July issue of the journal devoted to the "CAUSE" as the quotations herein presented would seem to indicate. In calling attention to these claims we do not propose to put ourselves on record either as enthusiastic partisans or wilful opponents of these doctrines. We do not present them in an ironical spirit. Our object is simply to present some of these claims in the words of the originator or discoverer of the "philosophy," in order to keep our readers *au courant* with one of the leading events of the medical day, it being a principle of the GAZETTE that all plausible theories and all claims apparently founded upon experience and capable of affirmation or negation by experimental investigation should be honestly and impartially investigated. Prejudice, whether founded upon principles which have heretofore proven themselves satisfactory guides, or upon logical reasoning from accepted premises, or upon insufficient experience, or due to any influence whatsoever, should not be allowed a seat on the jury. The council of decision should be influenced only by fair, intelligent, discriminating experiment.

It is not to be expected that each individual can practically investigate everything, but the experiments of a Darwin, a Tyndal, an Edison are accepted as satisfactory evidence from which all may draw conclusions.

Each generation has its fads, and the "philosophies," the "truths," and the "facts" of one generation are not infrequently shown to be erroneous by its successor. Dogmatic assertions, abuse, personalities, ridicule, emphatic denial or enthusiastic laudation are not reasonable arguments, although skilfully used they may sway multitudes, — but one is tempted to ask in the light of "orificial philosophy" and the following quotations, Where in the treatment of chronic diseases is Homœopathy?

"An orificialist could take the floor in an ordinary society and speak in the department of the eye and ear, nose and throat, theory and practice, obstetrics, gynecology, heart and lungs — in fact, in any of the bureaus, and offer such valuable suggestions as to materially detract from the value of the various papers and speeches in the bureaus, based upon the ordinary medical knowledge and measures of the day, exclusive of this revolutionary suggestion. It would make an orificial surgeon uncomfortable to listen to a long dissertation upon the subject of asthma in the theory and practice bureau, when he and every other member of the society present, were well aware that the writer of the paper, whatever his learning in medicine, was a comparative failure in the treatment of this disease, and that orificial methods were a pronounced success. It would be the same when a paper was read upon ulceration of the cornea, or granulation of the lids, upon inflammation of the middle ear, or upon aphonia, or upon dyspepsia or rheumatism or insanity. And if an orificialist at one of these meetings should spring to his feet and do himself and the knowledge which he possessed justice upon every occasion, the entire society would soon vote him a nuisance and excuse him from farther participation in their debates. And yet, the orificial philosophy is the greatest truth of the present generation. It must revolutionize the entire practice of medicine in the treatment of chronic diseases."

Editorial Appreciation of Type-Written Manuscript is feelingly set forth in a paragraph in "Lippincott's Magazine" for September, to which we are glad to call attention, for reasons which will become apparent in reading the following quo-

tation from it. It is unnecessary perhaps to comment upon or try to emphasize any special portion of the quotation, as the suggestions contained therein are made simply and clearly, and with a certain amount of feeling that will be readily understood by all those among whose duties is the reading of much manuscript with the purpose of furnishing printers with "copy."

"'Is it true that typescript (as it seems now to be called) is universally preferred to the old-fashioned manuscript? And if so, why? — D. N.'

Simply — or chiefly — because, as a rule, it is much easier to read. An indistinct or crabbed hand wastes the time of editors and printers, and thus increases the cost of publication; we could name several well-known authors whose work requires twice as many hours (to the thousand words, say) as the average in 'setting up.' Now if a young writer is wise, he or she will not multipy difficulties in the way of making out his meaning and transferring it to the printed page. People in the office cannot stop to decipher a 'bad hand' and spell it out laboriously letter by letter, or even line by line. The editorial eye has to glance rapidly over the sheets to determine whether they deserve a closer perusal; and in most cases there is no reason why compositors and proof-readers should be required to cudgel their brains in guessing at what ought to be clear at a glance. Now the typewriter, if it be a good machine and properly handled, removes these obstructions, and turns out a text that is as plain as print. . . . . .

And if you would not waste your labor, never send out a typescript till you have revised it most carefully, pen in hand. If you have to make more than ten corrections to the line, better tear it up and have the work done anew.

There is nothing sacred and infallible about the typewriter. We have seen some of its productions that were worse than the average manuscript, and in parts more unintelligible. A bad typescript, freely but negligently or roughly amended with the pen, is a thing to provoke more profanity than any of us ought willingly to be responsible for."

THE INTERNATIONAL HOMŒOPATHIC CONGRESS FOR 1896. — A thoroughly successful meeting of a city, a county, a state, or a national society, can only be secured by associated effort in pre-arranging details, being guided by the lessons drawn from previous experiences, and by making certain beforehand that

enthusiastic and painstaking energy shall be directed towards making the proposed meeting a success.

A paper worthy to be read before any professional gathering requires careful premeditation and study in its preparation. The most thoughtful effort and critical deliberation are absolutely essential for the construction of a paper worthy to be presented to an international medical congress. Time, therefore, is a factor to be taken into consideration, and it is none too early to begin preparations for the Fifth Quinquennial International Homœopathic Congress to be held in England some time during the summer of 1896. Being international in character, America should be well represented both in numbers attending and in papers presented. The representation should consist of a hundred delegates and at least a dozen to twenty papers. Considering the large number of homœopathic practitioners in the United States, this is none too much to expect and labor for. That the work of planning for the congress has, with our trans-Atlantic colleagues, already enthusiastically begun, the following letter and circular demonstrate:

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

The Committee appointed by the British Homœopathic Congress of 1891 to organize the Fifth Quinquennial International Homœopathic Congress presents the following recommendations:—

1. That the Congress shall assemble in London, at such time and during such number of days as may hereafter be determined.

2. That this meeting take the place of the annual British Congress, and that its officers be elected at the Congress of the preceding year; the International Congress being free to elect Honorary Vice-Presidents from those foreign guests and others whom it desires to honor.

3. That the expenses of the meeting be defrayed by a subscription from the homœopathic practitioners of Great Britain, the approximate amount to be expected from each to be named as the time draws near.

4. That the cost of printing the Transactions be met by a subscription from all who desire to possess a copy of the volume.

5. That the Congress shall be open to all qualified to practise medicine in their own country.

6. That all who attend shall present their names and addresses, and a statement of their qualifications, and if unknown to the officers of the Congress, shall be introduced by some one known to them, or shall bring letters credential from some Homœopathic Society or other recognized representative of the system.

(*a*). That members of the Congress, as above characterized, shall be at liberty to introduce visitors to the meetings at their discretion.

7. That the Committee be authorized to enter into communication with physicians at home and abroad to obtain —

(*a*). A report from each country supplementary to those presented at previous Quinquennial Congresses, recounting everything of interest in connection with Homœopathy which has occurred within its sphere since its last report was presented.

(*b*). Essays upon the various branches of Homœopathic theory and practice, for discussion at the meetings and publication in the Transactions.

8. That all essays must be sent in by January 1st, 1896, and shall then be submitted to a committee of Censors for approval as suitable for their purpose.

9. That the approved essays shall be printed beforehand, and distributed to such members of the Congress as may apply for them, instead of being read at the meetings.

10. That for discussion the essays shall be presented singly or in groups, according to their subject matter, a brief analysis of each being given from the chair.

11. That a member of the Congress (or two, where two classes of opinion exist on the subject, as in the question of the dose), be appointed some time before the meeting to open the debate, ten minutes being allowed for such purpose; and that then the essay, or group of essays, be at once opened for discussion, five minutes being the time allotted for each speaker.

12. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

13. That the authors of the essays, if present, shall have the right of saying the last word before the subject is dismissed, ten minutes being granted them for this purpose.

14. That the following circular letter be printed, and sent to all editors of journals, secretaries of societies, and deans of colleges throughout the Homœopthic world, soliciting their interest and coöperation.

To the Editor of the New-England Medical Gazette.

Dear Colleague: — At the close of the fourth Quinquennial International Homœopathic Congress, held at Atlantic City, U. S. A., in 1891, it was determined that the next meeting should be held in England. On this decision being reported to the British Homœopathic Congress of the same year, a committee of four of its members was appointed to coöperate with the Permanent Secretary in organizing the gathering. Its first report, which is herein enclosed, has been accepted at the Congress of 1894, and the Committee (with the addition of the President of the British Homœopathic Society) re-appointed, with instructions to obtain adhesions and contributions.

In pursuit of this object we request your good offices towards interesting your readers in the proposed Congress, by bringing the subject before them, and also towards making it known to the homœopathists of your city in such way as you may think best. We want promises of papers for discussion, and we want the formation of intentions to be present at the gathering — both to be made good when the time comes.

The exact date and place of meeting, with the office bearers, etc., will be finally decided at the Congress we shall hold in September, 1895, and information thereof will be duly forwarded

to you, and published in the British Homœopathic journals.

Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain,

Very faithfully yours,

R. E. DUDGEON, *Chairman.*
A. CLIFTON.
J. W. HAYWARD.
A. C. POPE.
R. HUGHES, *Secretary.*

All communications to be addressed to the Permanent Secretary of the Congress, Dr. Hughes, Brighton, England.

COMMUNICATIONS.

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FATAL POISONING FROM ILLUMINATING GAS.

BY WILLIAM WOODS, M.D., BOSTON.

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

On Sunday, April 1, at 10.30 P.M., I was called in haste to the Y. W. C. Association on Berkeley Street, the messenger stating that a lady was insensible from gas. I advised the calling of Dr. G. W. Speares, who lives near me, to come at once, which he did. I found Miss M——, unconscious, in bed. The ladies of the house had used friction, hot water bottles, ammonia, etc., before we were notified.

NOTES. — She is 49 years old, and is employed as night-watch. Came off duty as usual at 4.30 A.M. Retired to her room on the fourth floor for sleep. The gas is turned off from meter by this lady (except halls) at about 11 P.M. and on again about 5.45 A.M. She has been in the habit of remaining in her room during the day and was not missed or particularly thought of (as she had often desired not to be disturbed, and the chambermaids were so instructed) until time for going on duty. Her nonappearance caused inquiry, which resulted in being unable to arouse her, and her door was found locked on the inside. The door was broken in, the room was full of gas, window and transom closed. In the hurry and excitement of the moment, it was not known how much or how little the gas was turned on ; she was found in bed, with no apparent disturbance of room, and fresh air was admitted at once. On examination, her eyes were open and turned upwards. No dilatation or contraction of pupils. Respiration from 50 to 60. Heart pulsations almost imperceptible. Pulse thin, wiry and impossible to count, hardly able to detect; slight convulsive movements of face and arms. No

contraction of thumbs. Gave nux. 1, with whiskey, which she was able to swallow. Brandy not being at hand, gave subcutaneous injection of whiskey in each thigh. As there was but slight reaction, Dr. Speares who had brought with him a phial of nitrite of amyl, gave her a sniff, which decidedly improved the heart. Stayed with the patient an hour and a half, and her respiration and pulse continued to improve. Two trained nurses were left in charge, with instructions to note respiration and heart beat, and if the heart grew weaker to crush a pearl of nit. amyl and apply to nostrils at once. Continue medicine and friction, warmth, etc.

April 2, 9.20 A.M. Patient sleeping quietly, but no return of consciousness. At 3 A.M., so the nurse informed me, she had a choking spell, like croup. Medicine relieved. Now, eyes closed; pupils respond to light; color of face good. She is dark complexion, of a sanguine, bilious temperament. No cyanosis, breathing easy and 36. Pulse, 90, fair and regular, body warm and perspiring. Bladder full and menses on. Relieved the bladder of nearly two quarts of natural appearing urine. Continued medicine, with malted milk every one-half to one hour. Examination showed the urine to be acid, of amber color. 1020 sp. gr., albumen and sugar absent.

5 P.M. Still unconscious; eyes respond to light; complete paralysis. Respiration, 38; pulse, 90; temperature 100°, in axilla. Had not micturated; left catheter with nurse to use at 6. Swallows medicine and nourishment quite easily. No regurgitation. Body warm and moist. Continue medicine etc., nurse to take note of breathing, of urine, quantity, etc.

April 3, 9.15 A.M. Comfortable night; no signs of consciousness, yet shows signs of sensitiveness. Urine good color, one pint in quantity by catheter. No dribbling. Pulse, 98; respiration, 36; temperature, 100°, in axilla. Found on inner side of both legs large burns resulting from use of hot water bottles. Dressed with Stearn's zinci comp. et boric acid. Takes more malted milk. Continued medicine, food, etc. Change raiment and bathe with alcohol.

1 P.M. Called in a hurry, being told that a change had taken place. Found her respiration heavy and stertorous; temperature, 100°; respiration, 44; pulse, 86; still unconscious. Gave bell. 1. On left buttock for space of four to five by two to three inches, ecchymosed and exuding serum. Nurse had dressed it. She has slight twitchings of face. Ordered O. C. peroxide hydrogen, diluted one-half, 3i every hour, and to use the peroxide by spray and vapor. No extra heat of head.

4 P.M. Respiration irregular, but not as labored. Pulse, 78, and fair; heart beats perfect; natural warmth of body, with moist-

ure. Continue peroxide and bell. every half hour in alternation. "Dr. Speares saw her at 5 P.M. He thinks there is no hope for her. Respiration was variable. Pulse 120 down to 112. Stupor still on; can suggest no improvement of treatment."

8.20 P. M. Her breathing was heavy and hard. Swallows easily, no regurgitation. Pulse, 82 to 88; respiration, 42 to 46; temperature, 99.6 (100° at 12 M.) Pupils the same, no dilatation. More muscular contraction on handling arms, but none of legs. On depressing tongue, caused nausea but no emesis. Nurse relieved her easily of one pint of urine. Flow of menses, small, thick and dark; strong odor. No abdominal breathing. Nurse says, when inhaling peroxide vapor she breathed easier. Continued it externally and internally, and bell. Skin moist. Nurse unpacked bowels and gave an enema of warm water and glycerine as ordered. A large quantity of fæcal matter came away.

April 4, 8.45 A.M. Respiration less labored, 35 to 38; pulse, 82 to 84; temperature, 101.2°; tongue moist. No external heat of head. Swallows with ease. Sent for Dr. H. C. Clapp in consultation, he arrived by 9.10; states "heart action good, pulse fair, and respiration certainly improving. Toxic effect on brain. System permeated with the poison. She is a wonder. Feels that there is slight encouragement and a possibility of her coming out of it." Advises a continuance of the peroxide and bell. as before. Continue everything.

12.45 P.M. Is as quiet as earlier. Respiration easy. Heart wonderful. Pulse, 90; temperature, 101.5°; respiration, 40 and irregular. Warmth of body equal throughout. Swallows with ease. Unconscious; eyes show no change. No worse than this A.M. Continue medicine, etc.

4.10 P.M. Resting quietly. Respiration, 38; pulse, 80; temperature, 100.5°. Takes medicine and food with ease. Heart still good; warmth the same; eyes respond to light. Has certainly done well today. Continue medicine, etc.

8.10 P.M. Still holding her own; very quiet, circulation good. Applying spoon with liquid to mouth, opens the mouth and swallows easily, seems to sense it. Still unable to speak, or even to make a sound. Senses touch to arms. Menses stopped. Respiration, 42, easy; pulse, 90; temperature, 101°. My hope continues; go on with medicine, etc.

April 5, 8.45A.M. Restless night; moving of arms, features at ease, swallows well. Respiration, 42; pulse, 90; assisted nurses in changing sheets and position, bathing and redressing. It did not disturb respiration or pulse. After all was made comfortable I asked her to show me her tongue; it protruded beyond the teeth, but whether voluntarily or involuntarily I

cannot positively say, but leaned to a momentary return of consciousness. The warmth of body is general and equal. Increased the peroxide to two-thirds and continued as before.

12.30 P.M. Remained the same as earlier. Swallows easily. Pupils respond. Urged her to protrude tongue, which she did; cannot say it was of her own volition. Respiration, 40; pulse, 98; temperature 100°; comfortable and no immediate bad signs observed. Continue everything.

4.10 P.M. But little change. Respiration, 40; pulse, 88; temperature 100.4°; pupils respond. Continue medicine, etc. After I got down to superintendent's office, Dr. F. E. Bundy came in. I had him go up with me to see the patient. "He examined heart, lungs, and eyes, and told the sister she was doing well, suggested nothing different and said that it looked favorable and encouraging; felt she would come out all right."

8.10 P.M. Remains in same condition. Respiration, 40 to 46; pulse, 90; temperature 100.4°; swallows easily. Skin moist. Continue everything. Watch and wait.

April 6, 8.50 A.M. Respiration increased in night; pulse, faint; temperature, 100.6°. I no sooner glanced at her than I told them my hope was gone. No pulse; respiration, 50 to 58; jactitation; abdominal breathing; only an ounce of urine drawn; body warm, no moisture; no consciousness; fatal; only a matter of time, and it came at 10.25 A.M., peacefully, without a sound or consciousness from beginning to the end.

I at once notified Dr. Stedman, Assistant Medical Examiner. He came at once. As it was without doubt an accident, he viewed the body, questioned the ladies, said an autopsy would not be necessary unless wished. He will make out the certificate—"Accidental poisoning from illuminating gas." He stated to me that he had been called to a number of such cases; that there was no asphyxia, but complete poisoning from this water-gas.

What more could have been done to neutralize this deadly poison? This lady was cautious, trustworthy, faithful; enjoying good health and a happy disposition. There could have been but a small degree of leakage for her to have remained in her room at least sixteen hours before her condition was found, and to have survived so long. What can we do to remedy this most dangerous poison which is in all our houses, and liable to act with any of us?

From the report of the Inspector of Gas Meters and of Illuminating Gas, Jan. 26, 1894, I copy the following:

"Boston gas was analyzed, endiometrically, April 24, 1893, with the following result:

ILLUMINATING WATER GAS.

Candle power,	26.6	
Illuminants,	16.63	per cent. by volume.
Marsh gas,	19.24	" "
Hydrogen,	31.71	" "
Carbonic oxide,	26.84	" "
Nitrogen,	2.45	" "
Oxygen,	——	
Carbonic acid,	3.13	" "

"The Jamaica Plain gas, on May 1, 1893, gave the results, the candle power being 18.5, as follows:

COAL GAS.

Illuminants,	6.39	per cent. by volume
Marsh gas.	38.17	" "
Hydrogen,	45.76	" "
Carbonic oxide,	7.18	" "
Nitrogen,	2.50	" "
Oxygen,	——	" "
Carbonic acid,	——	" "

Comparison shows nearly four times as much carbonic oxide in water gas as in coal gas.

In looking for description of cases poisoned by illuminating gas, I found, and will quote with your permission, abstracts from *Ziemssen's Cyclopædia*, Vol. 17, under head of "Carbonic Oxide Poisoning," page 464. After speaking of charcoal poisoning, he says poisoning by coal gas used for lighting is far more rare. The quantity of carbonic oxide required to kill is not easy to estimate: "It has been observed, in some cases, that different persons exposed to the same mixtures or quantity of the gas, have been variously affected; some appearing to exhibit a perfect immunity. As regards this fact, which requires more precise confirmation, we can give no explanation. Klebs attributes it to different conditions of the heart in different people, but this is not easy to demonstrate." "The access of insensibility is either a sudden withdrawal from consciousness, like a stroke; or it is preceded by pronounced phenomena of great discomfort, anxiety, nausea and excitement, which often lead the poisoned persons to make an effort to leave the poisonous atmosphere in which they find themselves, or to try to get air by opening the windows, etc. Very often the insensibility attacks them during this very effort." At this stage all perception and consciousness of anything further are lost. "In cases which end fatally, the victims either never wake from the deep coma, or their awakening is only transitory and imperfect, and

soon gives place to fresh attacks of insensibility, and more or less suddenly leads to death. The objective phenomena observed in cases of poisoning by carbonic oxide are very numerous and varied." "The external surface or skin of those poisoned shows much congestion and redness at an early stage, particularly in the face; the ocular conjunctivæ are injected, but the diameter of the pupils is not much affected. The color of the mucous membrane accessible to sight usually remains for a long time of a lively red. In the later comatose stages the skin is for the most part pale, and becomes livid and cyanotic towards the end of life, in consequence of the disordered circulation. Many observers have also noted, during the poisoning itself, and in the sequelæ, a great variety of cutaneous affections; from simple rubeola, or the formation of blisters, to extensive gangrene and bedsores; symptoms which possibly depend on the vaso-motor paresis." "The respiratory functions are not always very prominently affected in carbonic oxide poisoning; and this is no doubt one reason why so many authors have been led to doubt the theory of a simple suffocating action of the poison. The cases in which early dyspnœa is succeeded by asphyxic convulsions, thus plainly indicating suffocation, are certainly far from common. It is far more general for the initial stages of dyspnœa to be succeeded by a comatose condition, in which sometimes it would appear as if there were no hindrance to respiration, which goes on in a regular rhythm, death occurring without any marked convulsions. But, on the other hand, there is no doubt that the rule is for convulsions to occur in the final stages of poisoning by carbonic oxide."

"The objective demonstrable disorders of the circulatory system are confined to not very pregnant and very variable changes in the arterial pulse, which is full and quickened for a little while, but later on becomes gradually less powerful, and in the stage of coma can scarcely be felt."

"The temperature of the body is considerably decreased in poisoning by carbonic oxide about three to four degrees. The disorders of the digestive organs are quite subordinate to the other symptoms; as a rule, there is more or less vomiting in the early stage." "The occurrence of diabetes mellitus is of especial interest. It is a symptom now seldom wanting in cases of carbonic oxide poisoning." "For the most part the diabetes is associated with albuminuria. But these symptoms last for a few days only at most, and disappear with the other symptoms of poisoning. Lastly, as regards the palpable disorders of the nervous system, these are limited to sometimes local, sometimes to general anæsthesia of the cutaneous surface and paralysis of the voluntary muscles."

Paralysis of the involuntary muscles of the bladder and of the bowels is often mentioned in the cases recorded.

"The course and duration of poisoning by carbonic oxide naturally depend on the duration and intensity of the action of the poison. The great frequency of fatal cases depends largely on the fact that the poison almost always, except perhaps in the case of suicides, attacks persons who are asleep, and in the night time, so that any intervention, which would have the effect of saving their lives, if timely, does not and cannot usually occur until some hours at least have elapsed, perhaps not until next day. If carbonic oxide and the gases usually associated with it are allowed to operate persistently, they bring about a fatal termination in a few hours. If the poisoned persons are more or less quickly removed from the injurious vapors, either recovery takes place after a little while, with gradual vanishing of the symptoms, or death occurs in a day or two, various symptoms persisting in the meantime. Carbonic oxide cannot therefore be reckoned among the very rapidly killing poisons like prussic acid."

"The removal of the poisoned persons out of the dangerous atmosphere must, as a matter of common sense, be the first act of our therapeutics. Generally speaking, it is best to actually move the patient into another well ventilated room, or into the open air, but it may sometimes be necessary or even best to treat them on the spot, changing the air of the room by appropriate measures, such as opening doors and windows, etc. The further treatment of each case must depend on the degree and stage of the poisoning. In mild cases, this change of atmosphere may suffice to ward off the danger, especially if the patient breathes well and is conscious. But if there be much dyspnœa or a comatose condition, we must resort to energetic measures. If respiration be re-established, it must be carefully watched."

This paper is longer than I intended, but the importance of the subject has so impressed me with the increasing danger to all of us, that I hope you will pardon me. In closing, I will submit for your consideration an editorial from the Boston *Herald* of April 4, 1894, which to my mind, "hits the nail on the head."

"A DANGEROUS PRACTICE.

It appears that it is the practice in certain hotels and in various institutions to economize in the use of gas by shutting off the supply at the meter after a certain hour. There have been some very serious results from this custom. There are, to be sure, notices posted in the rooms of buildings where this

is done, warning occupants against leaving their gas burning. But various contingencies are liable to arise whereby persons are likely to be suffocated when the gas is turned on again, and left to flow unconsumed through an open burner. A recent instance is that of a young lady who expected her room-mate in the place where she was lodging to come in before the time for the gas to be turned off, and so went to bed, leaving the gas burning for her. The latter did not return; the young lady awoke before daylight and found herself nearly suffocated by the gas flowing into the room, it having been turned on for use in the morning. This shutting off of the gas at the meter is most culpable, and is not to be justified by any saving that it may effect. It places many lives in danger. It may be said that the people are warned, and must look out for themselves. But there is likely to be a risk where the best precautions are taken. Moreover, persons should be protected against the consequences of their own carelessness; were this not done on all hands where there is a risk — as in railway travel, for instance — the number of casualties would be enormously greater than at present. The electric light is not open to the dangers that attend the use of gas, and it would be well if it could be exclusively employed in hotels and other places where many people sleep. But wherever gas is used, no considerations of economy should permit a practice that places human life in danger, and which should be forbidden by law."

EMPYEMA. — SIXTY-FIVE CASES OF THE RADICAL OPERATION.

BY HERBERT C. CLAPP, M.D., BOSTON.

Since the publication in 1886, in the March and April numbers of the New England Medical Gazette, of my article on empyema, in which twenty-four cases of the radical operation were reported, I have operated on forty-one additional patients, making in all sixty-five cases to date: and this paper may be considered as a postscript or appendix to that article, designed to introduce such changes or modifications of procedure, as a much larger experience in the treatment of this disease may suggest.

In the first place, in regard to what was then and there said about *Listerism* and the *antiseptic spray*, it is only necessary to remember that these measures were at that time all the rage and in high favor, not only in empyema, but also in all other departments of surgery throughout the world. The spray has gone forever, and now that the really essential elements of success in Listerism have been discovered, the unessential accompaniments have been discarded. Cleanliness is now more than ever considered next to Godliness. The hands

of the operator, the instruments, and the skin over the seat of the operation are thoroughly cleansed and disinfected, and after the opening has been made and the pus evacuated, antiseptic dressings are applied to absorb the subsequent discharge. Over the tubes, when in place, I use a few layers of gauze, then a bunch of oakum, then some absorbent cotton, and finally one or more sterilized towels, all to be held in place by a binder. This makes a dressing which is both cheap and efficient. The open texture of the oakum — a good antiseptic — allows a free and rapid drainage, the gauze preventing any little loose particles of the oakum from entering the tubes or the wound, and the towels, especially at first, when the discharge is abundant, allow of economy in the use of the absorbent cotton.

As to *washing out* the pleural cavity, there has been a decided change. Formerly this was done in the majority of cases, and repeated quite frequently, at first even as often as once a day; whereas now I very seldom do it, unless it seems to be specially demanded by a high temperature or by a badly smelling discharge, or to remove large clots or plugs of fibrin. Thus many patients, especially children, are saved from considerable annoyance, and they certainly do as well, if not better, without the washing in those cases where it is not demanded, because of the avoided risk of breaking down the newly formed and forming adhesions, which aid the expansion of the lung, to say nothing of the avoided risk of sudden death, which has been reported by some observers. The saving to the physician, also, in time and labor, is by no means to be overlooked. Where washing is really necessary, it should be done with a fountain syringe (the reservoir being one or two feet above the patient), or with a long rubber tube and funnel. Mercurial solution should not be used, on account of the danger from its absorption. I use phenyl (1 to 100), chlorinated soda solution (1 to 15), the Oakland Chemical Co.'s peroxide of hydrogen diluted, or simply boiled water. In cases where the odor is particularly vile, nothing will antagonize it so effectively, while waiting for the washing to do its work, as the spraying in the room of Hubbard's Vegetable Deodorizer and Disinfectant, or some similar preparation.

As to *drainage tubes*, I still use two kinds, soft rubber and silver, but oftener the rubber, three of which are introduced in a row, the calibre being as large as possible and the length being only sufficient barely to enter the pleural cavity. To prevent slipping into the chest, a safety pin is usually put through each, and a narrow piece of tape, passing through these safety pins, encircles the body and holds the tubes effectively in place, much better, in fact, than adhesive plaster.

My silver tubes, about 3-4 of an inch wide, thick enough to fill up a good-sized intercostal space, and long enough to pass through the chest wall, with a calibre as large as possible, and with a circular collar soldered on, in which collar are at least two pairs of slits opposite each other for the attachment of tapes, at proper angles to allow of their use either as rights or lefts, I often find very convenient and useful for a few days at the beginning of a case, where the discharge is very abundant and flocculent, or occasionally later in some of those cases where, owing to the close approximation of the ribs, more room is desired than can be obtained with rubber tubes, which may then become nipped. The only objection to tubes made of silver is that, being comparatively unyielding, they are not so comfortable as rubber, but in other respects they are often superior. They may be varied, of course, in shape and size, and occasionally must be removed for cleansing.

The *valvular* attachments to tubes, which have been in theory so attractive to many, and which in different ways have endeavored to accomplish the same results, that is, to speed the parting guest — of pus, and at the same time not to welcome the coming guest — of air, by which means it was hoped that the lung might be coaxed out into the very desirable condition of expansion, have not proved successful in practice. The lung expands no better, the drainage is more or less embarrassed by the apparatus, and the suction on the inflamed pleural surfaces is liable to cause congestion and injury.

The tubes should be removed permanently when the lung fills the pleural cavity, which can be told by auscultation, by probing and by the amount of the discharge. In children, with whom we meet with greater success than in adults, they can be removed earlier, comparatively. As a rule, it is safer to keep them in too long than to remove them too early and thereby to run the risk of going all over a part of the trouble again. It is well to encourage the patient to get up and about as soon as his strength will permit, and to practise deep breathing systematically.

As to *excision of a portion of a rib*, an unusually large personal experience prompts me to hold the same views as formerly — that in the great majority of cases it is entirely unnecessary and unwise. The special object to be attained by such a procedure is, of course, to gain extra room for drainage. Now thorough drainage in empyema is exceedingly important and must be obtained at all hazards; but "enough is as good as a feast," and I am confident, not from theory but from successful experience in many cases, that, by a little contrivance, sufficient room can generally be obtained in the intercostal space for some kind of

a tube, which will allow of proper drainage. This is particularly true in cases which are operated on — as all should be — within one or two months after their commencement, when the lung may be expected to expand well and soon, and when there is not an excessive flattening of the chest. In cases of doubt, or unless one can be reasonably positive from experience that sufficient space cannot otherwise be obtaimed, I think it is better to get along without resection at first, with the understanding that it can be resorted to later, if necessary. Sometimes we are called on to open the chest, when the patient is in a very low condition, perhaps even apparently *in extremis*, when surely excision is out of place; and I have often wondered, after reading or hearing of sudden deaths in such cases where excision had been practised, if the extra delay and shock of this procedure had not contributed materially to the disastrous result, in some of them at least; for out of the sixty-five patients on whom I have operated, among whom were several who seemed to be hovering between life and death, only one has died at or anywhere near the time of operation.

When it is really necessary to gain extra space, the removal of a portion of a segment of a rib may sometimes be made to answer the same purpose as the removal of the whole width; and on two occasions I have successfully resorted to another device; — *e. g.*, as a simpler measure than resecting it, I have divided the lower rib from above, and thus ample room, in consequence of the dropping of one end, was secured.

On the whole, I am forced to the conclusion that those who advocate rib resection in every or almost every case cannot have tried thoroughly the more simple procedures without it. Certainly it should not be done in a routine manner in every case as it presents itself, without a good and sufficient reason.

Among many others who hold practically the same views are R. Douglass Powell of the Brompton Hospital, London, who in his work on the Lungs and Pleuræ, 3rd edition, page 84, says: "Some surgeons prefer, even in acute cases, to resect an inch or so of rib with the view of getting more room. I would not recommend this procedure, at least in the first instance. Should the tube become nipped, the operation may at any time be performed, but in the first instance in acute cases it is rarely necessary or advantageous." Dr. Byron Bramwell, of Edinburgh, in his book on Pleurisy and Empyema, 1889, page 70, says: "In most cases resection of a portion of the lower rib seems to be unnecessary." Also Prof. John B. Roberts, of Philadelphia, in his work on Surgery, 1890, says: "If the space between the ribs is not sufficient, a portion of the lower rib should be excised. It is not often necessary to remove a sec-

tion of the entire rib, as a semicircle cut out of the bone with bone forceps or saw will usually give sufficient space for the tube. My own experience has shown that excision of the rib for this purpose is seldom required." Also, Dr. J. T. Cabot, in Keating's Cyclopædia of Diseases of Children, Vol. 2, page 711, says: "It rarely happens that the ribs are too close together to allow of the introduction of the tubes. If this is the case, however, a segment of a rib may be perforated with a trephine."

As to operating on *young children*, under five or six years of age, an increased experience has taught me to trust less to aspiration, although in them it sometimes succeeds, and to open the chest almost every time, immediately on the discovery of pus. At any rate, never in them to aspirate more than two or three times, and not then if the pus be thick; for although young children are different from adults, in that the absorption of pus is sometimes possible, yet the cure with the help of pleurotomy is so much quicker and more thorough, that it is well worth our while to take a little more trouble at the outset. I am reasonably satisfied that in at least one of my cases, (a little patient of Dr. Coffin), where aspiration was tried repeatedly, and finally pleurotomy was resorted to without success, the failure was due to the exhaustion consequent upon the repeated trials, and would have been turned into a success, if pleurotomy had been performed at first. Again, even where a cure seems to result after a part of the pus has been removed by aspiration, the slowness of the absorption and the length of convalescence sometimes leave the child in poor condition, even if they are not the forerunners of tuberculosis. The age of the youngest child whose chest I have opened was six or seven months, and she made a good recovery. The opening generally requires to be about one space higher in children than in adults, on account of the relatively higher diaphragm.

Fluid in the chest of children is much more frequently pus than it is in adults, and it is safe to say that in the former the disease is oftener overlooked, it frequently being very insidious in its approach, and giving little or no symptomatic evidence of its existence. One reason of its so often escaping observation is that it is apt to occur in the course of acute diseases, or as secondary to them, as for instance pneumonia, scarlet fever, measles, typhoid fever, etc.

General Anæsthetics in children are indispensable, but in adults I avoid them if possible, on account of their liability to cause embarrassment to respiration, and also because they prevent the desirable co-operation of the patient in coughing occasionally, so as to facilitate the expulsion of the pus. Ether sometimes sets up an unwelcome bronchitis. Among local an-

æsthetics I use ice, spray, and cocaine. From the latter I have never yet seen any unpleasant effects, although some are afraid of it. The objection to ether or chloroform is another argument against resection of a rib, which would hardly be attempted without one or the other.

Well-advanced phthisis complicating empyema in my experience makes a very undesirable combination for operation. If the disease is quiet, mechanical interference is apt to start it up into fresh activity. If it is advancing rapidly, the constant care and inconvenience of the dressings, (for it rarely heals in such cases), is very burdensome, added to the usual discomforts of phthisis. Pleurotomy is only advisable as a palliative when the suffering directly attributable to the pressure of the accumulation is extreme, and even then aspiration is often preferable, by which means I have sometimes given relief by removing large quantities of air as well as of pus. When empyema occurs in connection with incipient phthisis, the outlook for an operation is more hopeful. In connection with malignant disease of the lung, pleura or mediastinum, it is doubtful if pleurotomy ever succeeds.

Double empyema has existed in two patients only out of the sixty-five on whom I have operated. One of these two recovered. In this case pleurotomy was first performed on the fuller side (the right), and on the next day temporary relief was given by aspirating the left side, which was opened about two weeks after the first pleurotomy; thus giving the right lung some time in which to accommodate itself to its new environment, before air was admitted to the left pleural cavity also.

Bacteriology. — The comparatively recent researches which have brought to light the connection with empyemata of different pyogenic micro-organisms have as yet furnished us no aid in modifying the principles of treatment already derived from practical experience, although they may occasionally give some assistance in prognosis. The simplest and most desirable bacteria to be found in a purulent effusion are the *pneumococci*, often seen when the empyema comes with or after a pneumonia, or peritonitis, or meningitis, or alone, and are especially common in children and in young adults. More dangerous are the *streptococci*, very common in causing empyemata arising during or soon after some other disease, and whose symptoms are often masked by those of the primary affection, and which very seldom burst either internally or externally. Common enough are the *tubercle bacilli*. The exudate in these cases is generally sterile, culture experiments failing to reproduce the micro-organism. Passing by the very rare infections by staphylococci alone or by Eberth's bacilli typhosi alone, we come to

the more common mixed infections of streptococci and tubercle bacilli, streptococci and staphylococci, and streptococci and saprophytic bacteria or the microbes of gangrene, which produce the more serious forms of the disease. Care should always be taken not to infect a serous or benign purulent effusion with the more virulent bacteria by an aspirator needle which is surgically unclean.

CHRONIC EMPYEMA.

Hitherto we have been considering the best treatment for comparatively recent cases of empyema, especially those on which pleurotomy has not yet been performed. These are, in contrast, often called *acute* cases, even if pleurotomy has been delayed much longer than it should be — for months even — the word "acute" in empyema having rather gained this signification than simply indicating any definite time from the commencement of the disease, or any particular severity in the onset of its symptoms. Most of these cases without pleurotomy end disastrously. On the other hand most with pleurotomy are cured. But it sometimes happens for different reasons, oftenest because pleurotomy has been too long delayed, that a case, although improved, is not cured after this operation, and a permanent, discharging thoracic fistula remains, connecting with the pleural cavity, the chest walls having fallen in as much as possible and yet insufficiently, and the lung refusing to expand to help fill up this cavity, on account of its long compression and firm fibrous adhesions. Such a case is called *chronic*.

Now what shall be done in chronic cases? Many of them are better treated by hygiene and medicine than by operation, and may do fairly well for years. Occasionally a patient has derived benefit from what is known as Estlander's operation, the object of which is to abolish the large, internal, suppurating surface. Portions of several ribs, from the third tothe eighth onthe side of the chest are excised, from an inch or more (even up to five or six inches) in length, as occasion requires, to enable the chest wall to fall in. The operation is a severe one, but some successes or partial successes have been reported, as well as failures, and it has its advocates, although many think that "The success achieved as yet hardly compensates for the severity of the procedure." It is absolutely contra-indicated, (according to Hare's Therapeutics): — 1st, in advanced age, 2nd, in cases of pleurisy associated with marked tubercular or other lung lesions; 3rd, in albuminuria or other cachectic subjects; 4th, in very large cavities, with completely and permanently collapsed atrophied lung; 5th, in comparatively small cavities, if these are limited to the extreme upper segments of

the thorax." Schede, of Hamburg, considering that this operation often fails of success, goes so far even as to resort to the much more heroic procedure of removing all the soft parts, with the pleura and ribs, from the side of the chest, leaving only a skin flap to cover the enormous wound. Very few would be bold enough to follow Schede to this extent. As to the Estlander operation, when we consider the contra-indications already mentioned, and also the fact that now-a-days, owing to greater care in diagnosis, fewer cases are neglected and allowed to go without pleurotomy long enough to get into such a bad condition, we can readily see that the number of cases requiring it is exceedingly small in proportion to the whole number of empyemas met with. Certainly such heroic measures are never to be thought of for a moment, until at least several months after the more simple operation of pleurotomy has been performed, and has been proved to fail of perfect success.

FOUR CASES OF ENDOCARDITIS.

BY WALTER WESSELHOEFT, M.D., CAMBRIDGE, MASS.

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

The cases I have to report are not without clinical interest though from any other than a purely pathological point of view without value. They are cases which almost necessarily terminate fatally and are practically beyond the reach of treatment. Until within the last few years the lesions accompanying these have been misunderstood, and even now present no small difficulties to the diagnostician unless appearing in their most pronounced forms or producing as mine have done, the most unmistakable disturbances. In their milder forms they closely resemble other diseases or occur in the course of these causing confused and complex trains of symptoms difficult to unravel. The disease to which these lesions give the name is ulcerative, or septic or malignant or diphtheroid endocarditis, four cases of which I venture to report in the hope that they may prove instructive.

CASE I. R. S——, age fourteen; slight but otherwise healthy and active boy without distinct family taint. He passed through a prolonged rheumatic arthritis of an asthenic type under my care about four years previous to the last illness, and was left with a distinct mitral insufficiency clearly owing to efflorescences on the surfaces of the valve. The distinct systolic murmurs arising from this condition slowly disappeared in the course of eighteen months, leaving an apparently sound heart

mechanism, though the area of dullness on percussion remained somewhat larger than the normal. As the boy was inordinately fond of all active games, and possessed of that ambition to excel in foot ball and base ball, he was soon engaged in all the violent muscular exercises which naturally attend success in these pursuits, notwithstanding his slight build and absence of weight. For more than two years he passed out of my observation, but I learned later that he had been constantly well during this time, and active without observing the least indication of imperfect "wind" or palpitation.

In the autumn of '90 I was called again to see him and found that he had been ill some ten weeks with what appeared to be a slight attack of acute rheumatism. He had been well during the summer, but shortly before returning to school from the seaside, he had exposed himself on the deck of a small steamer, where no shelter could be obtained, to a cold rain during many hours, had walked about afterwards without food and in a cool east wind during the remainder of the day, and crept into bed chilled and with an empty stomach. On the follow morning he was found in much distress with fever, dyspnœa, wandering pains, prostration, and gastric symptoms from which, however, he slowly recovered under the use of salicylic acid, antipyrin, salol, etc., until he was supposed to be well. He was urged to return to his duties and to be active notwithstanding his protestations of weakness and inability to exert himself, but very soon it was found that every effort caused great exhaustion and dyspnœa. The picture presented, when I again took charge of this case, was that of a boy very much emaciated, markedly cyanotic, with a pained suffering expression of countenance, alternating with one of sullen indifference. Shifting pains in shoulders, extremities and trunks, most severe in sides of chest and abdomen; also in back and hips, often so severe as to cause crying and calling for hot applications. (All applications relieved, cold or hot; also rubbing.) Occasional slight delirium, but head usually clear, though patient is for the most part extremely irritable and even unmanageable; often fretful and unhappy with great reticence and indisposition to answer. Frequent attacks of short, rapid, superficial breathing and dyspnœa by day, of which, however, he seems only slightly conscious. At night frequent attacks of extreme dyspnœa lasting fifteen to twenty minutes, extremely distressing, with rapid breathing, 55 to 60 in the minute, followed by complete exhaustion. Digestion much disordered, extreme repugnance to food, tongue much coated, whitish, often with brown streaks and red tip, like that of typhoid, breath growing offensive, constipation alternated with sharp attacks of diarrhœa in the form of greenish, watery,

excessively fetid discharges accompanied by sharp, colic-like pains and occurring independently of changes in diet; with it all most trying insomnia. The first aspect of the patient was that of one with typhoid fever, but on closer inspection it at once became clear that the expression of countenance was not that of indifference and listlessness so characteristic of that disease; that the flush on the cheeks was cyanosis. The lips were thick, as were also the ears and finger nails where capillary pulsation could be readily seen. Pulse soft, compressible, but full and sharp, 110 to 130 per minnte. The temperature rose and fell with much regularity, from 100 A.M. to 102.5 P.M., but was subject to great and sudden variations. With the attacks of diarrhœa it invariably rose, occasionally to 104 and a fraction; on several occasions it touched 105. Palpitation of heart very marked, increasing with attacks of short, rapid breathing and dyspnœa, as well as after necessary movements. Very peculiar was the fact that both the heart's action and the respiration were quieter and less distressing when head and shoulders were low in the bed, so unlike the usual experience in heart affections. The heart sounds were somewhat confused, but during the first fortnight of my observation it was still possible to distinguish the second sound clearly, while the first was wholly lost in a loud, sharp purring, synchronous with the impulse. Later the normal second sound gave place to a murmur which was but little shorter in duration than the first and separated from it only by the briefest possible interval. The increase of the area of dullness on percussion showed marked dilatation. It became impossible, in fact, during the rapid action of the heart to distinguish the first from the second sound, since the impulse appeared to correspond with neither, except in the fact that the second was pitched somewhat higher than the first. Œdema there was none; the urine showed varying quantities of albumen, but not more than could be readily accounted for by the disturbance in the circulation. Other renal signs were not present.

With the repugnance to food and the insomnia, the strength failed, the emaciation and the general suffering increased, but by no means in proportion to the disturbance in the mechanism of the heart. From time to time there were most encouraging signs of improvement, the tongue clearing, the fœtor oris lessening, sleep improving, and with this the general tone until the patient began to sit up in his bed and amuse himself with all manner of mechanical occupations, some of which required no little strength of arms and hands. The sullen, unhappy expression gave place to a more cheerful countenance, and the whole aspect of the case repeatedly assumed a character resem-

bling convalescence and giving promise of ultimate recovery, notwithstanding the unchanging condition of the objective signs. During the early part of December the general condition was so favorable that in spite of my unfavorable prognosis the friends entertained the most sanguine hopes of recovery, but it was soon noticeable that the periods of greatest promise were invariably followed by the most acute suffering. At first the aggravations were attributed to errors in diet, but that these had no influence was seen when nothing but milk was allowed. The area of dullness in percussion gradually increased, extending horizontally from the parasternal line on the right to an inch beyond the mammary line on the left, and vertically from the fourth intercostal space above to the 9th rib below; while on auscultation the heart sounds presented only a rapid succession of loud, hard blowing or purring. It was a matter of surprise that with physical signs such as these the boy could laugh and joke at times and spend hours in reading or mending tennis racquets, etc. With few exceptions the aggravations were sudden, often coming on in sleep and ushered in by renewal of the diarrhœa with frequent green dejections; often involuntary discharges accompanied occasionally with vomiting.

On Dec. 29, after nearly a week of the most favorable progress, an uncommonly good day, without the least warning or any assignable cause and after having slept quietly for nearly two hours, there was a sudden desire to have a discharge, followed by a convulsion lasting from six to eight minutes. As it subsided it was evident that the right side was paralyzed; consciousness returned very slowly and very imperfectly. The whole condition resembled that following a severe apopletic stroke, and what seemed anomalous at first was the fact that the right side of the face was affected by the paralysis as well as the right side of the body and extremities. It was evident that a large fibrous clot had been detached from the endocardium and been worked along to the mouth of the middle cerebral artery, though I cannot be sure from the extent and completeness of the paralysis that it was not the internal carotid itself which had become plugged, and that another smaller clot had found its way into a branch of the basilar on the opposite side, probably through the vertebral artery, and become lodged in a minute subdivision which feeds the origin of the facial branch of the seventh nerve.

From this time forward the course of the disease was steadily downward, consciousness returning only in a very imperfect measure. The patient lay either in a dull stupor with no motion save the winking of the left eye, or restlessly moving the

left arm and leg, which latter was often flexed and extended in a regular slow rhythm for hours together, and all attempts to check what appeared as a necessarily distressing and exhausting motion were resented by indignant grunts and struggles with the left arm to remove the restraining hand. Speech was wholly lost but it was evident that certain perceptions reached the consciousness and elicited a partial response. At the end of a week there was a second convulsive attack with extreme distress for breath, lasting several minutes followed by a condition which, but for the continued active beating of the heart, seemed like the end. But it passed away leaving the left leg powerless and cold though not wholly paralyzed. Within twenty-four hours the foot began to turn purple. The discoloration spread up to the knee, turning dark and presently assuming all the hues of "black and blue." Another embolus had plugged the femoral somewhere above the knees. This was followed within a few days by a similar condition on the right side, and finally of the left arm and hand; yet death did not follow until Jan. 30th, fully a month after the first paralytic attack.

Case II. C. W——, aged, twenty-two; bookkeeper; well proportioned; of quiet, uncomplaining disposition; no hereditary predisposition. Rarely ill, but not vigorous or inclined to take active exercise, though does not shrink from it. In childhood he had suffered from frequent attacks of what was called congestion of lungs; oppressed breathing, flushed face, palpitation. Then when about six years of age he fell suddenly, while running, from sudden loss of breath. Always had tendency to excessive perspiration.

History of present disturbance. In August, 1892, when in usual health, sat one very hot night at open window without other clothing than a night-shirt, and was seized with sudden and violent chill lasting nearly an hour. Shaking, chattering, and slight delirium; headache, pain at epigastrium, and oppression; dyspnœa, followed by high fever, terminating in excessive perspiration. On the following day felt tired and weak, but went to his work in spite of debility. From this time forward his appetite failed, sleep was disturbed and work went very hard, but he kept up without complaining as he looked for promotion in his business, and was determined to succeed. In ten days a second attack followed without apparent cause. These attacks were supposed to arise from malaria to which he was said to have exposed himself on the night of the first attack. On the last of August, not feeling very well he went on a boating cruise by way of recovering his health. He

rowed and walked and lived on rough fare, but without enjoyment and in the face of much weakness and dyspnœa. On the third day he lifted his boat with great effort and fell wholly exhausted and unable to recover himself for several hours. He abandoned his trip on regaining sufficient strength to return home, and went at once to his work, and went about much as usual though with difficulty. Early in September he left home on a short visit hoping to regain his appetite and strength. The change seemed beneficial at first. He found himself able to eat, and ate heartily one evening, when for the third time he was seized with a violent chill lasting fully an hour, followed again by high fever, deep purple look of jaw and lips, distress at epigastrium, agonizing, as if an icy hand had clutched his heart; presently sweat, with vomiting of green, slimy matter, and after six hours relief with sleep and gradual recovery. Throughout September felt feeble, oppressed, tired, with capricious appetite, but kept at his work steadily though he dragged himself to it with extreme effort every morning. As his office was up two long flights of stairs he found it so laborious to reach it that he had to start earlier from home in order to be at his desk in time. Every exertion was attended with pain under the sternum, and brought on both dyspnœa and copious perspiration, but he contented himself with the conviction that he was run down and had a "touch of malaria" which he hoped to fight off until he could take his vacation in October. In the first two weeks of this month he took his holiday, remaining at home to rest and found himself much improved by the absence of any need for exertion. On the tenth of October he found himself so much better that he returned to his work, but was at once seized again with the pain and sweats, which now came on chiefly at night. From this time he drooped rapidly, eating very little, sleeping badly and suffering from frequent attacks of chills, like those already described though less violent and prolonged at first. Nevertheless he kept at his work and succeeded in appearing sufficiently cheerful to attract comparatively little attention to his misery. The attacks, however, increased so rapidly in frequency and severity that he consented to get advice, and at this stage he consulted me. His marked cyanotic look at once attracted my attention and prompted me to examine his heart, which I found to be much dilated and acting so turbulently that it was impossible to determine the character of the lesion, which it was sufficiently plain caused the suffering and debility which were apparent without explanation. With much difficulty I persuaded him to go at once to his bed where I visited him later in the day. The heart's action was much accelerated and increased in force, the impulse moving the

stethoscope to an uncommon degree and easily felt over a very wide area. Pulse, 120, soft, small, jerky, but without intermission. No distinct sounds could be made out on auscultation. In place of both were loud blowing and purring murmurs; the dyspnœa was great, but less intense when shoulders were lying flat than when raised. The abdomen was tympanitic without signs of ascites; no œdema. Temp. 103.5; tongue furred at sides and only red at tip and edges; breath very offensive; no thirst; great repugnance to food; frequent nausea; frequent green, slimy stools; urine highly colored and abundant with traces of albumen and excess of uric acid. Constant perspiration.

The benefit of rest and quiet were soon apparent. In the course of a week most of the suffering disappeared; the nights were fair though the night sweats continued as did the meteorism and dyspnœa which was always increased by the upright position. For fully ten days no chills recurred, but the temperature refused to go down. It varied from 102 to 103.5, but without regular type, being often high in the morning and lower at night. The green stools, too, though less frequent, continued. One curious phenomenon which I had never met with, was the variation in the heart sounds. While always confused and undefined they varied from day to day and even from hour to hour in pitch. Whoo-whoo-phee-phee were the most common forms, but purring and rough blowing with a harsh rr-like sound were not uncommon. It was evident not only that the valves, both mitral and semilunar and possibly the tricuspid were wholly insufficient, perhaps perforated or covered with large wart-like and flapping growths, but also that from time to time either torn chordæ tendineæ or portions of capillary muscles partially occluded the orifices and caused the varying character of the sounds emitted. This was at a later stage however. In spite of the first improvement, the chills soon returned and with increasing violence until they amounted almost to convulsive fits, with drawing of the mouth, rolling of eyes, irregular motions of extremities, involuntary discharges from bowels and bladder, violent retching and strangling and a deep purple cyanosis over face, body and extremities. Capillary pulsation was not present, though it was certain that the semilunar valves were practically useless. During the last week of October there was again a marked improvement, to such a degree, indeed, that the patient was able to leave his bed and even to be carried into another room, but as in the first case, a temporary improvement was invariably followed by increase of violence in the attacks, which seemed to come on always when the condition seemed most promising. During the first week of November the

attacks assumed a different character. The chills were less marked, but the temperature rose occasionally to 105.8, often to 104.5. Instead of the convulsive attacks, there was the most distressing suffocation during which the patient when able to utter a word begged to be put out of his misery. Unfortunately ether or chloroform, however cautiously given, invariably caused the strangling to increase. In the end the patient died in an attack which lasted several hours, and was attended with suffering absolutely indescribable.

CASE III. A young lady, aged twenty; student; well-formed, active and usually well, but with rheumatic tendencies. Had passed through a rheumatic fever years ago, and had suffered slight attacks from time to time. Was seized early in May with a sore throat such as she had often had before, accompanied with pains in back and limbs, fever, headache, and marked digestive disorder, but at the end of ten days had gained so far that she could return to her studies. This, however, was disastrous. With the first exertion the sore throat returned and with it the pains which soon centered in the joints and assumed all the characteristics common to acute articular rheumatism. It was at this point that I found her, and again the cyanotic look attracted my attention. The heart sounds were not seriously disturbed, but sufficiently so to warrant the diagnosis of rheumatic endocarditis. There was a marked systolic murmur which refused to cease with the lessening of the fever, and above all there was marked cyanosis and dyspnœa, especially on motion; inability to lie on either side, and the peculiar symptom of increased suffering on raising the head and shoulders into that position in which for the most part patients with heart trouble find the greatest relief. During the first fortnight the case progressed as those of acute rheumatism with cardiac complication usually do. The pains gradually grew less. The fever was never high, except during the first twenty-four hours while the throat was sore. It then reached 104 and a fraction. The general condition appeared to be fair. On close questioning the patient confessed that during the first attack of sore throat through which she passed at home, she was much distressed for breath and had a little pain about the chest, but as her examinations and all the delights of the end of her studies were approaching, she thought it best to say nothing about these matters, which she attributed to dyspepsia. There could be no doubt that from the very outset the heart was seriously effected.

At the end of the third week the rheumatism was practically gone, the fever rose no higher than to a temperature of 99.8 at

night, the pain had wholly ceased and convalescence might have been considered fairly advanced; advancing, if there had not remained an unaccountable weakness, much like that of neurasthenia, a persistent repugnance to food, alternating diarrhœa and constipation, frequent nausea, amounting at times to retching and occasional ejection of green slime; the cyanotic tint, dyspnœa on rising and moving and the disturbed heart sounds. Repeated examination of urine gave negative results. During June this condition remained unchanged. There were frequent intervals of relief and improvement, but invariably they were followed by sudden and unexpected increase of distress usually ushered in by an attack of diarrhœa, and always attended with a rise of temperature though never to a higher degree than 102.

The suffering was never great, but the prostration remained extreme. Every effort to move was followed by distress, and many nights were extremely restless and full of nervous suffering. Appetite and digestion grew less rather than more; emaciation became marked; a general discouragement seized upon the patient and all concerned, and by slow degrees the case assumed a most serious aspect, notwithstanding the absence of pronounced symptoms pointing to any grave disorder. The case was seen both by Drs. H. C. Clapp and C. Wesselhoeft, who both gave an encouraging prognosis and could detect nothing to account for the persistent failing and recurrent attacks of fever, diarrhœa, dyspnœa, restlessness and nausea. Death came after an illness of nearly twelve weeks, apparently from exhaustion and without phenomena such as characterized the first two cases, and yet I am disposed to class this one under the head of ulcerative endocarditis for the reason that the weakness, the signs of blood disorganization as seen in the recurrent attacks of fever, diarrhœa, vomiting, and I should add here what I omitted before, of delirium, which in a mild form occurred with the aggravations.

Case IV is one which differs naturally from those already described, and may be given in a few words. It was that of an old sea captain of a type now rarely seen. A hard living, hard drinking, headstrong, doctor despising man, who throughout a long and active life took his pleasures where he found them. He had had both syphilis and gonorrhœa, the latter innumerable times, yellow fever, small-pox, delirium tremens, and other minor ailments, but had been able to settle down at sixty-five, take a wife, beget numerous offspring and enjoy his well-earned rest for six or seven years, when after a fit of violent anger to which he was much given, he was seized with his last illness.

Ordinarily after his burst of fury he went to bed and slept more or less restlessly, but awoke in his right mind on the following morning. After the last one, however, he was unable to sleep. He felt oppressed, could not lie down, and yet all motion caused pain under the sternum, palpitation, vertigo, nausea and faintness. On the following day he could not eat nor take his accustomed stimulants; even his strong coffee of which he consumed much, refused to stay on his stomach. He worried along trying all the drugs in his chest and all the prescriptions of his own and his neighbors' compounding until at last he was forced to call in professional advice. His trouble was looked upon as a gastric and intestinal disorder coupled with malaria, for the reason that there was much nausea, vomiting, diarrhœa, chills, fever and sweat. In the end dropsical symptoms appeared, ascites and anasarca, the dyspnœa increased until death followed as in ordinary cases of exhausted compensation after valvular insufficiency. I was called in only a few days before the end to witness the final misery. To establish the actual condition of the heart was out of the question for me. There was clearly hydropercardium and loud systolic blowing, but there were other sounds, which I could neither explain nor define. The extreme irregularity of the pulse and the fact that the heart seemed at times to stop for several beats and then take on a most tumultuous motion, struck me as most unusual.

I was fortunate in this case to obtain permission to make an autopsy which I did eighteen hours after death. Besides the dropsical accumulations in all serous sacs and the greatly enlarged liver and spleen, there was nothing remarkable except in the heart, and here all the chambers, especially the left ventricle and auricle were practically filled with what look like cauliflower excrescences and cock's-combs; thick, dense, red, firmly adherent masses, great and small surmounted by fringes and nodules in more or less regular rows. The valves were covered with them and they extended in decreasing members and lessening in size fully three inches along the lining of the aorta. The lower efflorescences could be detached showing a destruction of the endocardium surrounded by a discolored ring, evidently as an endocarditis varucosa on an exaggerated scale. The heart's muscle was soft and pliable, and showed on section numerous dark reddish spots, as if the same deposit which on the surface of the endocardium had grown and expanded, had also been deposited in the muscular tissue. Whether this was attributable to syphilis or the frequent gonorrhœal infections or had its origin in a microbe of its own, I am unable to declare.

In conclusion I will call attention only to the fact that opinions still differ widely regarding the essential character of the

micro-organism to which this class of diseases owes its origin, while all agree in classing the affection as an infectious one. All manner of staphylo- and streptococci have been found including those of pneumonia even when this disease has not been present. To me this seems a very significant fact.

SUB-ACUTE INFAMMATION OF THE KIDNEYS.

BY E. P. SCALES, M.D., NEWTON, MASS.

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

CASE 1. On the 11th day of August, 1893, I was suddenly taken with severe neuralgia of the stomach, accompanied with retching and vomiting, and entire inability to retain foods or liquids. Soon after, there developed a congestion of the left kidney with very frequent passages of urine, accompanied with intense pain in the back, and in the penis especially at the close and the beginning of urination. In examination of the urine, there was found blood and mucus in considerable quantity, and some albumen — (about one-tenth of one per cent). This condition continued for two or three days and nights before much relief came.

I realized that the attack was caused by over-work and too much riding. I was gradually relieved, but not able for three or four weeks to take full charge of my practice.

Cantharis 3rd, and afterwards creosote 6x, did very much good, though I relieved the neuralgia of the stomach with a little nux vom., more pulsatilla and carbo veg.; and made a good recovery.

CASE 2. On the 7th of November, 1893, I was called to attend Mrs. B. She had been suffering severely for two or three days, and her son, who was soon to graduate from the Harvard Medical School, with the advice and later counsel of a Harvard professor, had been treating her for renal calculi, but all to no advantage. The son was of great use to me afterwards, by his frequent examinations of the urine, for which he had all necessary apparatus. There was some lung complication on the right side, for which she received some bryonia. There was also great annoyance from a chronic indigestion, which had existed for several months.

I gave her cantharis with marked benefit; and opened the eyes of the allopathic student. She also had nux vom. and apis, and afterwards podoph., and soon her kidneys were all right, and in three weeks she began to ride out to see me on account of her indigestion. In less than two months she was very well indeed, and continued so for two or three months,

when she began to suffer from indigestion again, which was soon relieved.

CASE 3. Jan. 26th, I was taken again with congestion of both kidneys, passing blood, albumen, and mucus; but this time there was no stomach complication. I adopted the previous treatment, stopped riding and walking, confining myself to office practice for ten days, and then working gradually into my regular practice in a month. Arnica was taken besides the other mentioned remedies.

I have been called to treat several similar cases. Notably, Feb. 5th to 10th, March 22nd, etc. The latter came on as suddenly as my own, and a similar treatment was successful. I never find it necessary to resort to allopathic treatment to cure my patients. Have made out only three death certificates in the last eight months, all those cases being over eighty years of age.

URINALYSIS IN ONE HUNDRED CASES OF INSANITY.

BY WM. O. MANN, M.D., WESTBOROUGH INSANE HOSPITAL.

The examination of the urine of the inmates of our public institutions and asylums has heretofore been neglected, except in a few cases, in which the general symptoms pointed to some kidney lesion. During the last four years attention has been called to the frequency of Bright's disease among the insane, by Dr. Alice Bennett, of Norristown, Pennsylvania, Hospital; Dr. Tuttle, of McLean, and Dr. Bondurant, of Tuscaloosa, Ala. The latter, about two years ago, addressed a circular letter to the superintendents of the different hospitals in the country, asking how many insisted on a systematic examination of the urine in all admissions. He found that out of thirty-nine only about half a dozen insisted upon such an examination.

I have collected the records of urinalysis of one hundred of the male patients in the Westborough Insane Hospital, thinking I might show, as others have, that there was some relation, either causative or otherwise, between insanity and Bright's disease. The examinations embraced the following forms of mental disease: Mania, 15; melancholia, 13; paranoia, 21; general paralysis, 14; epileptic insanity, 9; secondary dementia, 24; senile dementia, 4. It may be said in the beginning that every patient received into the above hospital is subjected to a thorough physical as well as mental examination, this, of course, including urinalysis.

Considering several of the most important abnormal ingredients, *albumen* comes first.

The reports of the different writers on this subject are somewhat at varience. The writers above quoted conclude that albuminuria is very frequent among the insane, and that Bright's disease is a very important factor in the etiology of mental diseases. Dr. Bondurant found that sixty per cent. of the recent admissions showed albumen or casts or both.

Among my cases there were only eleven per cent. containing either albumen or casts, which more nearly agrees with that of Dr. Babcock, of the Maryland Hospital, who found about ten per cent. In the Philadelphia Hospital, about twenty-five per cent. of the female patients were found to have albuminuria.

Some forms of insanity are found to contain more albumen in the urine than others, although, here again, authors vary somewhat. Dr. Babcock finds mania and epileptic insanity to have the most, while Dr. Tuttle finds melancholia and general paralysis to be first. The table, herewith appended, shows that melancholia (23%) and general paralysis (14.3%) have the highest percentages, thereby agreeing with Dr. Tuttle in form though not in figures, his being about forty per cent. for each disease.

In the cases examined, epileptic insanity does not show the per cent. which most authors would claim for it; Huppert going so far as to say that "albumen appears in every epileptic soon after the paroxysm, and that the amount depends on the severity of the convulsion." Also, Voison and Perron found albumen in fifty per cent. of cases of "grand mal" and one hundred per cent. of cases of status epilepticus.

In opposition, Dr. Browning says, "any special frequency of albuminuria in epilepsy has been disproved." My examinations, covering many more case than are in the table, would lead me to agree with Dr. Browning.

The conclusions in dementia agree with the others, being about five per cent. It would seem, also, that fully one-half of the cases noted here as containing albumen in the urine, were simply physiological, occurring in patients with great motor restlessness and mental excitement. Casts were only found in one case, although those containing albumen were examined several times microscopically.

Sugar. In the table it will be seen that sugar was absent in all cases, and I might add that out of 340 patients admitted in 1893, there was not a single case of glycosuria.

Phosphates. There was nothing characteristic in regard to the earthy phosphates. Hoffman and Ultzman state that they are dimininished in chronic brain disease. I found them, as will be seen, as often in excess as diminished.

Solids. The amount of solids. reckoned by the co-efficient of

Häser, was found to be smaller than normal. This may be accounted for somewhat by the sedentary life of the patients, and their diet.

Bile Pigment was found in only two cases, one of chronic melancholia and the other of secondary dementia. Either would be hard to explain from a physical standpoint.

Sp. Gravity. The average specific gravity in the 100 cases was 1.018, which agrees practically with that of the others, who state that it is low as a rule.

By diseases the average specific gravity was, for mania, 1.0173; melancholia, 1.0176; paranoia, 1.0175; general paresis, 1.019; epileptic insanity, 1.022; secondary dementia, 1.016; senile dementia, 1.011.

Reaction. Ninety per cent. were of acid reaction; seven per cent., neutral; and three, alkaline.

To sum up from the examinations made, it may be stated that fewer lesions of the kidney are found at Westborough than at other insane hospitals where the urine is examined.

In conclusion, I will state a case, a typical one, of insanity due to Bright's disease. J. H., aged 59 years, a man of dissipated habits, came to the hospital Jan. 1, 1894; emaciated, much depressed, troubled with insomnia, complaining of various neuralgic pains, frequent micturition, and obstinate constipation. His appetite was poor at times, and he would vomit his food.

He had amblyopia, and an examination of eyes revealed hæmorrhagic retinitis.

He passed 105 ounces of urine in twenty-four hours, sp. gr., 1.006, acid reaction; albumen was found, but no casts.

Patient had a great fear that something was going to happen to him, that he was going to be killed; the first night tried to break through a window; said he had a desire to break glass, etc.

He was put on a milk diet, and improved for some time, so much so that he was taken home by his wife. Was soon returned, as he attempted suicide by cutting his arm.

Now he is in much the same condition as when admitted. His urine has been examined several times; is less in quantity, but shows about the same amount of albumen each time.

Clouston lays great stress on the desire to jump through windows, and on the fear of impending danger, as symptoms of the insanity of Bright's disease.

For purposes of comparison and quick reference the results of these analyses are summarized in the following table:—

SUMMARY OF THE URINALYSES OF ONE HUNDRED CASES OF INSANITY ADMITTED TO THE WESTBOROUGH INSANE HOSPITAL.

	Mania.		Melancholia.		General Paralysis.		Paranoia.		Epileptic Insanity.		Secondary Dementia.		Senile Dementia.		Totals.	Per Cent. of the Total No. Examined.
	No. Cases.	Per Cent.	No. Cases.	Per Cent.	No. Cases.	Per Cent.	No. Cases.	Per Cent.	No. Cases.	Per Cent.	No. Cases.	Per Cent.	No. Cases.	Per Cent.		
Albumen.....	2	13.3	3	23.1	2	9.5	2	14.3	..	..	1	4.1	..	..	10	10
Albumen and Casts...	..	..	..	..	..	..	..	..	1	11.1	..	..	..	..	1	1
Sugar...	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..
Phosphates in Excess..	4	26.5	2	15.4	7	33.3	4	28.5	7	77.7	6	25	..	..	30	30
Phosphates Diminished	6	40	5	38.5	7	33.3	2	14.2	..	..	8	33.3	4	100	32	32
Mucus.....	..	..	..	..	1	4.7	..	..	..	.	2	8.3	..	..	3	3
Bile Pigment.....	..	..	1	7.7	..	..	..	..	..	..	1	4.1	..	..	2	2
Total for each Disease,	12	79.9	11	84.7	17	80.8	8	57	8	88.8	18	70.7	4	100	78	78
Total No. Examined ..	15		13		21		14		9		24		4		100	

BICYCLE RIDING FOR THE YOUNG.

BY GRACE MARVIN, M.D., BOSTON.

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

This is a subject in which parents are naturally interested. The modern child clamors for a wheel before he has graduated from the jurisdiction of the nursery-maid, and the advisability of granting his request becomes to thoughtful parents a matter for serious deliberation.

Is my child who now seems thoroughly well liable to become deformed from bicycle-riding? Is there danger of inducing a pulmonary trouble by compression of the chest? Is the exercise violent enough to affect permanently the heart? Will the abdominal and pelvic organs suffer injury? Can the alertness of mind and concentration of thought necessary to avoid accident on city streets cause nervous troubles? These questions are brought to the physician, and the questioner should not be judged as over-anxious, but should receive the attention merited, for it is to this class rather than the one which will buy any toy for a child to secure freedom from teasing, that we must look for the carrying out of medical reforms in the home.

Although bicycle-riding has been in vogue too short a time for valuable statistics to be gathered to aid the physician in determining whether to advise for or against this form of exercise, yet it has lately become so popular that all must have formulated an opinion regarding it.

The executive committee of this section has secured expressions of the views held on this subject by several members of this society.

Dr. Herbert C. Clapp said that his faith in bicycle-riding was easily demonstrated. He had three girls in his family and they all rode, but they had been told that if they did not sit up straight while riding, that the machines would be taken away. Girls almost always sit erect and so do gentlemen, but a certain class of young men, usually clerks on hired machines, assumes the position of the professional racer, and this will ultimately result in deformity of the chest and consequently diminished respiratory power.

Dr. Clapp recommends bicycle-riding for consumptives, but cautions them not to overdo; never to race. People with organic heart disease who are able to walk are allowed to ride if they exercise care. Theoretically there might be an objection against the use of the bicycle by girls at puberty, but he had himself never known of any harm resulting.

Dr. Julia Morton Plummer is a bicyclist and she believes the exercise is valuable, but that it cannot take the place of regular

gymnasium work. Parents should see that the dress for girls is suitable, that the saddle for the boys is of the most approved style, and that the position while riding is what it should be; — they should also warn children not to ride in the heat or high wind, and never to ride before breakfast; also to observe precautions after riding so as to avoid colds. She has seen a delicate, strumous child benefited by bicycle-riding, and has known of a young woman having to give up the use of the wheel after one season of immoderate riding, because a heart trouble, which may have pre-existed, was developed.

Dr. W. L. Jackson does not theoretically approve of bicycle-riding for everyone. He has seen serious results in adults from the excessive use of the wheel, but has seen no deformities or troubles of severe nature in the young which could be traced to this. There is danger that the spirit of emulation will lead boys to ride farther and faster than they should, so it becomes necessary to caution them. A boy with chorea who rode fifteen or sixteen miles a day had his symptoms made worse.

Dr. J. Heber Smith has known few detrimental results from bicycle-riding, and these could have been prevented. In this as in all athletics he cautions against over-exertion, and strictly enjoins the erect posture, believing that the position assumed by racers liable to produce in the young, habitual stooping, possibly even spinal curvature. Has not as yet seen a case of curvature traceable to this cause. Acute catarrh of the bladder may be induced by exhaustive exposure to rainstorms upon the wheel as in the saddle, but so it may by exposure in other ways. Frequent and dangerous concussions incident to falls are growing less serious through improved construction. He prescribes it as one of the legitimate means of physical development with both sexes, but it should not be the only means. When used to the exclusion of other exercise, bicycle-riding may lead to deformity rather than symmetry as it calls into play but a limited set of muscles. It can never supersede the exercise of brisk walking with head erect and chest elevated, nor is it intended to replace any rational means of physical culture.

Dr. Horace Packard wrote: "In response to your inquiries regarding bicycle-riding for the young, I have known no injuries to result therefrom, and believe it beneficial under all circumstances. These statements are made of course under the assumption that the person is a healthy individual to start with."

Dr. Edward P. Colby has been watching for quite a time for nervous diseases caused by bicycle-riding, but has seen nothing which he could attribute to it.

Dr. Martha E. Mann has never seen a case of uterine disorder which she considered due to exercise on the wheel.

Dr. I. T. Talbot strongly condemns the attitude taken by men while riding, and believes this fault will have to be corrected in men before we can expect the boys to sit erect.

Dr. George H. Earl has never seen a case of curvature caused by bicycle-riding, and, moreover, has never seen a case of spinal curvature in a boy, as it is of very rare occurrence.

From these interviews we learn that bicycle-riding does not cause as many serious results as parents apprehend. None of the physicians consulted have seen cases of spinal curvature which they thought were caused by bicycle-riding and a point made by Dr. Earl is very significant. Spinal curvature occurs frequently in girls and they sit erect while riding. It is very rarely found among boys and they habitually stoop over the handle-bars.

All of the physicians interviewed commend bicycle exercise for girls as heartily as they do for boys, believing that no ill effects will follow a sensible use of the wheel. No case of nervous disorder or organic disease directly traceable to bicycle-riding has been reported in this quest for data.

All of the physicians speak in the strongest terms against the prevalent style of riding, not only because it produces an awkward, ill-shaped body, but because physical weakness will surely be caused by it. From the negative value of the facts elicited it is possible to assure parents that bicycle-riding, if conducted with wisdom, is an invigorating, health-giving form of exercise.

BOARD OF REGISTRATION IN MEDICINE.

Editor New-England Med. Gazette:

I am convinced that the publication of the Registration Law in only one paper in a county is inadequate for the proper information of the profession. Therefore I seek, through the columns of the GAZETTE, the opportunity to make a concise statement of the requirements of the law necessary to procure a license for the practice of medicine and surgery in Massachusetts.

The limit of time for registration, without passing an examination before the Board of Registration, is January 1, 1895. Physicians will avoid much unnecessary expense and inconvenience by an early compliance with this law. For their convenience the Board has prepared two forms of application.

Form A, for graduates of legally chartered medical colleges or universities, and

Form B, for persons not graduates, but who have practised

medicine in this State continuously for three years prior to July 1, 1894.

Both classes can be registered upon application and the payment of one dollar.

These forms are obtainable on application to Edward J. Foster, M.D., room 8, State House, Boston, Mass.

"SECTION 4. Any person not entitled to registration as aforesaid shall, upon payment of a fee of ten dollars, be entitled to examination, and if found qualified by four or more members of said board shall be registered as a qualified physician, and shall receive a certificate thereof as provided in section three. Any person refused registration may be re-examined at any regular meeting of said board, within two years of the time of such refusal, without additional fee, and thereafter he may be examined as often as he may desire, upon the payment of the fee of ten dollars for each examination. Said board, after a conviction before a proper court, for crime in the course of professional business has been shown, and after hearing, may by unanimous vote revoke any certificate issued. All fees received by the board under this act shall be paid by the secretary thereof into the treasury of the Commonwealth once in each month.

SECTION 8. On and after the first day of January in the year eighteen hundred and ninety-five the board shall examine all applicants for registration as licensed physicians or surgeons. Applicants must give satisfactory proof of being twenty-one years of age and of good moral character; and every applicant who is a graduate of and has received a degree of Doctor of Medicine from a legally chartered medical college or university having power to confer degrees in medicine in this Commonwealth, shall be entitled prima facie to be registered under this act, upon the payment of the fees herein provided.

SECTION 9. Examinations shall be, in whole or in part, in writing, and shall be of an elementary and practical character. They shall embrace the general subjects of surgery, physiology, pathology, obstetrics and practice of medicine, and shall be sufficiently strict to test the qualifications of the candidate as a practitioner of medicine.

SECTION 10. Whoever not being registered as aforesaid shall advertise or hold himself out to the public as a physician or surgeon in this Commonwealth, by appending to his name the letters "M.D.," or using the title of doctor, meaning thereby a doctor of medicine, shall be punished by a fine of not less than one hundred nor more than five hundred dollars for each offence, or by imprisonment in jail for three months, or both.

Fraternally,

D. B. WHITTIER.

REVIEWS AND NOTICES OF BOOKS.

LECTURES ON AUTO-INTOXICATION IN DISEASE, OR SELF-POISONING OF THE INDIVIDUAL. By Ch. Bouchard, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a preface, by Thomas Oliver, M.A., M.D., F.R.C.P. Philadelphia: The F. A. Davis Co. 302 pp. Extra cloth, $1.75 net.

"We are living in an age when it is proper to live and when all are interested in medical matters." Such is the opening

sentence of this most interesting volume, the author immediately drawing attention to the fact so characteristic of the medical age, that to the study of the origin of diseases are directed efforts and talents of the highest order. The author's special field of work is that of auto-intoxication, of which much has been heard of late. The entire subject, however, is here presented in a series of lectures of great scientific value.

It is a popular opinion that auto-intoxication refers principally to the influences exerted on the body by alkaloids, leucomaines, ptomaines, or some product of the work of pathogenic micro-organisms, the idea not yet having been established that the products of secreting glands and tissue metabolism are, many of them, actually pathogenic, the organism being ordinarily protected by the different emunctories. At all events, by the time the end of the first chapter is reached one is somewhat prepared for the aphorism; — "Thus, in the normal as in the pathological state the organism is a receptacle and a laboratory of poisons."

After preliminary reflections on pathogenic processes in general, in the course of which one finds a good definition of diathesis as "a permanent disturbance of nutrition, which prepares for, provokes and maintains different diseases," and observations on methods used in the physiological laboratory in the course of investigation, excellent reasons being offered for the use of intra-venous injections in preference to subcutaneous and other methods of administration, Prof. Bouchard plunges into the work before him, which seems to be first of all to make a thorough study of uræmia; the first half of the book being devoted to an admirably precise and discriminating study of the toxicity of the urine and all the factors necessary to the establishment of uræmia. It is impossible without reprinting these first fifteen lectures to do justice to the author's argument, but his conclusions, drawn from an immense number of experiments, as stated in Chapters XIII and XIV are that the complex of symptoms called uræmia is produced by several factors, as follows: urea, which represents one-seventh or one-eighth of the total toxicity of the urine; ammonia, a fraction; those substances which behave in the manner of coloring matters to which is ascribed two-fifths of the toxicity; and mineral substances, potash salts especially, which explain about fifty per cent. of this toxicity. He insists that uræmia "is a mixed poisoning, not by the urine (as one calls it by a misapplication of words), but by *what should have become urine, etc.*"

The eminently rational spirit of Prof. Bouchard is nowhere more consistently exhibited than in the lecture devoted to the therapeutics of uræmia. The indiscriminate use of diaphoretic

measures and diuretics (digitalis for instance) is decidedly condemned. Bleeding is recommended in acute (scarlatinal) nephritis *only*, when death threatens. Inhalations of oxygen, milk (dietetically and therapeutically also) and idoformized charcoal, and naphthalin are suggested as meeting the etiological and pathological indications.

Gastro-intestinal auto-intoxications are then considered, as well as the toxæmiæ connected with enteric fever, cholera, etc. Apropos of typhoid fever it is interesting to note the reasons advanced by Prof. Bouchard for modifying the famous cold-bath treatment advocated by Brand, Liebermeister, Ziemssen, and Riess. In the course of argument the entire absence of prejudice and personalities of any sort is worthy of note. The book is offered in an exceedingly readable translation, and seems deserving of high praise and wide popularity.

GONORRHŒA : BEING THE TRANSLATION OF BLENORRHŒA OF THE SEXUAL ORGANS AND ITS COMPLICATIONS. By Dr. Ernest Finger. Third revised and enlarged edition. New York: Wm. Wood & Co. 1894. pp. 324.

"Blenorrhœa of the male urethra is probably the most frequent disease with which the practical physician has to deal. . . . . Frequent as is the disease, it is equally ungrateful as regards a positive and radical cure." Very few readers who have had wide clinical experience will venture to disagree with the statement forming the latter part of this quotation, and Dr. Finger, in his work, devotes himself to studying the causes which give rise to so discouraging an opinion concerning the curability of the unfortunately common disease named in the title of his book, and to formulating more encouraging methods of treatment. The author claims that "the more recent diagnosis, pathology, and treatment of urethritis are based on an anatomical, physiological and bacteriological foundation" although on reading the book one can see the effect of empiricism in modifying treatment.

The book is unusually valuable from the historical standpoint. In diagnosis the gonococcus is considered a factor of highest importance, differential diagnosis of the various forms of urethritis being rendered possible often only by recognition of the gonococcus in the discharges. In the matter of treatment the author is decidedly opposed to traditional abortive measures, and discountenances the use of injections in acute stages. It would seem as if the work might be made more complete as well as more potent for good by enlarging upon and more minutely specifying the nature of the complications and sequelæ of gonorrhœa, more especially in the female, as these points are

usually either entirely ignored or simply, as in this book, scarcely more than categorically referred to.

The diagnostic importance of the gonococcus, certain anatomical considerations with conclusions drawn therefrom, and the addition of two illustrative plates, form the points upon which are based the principal changes and additions to be found in this new edition.

A TEXT-BOOK OF DISEASES OF WOMEN. By Henry J. Garrigues, A.M., M.D., Professor of Obstetrics in the New York Post Graduate Medical School and Hospital. Containing 310 engravings and colored plates. Philadelphia: W. B. Saunders. 690 pp. Price, cloth, $4.00; sheep, $5.00.

This work is pre-eminently adapted to the student and general practitioner. While its style is, in the main, concise, there are a number or faulty sentences and a few typographical errors, as endometrits and variocele.

The local treatment of the various minor gynecological difficulties is well described. The author's method of packing the vagina in the genu-pectoral position would seem to be somewhat awkward, most gynecologists preferring the left lateral position. The chapter on hemostasis is a particularly good one. Treating of stenosis of the cervical canal, the author states that when the ostium externum and ostium internum are closed and there is a catarrhal discharge present, the mucus may so distend the cervix and corpus of the uterus that it will feel as though it were composed of two lobes. We have known of such a condition being mistaken for congenitally mal-formed uterus.

The statement is made that a nulliparous uterus may be tamponned with a strip of gauze eight inches long and one-half inch wide. The amount of gauze seems excessive.

Few gynecologists would agree that dysmenorrhœa, when due to an undeveloped condition of uterus, ovaries and tubes, should be treated by removal of the uterine appendages. Dysmenorrhœa requiring such radical treatment as oöphorectomy, is certainly very rare.

The article descriptive of the treatment of endometritis is a very good one.

The statement which is made that too frequent coition and imperfect sexual intercourse were frequent causes of urethritis would be difficult to verify.

It is also stated that when a pessary is worn the patient should use daily an injection consisting of a teaspoonful of carbolic acid to which should be added warm water. The amount of water necessary is omitted. If a young practitioner was not

aware of the amount of water needed to dilute a teaspoonful of carbolic acid, the genitals might be seriously burned as a consequence.

The author says, on page 490, that there is no evidence that carcinoma is transmissible or inoculable from one person to another. This is certainly an error as is shown by experiments carried on in Germany within a few years. The description of the use of drugs in the treatment of carcinoma uteri is full and succint.

On page 510 is the following, "In cases of supposed catheterization of the tubes the sound has perforated the uterine wall, which is easily done, and, as a rule, has no bad consequence." This is disproved by the necropsies which have been made upon persons who have died from the effects of criminal abortions.

The description on page 515 of the immediate and remote consequences which may follow the removal of the ovaries and tubes should be read and heeded by those who too rashly advise this procedure for the cure of many ailments with which women are afflicted.

The treatment of that very common condition, prolapse of the uterine appendages, is well described.

The book as a whole, and especially the medical part of it, deserves a wide perusal. C.

A Practical Treatise on the Diseases of the Hair and Scalp. By George Thomas Jackson, M.D., Professor of Dermatology, Woman's Medical College, New York Infirmary. A new revised and enlarged edition. New York: E. B. Treat. Price, $2.75.

In reviewing the latest edition of this work one is astonished that so little progress has been made since the previous edition of the work was published. There seems to be but little hope held out by this writer for the great majority of the vast army of bald heads.

The writer in speaking of the prognosis of alopecia prematura idiopathica says, on page 89, "If the disease has not progressed too far we may sometimes stay its progress."

It is curiously interesting to note the great variety of remedies proposed for each disease described. The book depicts very accurately and interestingly the clinical conditions and pathological states which accompany the different diseases of the hair and scalp, all of which are dealt with in more or less detail. C.

SYLLABUS OF THE OBSTETRICAL LECTURES IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA. By Richard C. Norris, A.M., M.D., Demonstrator of Obstetrics. Third edition. Philadelphia: W. B. Saunders. 220 pp. Price $2.00.

The fact that this volume has reached its third edition and that it is written by so well-known an instructor and author, is almost recommendation enough for the book. It is well up to date, clear in its style of expression, and summarizes in an able manner the best that is known of the science and art of midwifery. C.

ESSENTIALS OF NERVOUS DISEASES AND INSANITY. THEIR SYMPTOMS AND TREATMENT. A manual for students and practitioners. By John C. Shaw, M.D. Second edition, revised with 48 original illustrations mostly selected from the author's private practice. Philadelphia: W. B. Saunders, 194 pp. Price $1.00.

This little volume, one of the series of Saunder's Question Compends, presents in a very condensed manner some, but by no means all, of the essentials of nervous and mental diseases. A practitioner who did not study larger works would find the information in it too meagre. The book is mainly of value to students who wish to hastily prepare themselves to pass an examination.

The termination "itis" which denotes inflammation, seems to be rather carelessly used when applied to nerve degeneration and in the description of the symptoms of locomotor ataxia the description of Rhomberg's symptom is left out; which strikes us as an important omission. C.

The "complete novel" of the September LIPPINCOTT is "Capt. Molly," by Mrs. Denison of "That Husband of Mine" fame. Among the entertaining short tales of the number, is "The sale of Uncle 'Rastus," by Will Harben, the promising young Georgian novelist. Titus Coan, Charles D. Roberts and Frank Dempster Sherman are among the poets represented by graceful work. Philadelphia: J. B. Lippincott Co.

PERSONAL AND NEWS ITEMS.

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J. F. TRULL, class of '94, B. U. S. M., has located at Biddeford, Me.

DR. E. H. WISWALL, formerly at the Westboro' Insane Hospital, is now associated with Dr. N. Emmons Paine at West Newton, Mass.

LURANA A. CHUBBUCK, B. U. S. M., '94, has located at No. 32 North Sixth Street, New Bedford, Mass., in the house formerly occupied by Dr. Babcock.

MEMBERS of the Massachusetts Homœopathic Medical Society need not make oath to the statements made in their Applications for Registration under the new law.

DR. FRANK C. RICHARDSON has recently removed his office from Hotel Cluney to pleasant and commodious apartments at No. 601 Boylston Street (Copley Square), and is receiving the congratulations of his many friends in the profession upon the possession of improved facilities for the pursuit of his specialty.

OBITUARY.

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IN MEMORIAM.—CHARLES HAYES, M.D.

THE following tribute was prepared by Dr. Geo. B. Peck, for use at the memorial service of the American Institute of Homœopathy, held during its recent session, Sunday evening, June 17th, at Denver, Col.

"On Tuesday last Rhode Island, in the person of her leading military officials, cast a wreath of laurel upon the casket of a faithful and efficient servant as it disappeared from human vision. On this evening and in this august presence fain would I render appropriate homage to his worth and adequately voice the sorrow of my immediate professional associates. Charles Hayes, M.D., Lieut.-Colonel and Medical Director of the Brigade of Rhode Island Militia, was relieved suddenly and comparatively unexpectedly from all earthly duty while prescribing for a patient, immediately after dinner, on Friday, June 8th. An obstructive fragment, torn by the life-current from its fountain-head, was borne within the cranial cavity, and thus, with scarcely perceptible commotion, stopped its course forever. Yet the catastrophy found him not unprepared, for years ago, in the Union Congregational Church of his adopted city, he publically proclaimed his allegiance to that Captain of our salvation through whom alone we can properly possess the present life, without whom still less have any assured hope of that which is to come. For fourteen years he had cared for the health not only of the cavalry battalion to which he was attached but also to the light battery and two independent companies, in camp and on the march, until through the casualties of service he had become the senior medical officer in the brigade. During this time it was conceded by all that he performed the most work of all men in that brigade: by his superiors, both in line and staff, that it was done more thoroughly than by any of his associates—in fact, perfectly! When, therefore, my old army colonel, who had commanded our entire force for twelve years, retired with his staff to private life, the new brigadier at once promoted him to be medical director upon the ground of merit only. Born in Maine, educated in New Hampshire, domiciled previously in Massachusetts and Wisconsin, local influence contributed naught to his success. A severe injury, that reduced him to the use of crutches when but a schoolboy of thirteen, and from which he did not completely recover until the removal of the last fragment of bone with knife and forceps wielded by his own hands when in the government service, thirteen years later, is the abundant occasion of the exquisite tenderness and extremest vigilance with which he treated his humblest patient. It also explains why he took not the field during the Rebellion, but served from January, 1863, to May, 1868, as an acting assistant surgeon in the hospitals of six states and of the District of Columbia, save when he was the victim of blood-poisoning whereby he was reduced almost to a skeleton and deprived of the use of his right arm, both for writing and for eating, for months! So long and so varied an experience well-fitted him for general surgical work in the Rhode Island Homœopathic Hospital, of whose staff he was an esteemed member from its opening to his death. Though sensitive and retiring, he was a social favorite, being kind in disposition, genial in manner, and inexhaustible in annecdote. Besides a widow he leaves two daughters, members of the freshman class of Brown University, and a son in the Manual Training High School of Providence. To these I fear his loss will be irremediable.

When I consider the difficulties he surmounted in life, the unfavorable conditions that have attended him from childhood's days—he was no stranger to suffering—and measure closely the degree of his success in life, I am constrained to exclaim, 'Well done, good and faithful servant!'"

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EDITORIAL.

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A WOMAN'S INTERNATIONAL PROVERS' ASSOCIATION.

Woman's mission may be co-extensive with the necessities of humanity and limitless as eternity, but the mission of the medical woman is, if such a thing can be possible, somewhat greater than that of her sisters, for she has assumed special functions which entail special responsibilities. It is to only one phase of these responsibilities that attention is here directed, and that is one which of course has a purely medical aspect. Theoretically woman should surpass man in keen insight into, intuitive appreciation and sympathetic understanding of, the physical and psychic needs and desires of woman, as well as in more instant response to appeals for help "unuttered or expressed." At all events, at this time and in this land of freedom, woman is privileged to develop herself in any direction within the possibilities of her physical and mental endowments; to fit herself for any pursuit, literary, artistic or scientific. The portals of the professions have been opened to her, and in the medical profession she is willingly entering into competition with man, who has heretofore held undisputed possession of the field. While in the traditional school of medicine her position is simply one of competition, in the newer or homœopathic school her position is, or may be, one of active coöperation, especially in developing the resources with which disease may be successfully combated.

It has been frequently claimed in these pages that homœopathy is essentially a therapeutic specialty; that its claims to uni-

versal recognition are founded on its peculiar methods of studying drug pathogenesy and its subsequent use of the knowledge thus obtained. A thorough knowledge of drug-effects ascertained only by means of "provings" upon the healthy organism forms the very foundation of homœopathy, without which it would have not even an apology for its existence. Among the vast number of "provers" the results of whose work compose the homœopathic materia medica the names of many women may be found. It stands to reason that in order to treat diseased conditions at all peculiar to women according to the rule of similars, it is absolutely necessary that drugs should be thoroughly proven by women; otherwise therapeutics must be "clinical" or empirical. If any urging were necessary to persuade women to prove drugs, it should be enough to call to mind the fact that a large percentage of the physician's clientèle are women.

Much has been heard of late about the unreliability of our materia medica and the unscientific methods used in proving drugs, and more or less timid hands have been at work in attempted revision, and the work of proving has been for a time suspended. Many of these complaints have been unnecessary, and much of the work of revision and condensation unsatisfactory. Whether or not the work of the past has been satisfactory these facts remain: I, knowledge of drug pathogenesy as far as woman is concerned is very incomplete; II, the necessity for such knowledge is a very urgent one, and III, this knowledge can be obtained only by the unselfish and scientific work of woman herself, and it goes without saying that the women best fitted for the work are those who have received a medical education.

It is cause for congratulation to woman and to homœopathy that an earnest effort is being made to establish an active and a useful "Woman's Provers' Association." The following account of the organization of the Association and the work it has done to date should prove interesting reading, since it indicates an arousing of the spirit which, properly fostered and directed, is sure to accomplish results of inestimable value to suffering humanity and to homœopathy, and will also redound to the lasting credit of women physicians. It is to be suggested that

the provings undertaken be carried on only in accordance with the principles underlying modern experimental research, which in this case might be stated as follows: To experiment without pre-conceived opinion as to the result; to utilize as large a number of experimenters as possible; to repeat the experiment frequently enough to establish its results; and to make use of reliable control tests.

All who are interested in the advancement of medical knowledge and in the upbuilding of homœopathy must rejoice in the establishment of such an Association, and can entertain only the best wishes for its success.

"A Woman's International Provers' Association was organized at Chicago, during the World's Congress. Officers were elected for the year: President, Dr. Martha Canfield; Vice-Presidents, Drs. M. E. Avery MacCracken, Jane Culver, Marion McMasters, Sarah Millsop, Millie Chapman; Secretary, Sophia Penfield.

A large number of women physicians were interested in the work of proving. An old and familiar remedy, conium mac., was selected for the first year's work. Careful instructions relative to her qualification as a prover, and manner of proving, were sent to each member of the Association. Each prover recorded general condition and symptoms for one month, before taking the remedy, which was in the 30x, 3x, 1x, &♁. Press of work and other adverse influences caused an abatement of interest among the provers, but seven full reports were presented at the annual meeting, at Denver.

The provings were more interesting as a promise of future work by women than for any additional symptoms obtained. The two symptoms sharply emphasized by the majority of provers, regardless of attenuation were, "dull, occipital headache on rising in morning, and continuous through day," and "dull ache in lumbar and sacral region." Depression, vertigo on rising, soreness of eyeballs, with orbital pain, colic with loose stools, numb aching, and trembling of limbs, were also accented.

At the jubilee meeting at Denver, a resolution was adopted to elect officers annually and to affix the annual fee at $1.00. The officers elected were, President, Dr. Millie Chapman; vice-president, Dr. Julia H. Smith; Sophia Penfield, secretary and

treasurer. The vice-presidents appointed, for each State, at the World's Congress, remain in office during the year. The aid of every woman interested in the work is solicited to forward it. SOPHIA PENFIELD, *Sec'y.*"

EDITORIAL NOTES AND COMMENTS.

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INEBRIETY AND ITS TREATMENT was the subject studied at a special meeting of the Section of Mental and Nervous Diseases of the Boston Homœopathic Medical Society held at the Massachusetts Hospital for Dipsomaniacs and Inebriates, at Foxboro, Mass., on the eighteenth of September. A general report of the meeting will be found elsewhere in this issue of the GAZETTE. It might be remarked, by the way, that this "section" of the Boston Society seems to be particularly fortunate in being able to hold eminently successful extra meetings, in addition to offering an attractive programme at the regular meeting assigned it in the calendar of the Society. The reasons for this are not to be discussed here.

The meeting in question assumed the form of a clinical, post-graduate lecture, those in attendance being privileged not only to listen to an interesting essay on inebriety and its management, but to inspect the methods in actual operation for the correction of the habit and the restoration of its victims to a healthy state of self-control. A brief account of the origin of the institution, its purposes and the facilities at hand for fulfilling them, was also given, and as a result of the day's visit the impression was gained that the institution through its earnest and efficient superintendent was doing a worthy and beneficent work. The usefulness of continuous, light physical labor and patient, methodical gymnasium drill in improving muscular and mental coördination, in strengthening the power of thought-concentration, and in transforming wrecked bodies into a condition of health and serviceableness, was demonstrated by a sort of object lesson not to be quickly forgotten.

Massachusetts has the distinction of being the first, if not

the only, State in the Union to establish an institution devoted solely to these unfortunate members of the community. Being without precedent it has been necessary to work slowly along theoretical lines, but practical results are rapidly formulating rules which will be of service in establishing similar institutions in other States. Under the earnest, patient, dignified, firm and sympathetic administration of the superintendent, Dr. Marcello Hutchinson, the career of the hospital is destined to be a satisfactory and successful one. His cordial reception of his visitors won hearty appreciation.

The influence of such excursions in broadening one's views, in extending one's interests and in enlarging one's sympathies is not to be depreciated. As citizens homœopathists should be acquainted with the various charitable works of the State, with the scope of this work and the methods of encompassing it. As physicians they should be acquainted with the most approved and successful means of helping diseased humanity, and knowledge of institutional work with its statistics on a large scale forms a basis from which reliable conclusions may be drawn.

The following quotation from the *Boston Transcript* shows that the work of this new charge of the State is attracting the attention of others than members of the Boston Homœpathic Medical Society.

"DIPSOMANIACS NOW HAVE BETTER TREATMENT.

Since the new asylum for dipsomaniacs at Foxboro has been in operation the treatment of patients of that class has been much improved. Formerly dipsomaniacs were sent directly to a hospital for lunatics, and while they remained there they were the cause of considerable insubordination, as well as trouble in other ways. Dr. Lewis, one of the State authorities in such matters, said that when a dipsomaniac so situated came out of the frenzy which was caused by drink, he was no more insane than any other man, but like most drunkards he was ready to blame anyone but himself for the results of his debauches. With his continual grumbling and his dissatisfaction he exerted an influence on the other patients and made them troublesome to the attendants. Dipsomaniacs who had recovered from their frenzy were not insane, and therefore did not belong in an asylum for the insane. The new special asylum at Foxboro

remedied the defects of the former method of treatment, and was doing a good work. The new asylum has been open for about a year, and at present has about 110 patients."

THE NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY is to be held in Rhode Island. There is no reason why it should not be the largest meeting ever held by the Institute. An energetic President determined to succeed, a wide-awake and active local committee of arrangements already at work, experienced and enthusiastic chairmen of sections and committees all aching to outdo their predecessors and present the largest number of valuable papers ever contributed to a single meeting, a place of meeting easily accessible, possessing peculiar charms, and of world-wide reputation as a summer resort, ample and excellent accommodations for a thousand or fifteen hundred, are a few of the factors which will ensure a pre-eminently successful meeting.

The following communication from the chairman of the Local Committee of Arrangements is an indication that Rhode Island, although not a large State, is an extremely active one, and proposes to be thoroughly prepared for the reception of her visitors.

"The First Baptist Meeting-House in Newport, R. I., has been engaged by the Local Committee of Arrangements for the use of the American Institute of Homœopathy in June next. This is a plain, white wooden structure of the type so frequently found in the rural districts of New England, having been erected nearly half a century ago. (The church itself was constituted in 1638). Its sittings, however, are comfortable and probably ample, for 1000 persons can be accommodated in its audience-room without difficulty. This will be reserved for the use of the Section in Ophthalmology, Otology, and Laryngology for two full meetings. The large vestry is supplied with comfortable chairs seating 350 people at least — an attendance which few if any sections ever exceed. The small vestry which has a separate entrance from the churchyard, as well as from the large vestry, can conveniently care for 150 visitors (this is for sections holding sessions on the sly), while a committee room, large enough to receive the Senate of Seniors or the In-

ter-collegiate Committee will afford ample accommodations for the Treasurer and Registrar. The two most honorable bodies above referred to will probably be assigned special parlors at the Ocean House. Minor committees will be cared for there also. It will be noted that while there is sufficient space is this meeting-house to fulfil the demands of the Institute in its entirety, as well as in its integral parts, there is no room within its walls for anything tending in the least to distract members from the object for which they are assembled — the transaction of business pertaining to the Institute, and to the promotion of medical science. Social features will be provided for at the Ocean House."

RENAL ALBUMINURIA is a somewhat awe-inspiring term, and any contribution to an understanding of its true significance is sure of a hearty welcome. The frequency of albuminuria, its causation, its pathology, its prognosis, and its treatment have been the themes of innumerable essays, the subjects of many searching investigations, on the part of the medical profession; but thanks to the mercantile aspect of the matter and the importance attached to it by life insurance companies, it has been studied with a more unrelenting persistency than many other apparently equally serious afflictions. The conclusions reached by Dr. Fred'k C. Shattuck, of Boston, after prolonged and exhaustive original researches, and published in *The Medical Examiner*, a periodical devoted chiefly to life insurance matters, are sufficiently valuable and instructive to allow of reproduction in these pages. Comments are rendered unnecessary as the quotations are explicit and to the point.

There is no internal organ in which it lies in our power to detect so unerringly minute and slight changes as in the kidney. The heart, lungs and blood vessels, as a whole, are far less accessible to our examination. Age is not a matter of years, nor do we grow old symmetrically. I see no other reasonable explanation for the progressive increase in the frequency of albumin and casts as age advances. Whether this pathological doctrine be true or not the clinical significance admits, to my mind at least, of no doubtful interpretation. My anxiety is not awakened either for the present or the future by the report that

a faint trace of albumin and hyaline and finely granular casts of small diameter are found in the urine of a patient after the age of fifty, provided that the kidneys are doing sufficient work, as is shown by the twenty-four-hour excretion of solids, and provided that there are no symptoms. . . . . In patients under fifty, albumin and casts do not disturb me anything like as much as they did formerly. The important practical point is that they are not necessarily the precursors of serious kidney disease, and that their presence does not inevitably demand very careful regulation of the life and constant medical supervision.

SUMMARY.

In a certain proportion of cases, how large this proportion may be it will take years to determine, interstitial changes will reach a degree to shorten life, advancing more or less rapidly. It is not in our power at present to distinguish accurately which these cases are. Some help is afforded by the close estimation of solids in the twenty-four-hour urine; but, in the average individual, the reserve balance of kidney power is sufficient to permit of extensive renal impairment without curtailment of the ordinary daily work. The reserve may be diminished or gone; but if the reserve is not drawn upon too much or at all no apparent stringency is felt. We can grant that renal albuminuria is always pathological. Chronic pharyngitis is also pathological. It may be heresy, but I cannot resist the feeling that we are coming to believe that the clinical significance of the one is not necessarily greater than that of the other. I shall follow up my cases as far as I can and hope to be able in the course of years to throw further light on this important practical question. Life insurance companies are right in refusing risks reported as presenting albumin and casts. Life insurance is more like the French than the English criminal law — it holds that innocence must be proved beyond reasonable doubt. But I have no doubt that risks are daily accepted by the best companies where an expert examination would detect albumin and casts. Few examiners apply the heat and nitric acid tests in a manner to try their full delicacy, and a microscopical examination is practically not demanded. Even if it were it would not ordinarily be sufficiently careful to be of much value.

Finally, my results may be summed up in the following conclusions:

1. Renal albuminuria, as proved by the presence of both albumin and casts, is much more common in adults, quite apart from Bright's disease or any obvious source of renal irritation than is generally supposed.

2. The frequency increases steadily and progressively with advancing age.

3. This increase with age suggests the explanation that the albuminuria is often an indication of senile degeneration.

4. Though it cannot be regarded as yet as absolutely proved, it is highly probable that faint traces of albumin and hyaline and finely granular casts of small diameter are often, especially in those past fifty years of age, of little or no practical importance.

COMMUNICATIONS.

MEMBRANOUS SORE THROAT AND DIPHTHERIA. TEN CASES.

BY SARAH M. HOBSON, M.D., CHICAGO, ILL.

Miss M.; age, 19; clerk; overworked, overheating, exposure; prodroma, five days; exudate, three days; fever, three days; recovery, seventh day. Pulse, 120; temperature, 102.2°; glandular swelling, dysphagia and prostration marked; exudate on posterior pillars of fauces easily removed. Per-oxide of hydrogen relieved the sensitiveness of the throat, but salt water gargle removed the exudate. Mercurius vivus was given for twenty-four hours. The throat symptoms were better, but the fever continued with great prostration and restlessness; the face was dusky red. Gelseminum was followed by so great improvement that on the following day the case was dismissed.

Richard E.; 19 yrs.; clerk; with history of hypertrophied tonsils and predisposition to catarrh. The chills, nausea, swollen tonsils and dysphagia of the first day were followed by isolated points of exudate on tonsils and uvula. Exudate easily removed; fetid odor.

4th day. Tonsils and uvula occluding pharynx; exudate in patches; profuse expectoration; mercuric biniodide.

5th day. Throat clear, but burning and dry, dysphagia marked, glandular swelling slight.

7th day. Extreme heat in throat; sensation of paralysis of muscles, worse by day. Causticum relieved paralysis and burning in twelve hours; recovery thereafter was prompt.

Frank R.; 18 yrs.; clerk; catarrhal predisposition; bicycling in excess, overheating and exposure; prodroma, twenty-four hours; fever, two days; exudate, three days; recovery, 6th day.

1st day. General soreness of body, headache, dysphagia; pulse, 92; temperature, 101.6°; left tonsil swollen, with exudate one-half inch diameter; tongue, patchy white; fetid odor; free expectoration.

2d day. Pulse, 100; temperature, 103.2°; increase of exudation on both sides; glands of neck swollen; dysphagia and fetor increased.

With aconite 2x, cyanide of mercury 2x was given in alternation every fifteen minutes; three one-grain powders of mercurius vivus 2x were given during the evening of the second day; the temperature reached normal on the third day, and the exudate was easily removed, leaving a honey-combed tonsillar surface; recovery complete on sixth day. The fever, prostration, fetid odor and glandular swelling did not indicate so speedy a recovery. The general appearance was very like that of Henry B., mentioned below, among the diphtheria cases. This boy, however, had every aid which excellent nursing and hygienic surroundings could furnish, as well as a previous record of better nutrition.

Mrs. B.; 50 y'rs.; hard work; cold, damp sleeping-room. Throat sore externally and internally, tonsils swollen, exudate on the left, slight fever, yellow tongue, constipation, prostration. Glycerine gargle and mercuric biniodide gave little relief, but improvement was marked on the second day after an enema, Patient left town on the third day before the throat cleared.

DIPHTHERIA IN A FAMILY OF SIX CHILDREN.

Henry B.; 16 y'rs.; at night, returned from work, complaining of weariness; the next morning he awoke with sore throat and high fever. The morning pulse and temperature were 110–103°; evening, 120–104°; tonsils and uvula streaked with white, exudate easily detached, but leaving bleeding points; odor offensive, but not more so than in previous cases of catarrhal sore throat. Under ferrum phos. and kali muriaticum, the fever ceased on the the third day, when an herpetic eruption covered the lips and extended outward on the face. The membranes increased in size and tenacity until the fourth day, when they covered the uvula and anterior pillars, occluding the pharynx; and threatened invasion of the nasal passages. The odor was not marked after the third day; the cervical glands were moderately swollen.

Carbolic acid and per-oxide of hydrogen were used on two successive days without marked relief. Two grains of the crystals of permanganate of potash in a cup of water, used hourly as a gargle, was followed by free expectoration and relief in deglutition. The biniodide of mercury was given internally. The throat gradually improved and was clean on the sixteenth day. Recovery was slow and not altogether satisfactory; arsenic and kali muriaticum during convalescence.

The easy removal of the exudate during the early days, the

fever, and the herpetic eruption indicated the herpetic sore throat until the invasion of the nares, and the appearance of an exudate in the throat of a second member of the family.

Close inquiry elicited the facts that the family of seven occupied two adjoining sleeping-rooms, and the windows were never opened by night. From the first, the sputum was burned. Ventilation was insisted upon, but the bed-room facilities were not improved until the fourth child was attacked. With the appearance of the second case, the house was placarded and preparation made for the successive cases which duly developed as follows:

Lillian; 6 y'rs.; incubation, six days; no fever; pinhead spots coalescing; breath fetid; glands enlarging rapidly, especially at angle of jaw; would not gargle, or allow the spray without a struggle. Kali mur, 3 x, with occasional dose of weak solution of permanganate of potash.

7th day. Nares invaded.

10th day. Membranes curling around edges; relief in deglutition.

11th day. Hoarseness.

12th day. Voiceless. Causticum of no avail.

13th day. Constipation continued; throat nearly clear, glandular swelling better. Hydrastis and kali mur.

After the 21st day, the voice gradually returned under sulphur and iodine; there remained a loss of palate tissue; although the uvula was not more than half the usual size, it occasioned no inconvenience. Recovery was apparently good, but at the end of six weeks the child complained of weariness, the breathing became difficult, and she died on the fourth day from the appearance of paralysis.

Florence; 2 y'rs.; incubation, ten days; exudate in spots and streaks, slight fever, slight glandular swelling; would not gargle or allow the spray; the child played about the house until the fifth day, when all symptoms grew worse; the nares were invaded.

6th day. Laryngeal complication, growing rapidly worse, with occasional struggle for breath.

7th day. After an uneasy night, the child became quiet; at seven, the face grew pallid, finger tips and temples blue; the child died quietly at nine. The treatment was the muriate and permanganate of potash; iodine and ammonia at the end.

Arthur; 12 yrs.; incubation ten days; exudate on the first day removed by the gargle; the temperature was 103° the second day when both sides were invaded; the next day there was no fever and the case continued mild; the throat cleared on the ninth day. Mercuric protiodide throughout with the per-

manganate gargle. This boy took care of himself, gargling faithfully.

Ella ; 18 y'rs.; had the entire care of Florence and aided in nursing the others throughout the course. Marked circumscribed redness was observed twenty-four hours before the exudate appeared.

On the 6th day both sides and uvula were covered by membranes ; fever and fetor were slight.

8th day, aphonia.

10th day, throat clear but the voice was not regained until the 13th day ; recovery good ; treatment, kali mur. and ferrum phos. with permanganate gargle until the 10th day, then iodine.

Eben ; 9 y'rs ; incubation fifteen days ; high fever, membrane on the left rapidly extending to the right ; free expectoration. Mercuric protiodide and kali permanganate.

On the 12th day the throat was clear and the recovery was good under arsenic and hydrastis.

In the cases of Eben and Arthur mercury was given internally with the potash gargle, notwithstanding a possible neutralizing action. In each case the recovery was good. The fatal cases were the youngest and those refusing local treatment. The two younger boys were kept out of doors constantly until the appearance of the membrane ; they had light attacks with slight fetor or glandular swelling. After the larynx was seriously invaded, life was prolonged twenty-four hours. The aphonia occurred only in the cases kept persistently on the potash treatment. The membranes lasted sixteen, fourteen, ten and twelve days respectively.

The house was carefully fumigated and scrubbed. A family of children lived in the lower flat ; the street was built up in cottages and two tenement houses ; no other case occurred in the vicinity. House drainage was faulty, but not more so than at other seasons of the year. Six weeks after recovery, I learned that the first patient had been at work for months in a small unventilated room of a large manufacturing establishment. Employees brought lunches there, leaving the remnants in a waste-basket, which was emptied only when its contents became intolerable. I do not doubt that that basket was responsible for the diphtheria.

The recovery of a child frequently depends on previous training ; one who obeys implicitly, who has been tanght to open the throat in health has a better chance of life than the average much-indulged child. I would urge the general practitioner to repeatedly encourage the mother to teach instant, unquestioned obedience ; explain to her the use of a well opened mouth and ability to gargle. A child of seven with a little direction and a

hand mirror will train himself until he can distinguish tonsils, pillars and posterior wall of the pharynx, and sometimes even the tip of the epiglottis.

PSYCHIC CASES.

BY ARTHUR F. SUMNER, M.D., CONCORD, N. H.

One feature of progress characterizing the closing of the present century is the liberation of men's minds in all departments of thought from the bondage of dogma and the domineering power of authority.

Medicine is slowly being permeated by this spirit and were the young physicians of the present placed upon trial for their medical belief before a tribunal of twenty, perhaps less, years ago they would be charged with heresy, for the young man of today no longer holds to those myths, once a source of inspiration, now dissipated in the light of modern scientific research, that his method is the exclusive one and classified with the laws of nature, bears the stamp of a divine infallibility.

As higher the standard of education is raised more urgent becomes the demand for a wider field of knowledge, and as the horizon expands, here and there is found a truth outside of the circle of dogma, that must be recognized if one is to serve fully his time and generation.

An inevitable result of broad scientific education is to recognize the single law of cure which was taught to cover the whole field as but one of many laws, each controlling processes in its own realm. One becomes aware of limitations to a single dogma and finds other means of securing more satisfactory results in cases formerly imperfectly understood and crowded into general classifications, which now are considered in a very special way, as their etiology and pathology is more fully comprehended. This does not deny the value of a dogma or law of cure in its own field of action, outside of which it is simply less effective than more appropriate means.

The dynamic action of homœopathic remedies is now conceded out of place in the treatment of so-called purely mechanical cases, including refractive errors, cases of extreme pain, where a physiological action is needed, and to go to the other extreme in morbid psychic conditions.

Each of these phases of practice has been the source of bitter contention within the homœopathic profession, the conflict being between the intense and extreme reaction from the gross materialism of the past century and the efforts of a later period when rational thought has striven for the recognition of the merits in all methods.

Enthusiasts have claimed in their remedies the substitute for the surgeon's knife and obstetric operation. This was in the early history of homœopathy when the pendulum, loosened from its hold, swung into opposite error. By far the majority of practitioners agree as a result of experience that extreme pain can only be combated by active remedies, and that practitioner is not to be accounted sane who now agrees with the former idea that a hypodermic syringe was invented by the evil one, and to relieve acute suffering by its use stigmatizes the physician as a criminal.

Thus in times past has the uses of other drugs for their physiological action received the opprobrium of narrow-minded partisans, and have even been expelled from the charmed circle by self-satisfied and rutted authorities. Such steps are those of progress and with the same spirit greater truths are for the profession. There must be progress or a retrograde movement ensues; nothing is at a standstill. This leads to the presentation of the real object of this paper, the treatment of a class of cases known as psychic cases which form a group by themselves.

The homœopathic materia medica with its mental symptoms of questionable value, makes a claim upon these cases which it very imperfectly fills, but which find their most scientific treatment in what is now generally known as hypnotic suggestion. Psychic cases are met frequently in practice and include cases of disturbed emotion and hysterical manifestations, the treatment of which has formerly been either the wasting of much time with a show of medicinal treatment or the free use of narcotics.

That hypnotism is within the reach of every practitioner of medicine in some degree can be verified by carefully looking into the subject and taking advantage of suitable cases for its application. It is not magic, but a method of reaching the inner consciousness of the patient by simple and legitimate means, seeking to correct a disturbing erroneous impression by the proper suggestion. The better one understands the subject the wider becomes its application.

The writer claims no especial gift beyond that created by a deep interest in the subject and improving opportunities to use what little knowledge he has gleamed from various sources. Taken from among others the following cases will perhaps interest the reader, — the point to bear in mind being the successful treatment of psychic cases without medication.

Case I. Was hastily summoned one Sunday evening to see Maude C——, aged ten years, who about four o'clock the same afternoon had fallen backwards out of a hammock, striking upon her head and back. Other children carried her into the

house, unconscious, and awaited the coming home of her mother who was expected at any moment. Upon my arrival, three hours after the accident, I found the child in bed and in a delirious condition. One could carry on a conversation with her but all was irrational, possessing the idea that it was another day; was at school; the house was afire; mice in bed with her; the countenance at times became one of intense terror and speech decidedly uncomplimentary to the bystanders whom she did not recognize correctly. She could give no account of her fall, and gave no evidence of pain. The head and back presented upon examination no lesion. The conclusion reached was that the case was one of fright, disturbing the emotional centres. The opportunity to try hypnotism was not to be lost. In the midst of a curious crowd I took out my watch, holding it before the face, allowing the rays of the lamp to illuminate it. It was recognized as a beautiful star, holding attention instantly. Suggesting that she go to sleep was after a few repetitions followed by the hypnotic sleep. In this state she would follow any suggestion I made. Finally, I impressed upon her that after a few minutes slumber she was to awaken and remember about her fall, and that she was not to be any more frightened for everything would be all right. After a few moments of quiet she awoke, recognizing everyone present, and told us how frightened she had been by falling out of the hammock, but was not going to be frightened any more. The expression was naturally calm and peaceful. She passed a quiet night and needed no further attention. The whole process occupied about fifteen minutes.

CASE II. Mrs. R—— has attacks of hysteria from one cause and another and rapidly works herself into a condition of wandering delirium, accompanied with all sorts of uncontrollable conditions. With these attacks there is usually pain somewhere and the outcome of the treatment has usually been a dose of morphia, administered by some of the household or the physician. This particular attack was apparently accompanied by intense pain in the stomach, with violent retching. This was a case for suggestion. Failing to hold her vision with the watch, I resorted to strategy, giving her a swallow of water in which was dissolved a pinch of soda, accompanying this with the suggestion that immediately she would feel the effects of the medicine and go to sleep. This I repeated in a monotonous strain until in a few moments she was sleeping and "open to suggestion." I impressed upon her that upon awaking there would be no more retching or pain, also she was to become quiet and behave herself, all of which she followed to our satisfaction and pleasure in a short time.

These cases are those that come into the practice of every physician, and the results of hypnotic suggestion are highly satisfactory.

THE TREATMENT OF GONORRHŒA.

BY DR. P. JOUSSET, OF PARIS, FRANCE.

Translated by F. H. Pritchard, M.D., of Ohio, from La Revista Homœpatica de Barcelona, No. 4, 1894.

Clinical experience has demonstrated that in spite of all our endeavors we can not abort a case of gonorrhœa for it will pursue a certain course notwithstanding all our endeavors. Treatment can only diminish the duration of the disease and combat its complications. During the first two or three weeks the disease runs an acute course. Then cannabis, cantharis and copaiba are the three principal remedies.

CANNABIS. — The chief remedy. It is indicated in the inflammatory period; frequent desire to urinate, although there is no urine in the bladder; burning in the whole urethral canal; after urinating, more or less complete erections with extensive drawing pain in the urethra, the urethra painful to contact, a watery discharge which soon becomes mucous and then purulent. On squeezing the canal pus issues. The orifice is plugged with mucus. The cultivated American hemp cannabis sativa is the better drug. Following Hahnemann's example, he employs the mother tincture in a daily dose of twenty drops, in a convenient vehicle as a potion.

(Cannabis indica has been recommended by some writers, but from my experience I have found it of little value. It has but slight action on the mucous membrance of the urethra; it is more a cerebral remedy. Besides it has the inconvenience of being unreliable. Yeldham, "Homœopathy in Venereal Diseases," fourth edition, p. 13, on the contrary states that cannabis sativa is to be employed when the more acute symptoms have been mitigated with aconite, cantharis and mercurius corrosivus. He regards it as a reliable remedy. He employs the mother tincture, five, ten, or even fifteen drops, three times a day. The dilutions are nearly or wholly inert. I have held to his teachings in my cases and here have found them confirmed. Rather in the subacute than the acute stage is cannabis sativa indicated and good sized doses are required. The hemp grown in America in temperate regions, is said to be devoid of the peculiar narcotic power of the Indian variety, though they are actually the same plant. That raised in Kentucky is said by Prof. Wood (Therapeutics, Materia Medica and Toxicology, 1st edition, p. 205) to resemble the Indian variety. Burt (Phy-

siological Materia Medica), places the two varieties of hemps under one head, cannabis sativa, and jumbles the symptoms of both varieties together. Cannabis sativa was the variety proven by Hahnemann first (the American Homœopathic Pharmacopœia, p. 147). On the same page it is stated that though the Indian hemp is considered identical there is a marked dissimilarity between the two plants. Even if grown in India at a certain sea level the action differs. The American (allopathic) Pharmacopœia seems to regard them as identical.) Trans.

CANTHARIS. — This drug like the preceding, is indicated in the acute period; swelling of the urethral mucous membrane, pruritus, burning and excoriating pain. Tenesmus and pain on urination as though from molten metal or a knife, discharge of a yellowish fluid, which is sometimes sanguinolent. Almost continuous erections, actual priapism. This last symptom is characteristic. Extension of pain into the region of the kidneys and to the testicle are also peculiar to this drug. He usually lets this remedy follow cannabis.

The third dilution, three drops in two hundred grams of water, a teaspoonful every two to three hours. If this does not suffice then descend to the mother tincture. The first effect is a diminution of the erections.

(If given too low it easily aggravates and produces not only renal and vesico-urethral symptoms, but also irritation of the œsophagus. This was also remarked by Liebreich when experimenting with the cantharidinate of potash in lupus cases, consumption, etc. The throat feels as if on fire. Yeldham also speaks highly of cantharis, especially when there is a large extent of mucous membrane involved. He occasionally alternates it with aconite. He advises not lower than the first decimal, five drops every three to four hours.) Trans.

COPAIBA. — This remedy is much used by the old school. Nothnagel and Rossbach practically admit that its action is homœopathic in that they state that it will give rise to tenesmus, strangury and hematuria. Inflammation of the urethra with pulsating in the whole penis, yellowish or purulent discharge. Employed chiefly in the subacute stage. The first three dilutions and the mother tincture are his favorite preparations. Aconite and gelsemium are praised by some physicians. (Gatchell recommends gelsemium). Trans.

Under this treatment the disease reaches the second period, that of discharge without pronounced inflammatory symptoms. Here thuya, petroselinum and uva ursi are the chief remedies, though local injections are now the measures chiefly to be relied upon. Though admitting the possible efficacy of the many injections offered, he employs but two; the solution of the sul-

phate of quinine and that of corrosive sublimate. As to the former, he dissolves one to two grams (grs. xv-xxx) in two hundred grams (℥vj 3ij) of water; two injections a day for four days. Then discontinue them for three days and begin again. When the discharge is limited to a few drops each morning (the Morgentropfen of the Germans), Van Swieten's solution diluted with an equal quantity of water is to be prescribed as an injection. The number of injections and the strength of the solution may be varied according to the effect produced. If it persist treat the stricture upon which it (not always) depends.

(I believe that there are other solutions which are equally as serviceable. Hydrastis I have found of value in the subacute stage; the acetate of lead has cured a few cases in a short time for me. One great difficulty with most formulæ is that they are too strong. The solution of permanganate of potash is as innocent in this disease as rain-water and as fully as active. It is highly spoken of by a French writer. He employs it in continuous irrigations of half an hour; so did I without success. Nitrate of silver is a reliable and a standard injection in this stage, but it must be a very weak solution, one-fourth to twelve per cent., as a German writer has demonstrated, to get the best results. I have also found this true. Yeldham also recommends injections, and as solutions those of hydrastis and the diacetate of lead. A solution of cocaine, two per cent., is advised for the tenesmus, or the same strength of the drug incorporated in cacao butter bougies. I have tried these latter and find them tolerated with difficulty. They are too rough for the sensitive mucous membrane. In indolent cases where there is not much pain they are of service. As to the manner of injecting there is a great deal of inexactness, and much mischief has been done by simply giving the patient a syringe and telling him to inject away, and to inject at random as it were. The disease is first situated in the first half to three-quarters of an inch of the urethra, in the fossa navicularis, and is limited to there. It is indeed best kept there. If by injudicious injection as I have often observed, some of the contagious muco-purulent discharge is carried back even into the posterior urethra, nothing but evil results can follow; posterior urethritis with subsequent chronic posterior urethritis, gleet, strictures, spermatorrhœa, prostatic diseases of various degrees and forms and even cystitis. These once established, especially the latter, the kidneys may be secondarily affected. Haupt, a homœopath, of Chemnitz, Germany, gives the following practical rule: Grasp the glans with the tip of the thumb and forefinger, while with the second finger the organ is tightly compressed back of the corona; the syringe tip, well oiled, is introduced, and the solu-

tion injected quite forcibly into the canal. Thus the carrying of infection posteriorly is prevented and the canal is effectually distended, and every fold and crevice reached. An injection of either olive or castor oil before urinating will relieve the tenesmus). Trans.

TREATMENT OF THE COMPLICATIONS.

EPIDIDYMITIS. — This complication is unfortunately frequent, and is to be avoided on account of the atrocious pain and the grave consequences which are liable to follow, as azoöspermia, and even impotence from atrophy of the testicles. Instead of the leeches, vesicatories, emeto-cathartics and the other violent methods of the old school, four principal remedies are employed by the homœopaths, hamamelis, pulsatilla, rhododendron and clematis erecta. During treatment of the gonorrhœa, relative rest and the use of a carefully applied suspensory do much to prevent this complication.

PULSATILLA. — This is the traditional remedy for the acute period of epididymitis. The pathogenesis corresponds to a discharge of a thick gonorrhœal pus with swelling, retraction of one testicle and tumefaction of the spermatic cord. Three to ten drops of the mother tincture in two hundred grams (℥vj 3ij), of water; one teaspoonful every two hours.

(Yeldham, p. 32, mentions a hard, stunning headache as an occasional premonitory symptom of testicular envolvement, and that before any local symptoms supervene. He mentions a case where the epididymitis resembled a scrotal hernia. The pulse is quick, small and jerking; there is shivering, thirst and loss of appetite. The discharge from the urethra generally is greatly diminished, or ceases altogether during the height of the attack. He claims that homœopathic remedies act with wonderful facility in this disease. He looks upon aconite and then pulsatilla as the two chief ones). Trans.

HAMAMELIS. — This remedy comes to us from the American school. Provers experienced violent pains in the testicles, descending along the spermatic cords from the groin. In one prover, Dr. Burt, they were so violent that he was obliged to break off the proving. The indications have been chiefly gathered from its clinical use. It has been observed that this remedy is preferable to pulsatilla when there is much swelling with great pain, and when the pain in the testicle radiates up into the stomach and causes nausea and fainting. Finally, the pain is aggravated at night and during wet weather. It is administered in the same manner as pulsatilla. Some physicians alternate the two remedies.

RHODODENDRON. — The pathogenesis of this drug reproduces

an exact picture of gonorrhœal epididymitis. The testicle is retracted, swollen and painful; the epididymus is particularly painful to touch, contusive pain in the testicles alternating with penetrating pains, swelling and induration of the testicles, especially of the left. This remedy is chiefly employed when the disease has become chronic. Jousset here recommends it to remove the remains of the acute inflammation and prevent subsequent atrophy of the testicle and sterility. The first three dilutions, one drop to a teaspoonful of water, three or four times a day for quite a long time.

CLEMATIS ERECTA. — This drug rests its indications upon clinical experience alone. The first six dilutions. During the acute period, rest in bed, the testicles to be supported upon a cushion. On improvement, when the patient leaves the bed, a suspensory should be worn. In some cases a linseed meal poultice will give great relief.

TREATMENT OF GONORRHŒAL OPHTHALMIA.

Here with this complication the least vacillation or delay may cause the loss of an eye. He instils Van Swieten's solution every hour so that the whole eye is irrigated. Internally, belladonna and mercurius corrosivus, 3x., every two hours. Besides these instillations, irrigation in the intervals with warm water. If, in a few hours, the progress of the disease is not arrested, one should not hesitate to cauterize energetically the mucous membrane with the nitrate of silver and treat the chemosis by incision, if necessary. Though this is not homœopathic, it is the only saving method, as our clinical experiences with remedies in this disease are meagre. Hughes properly observes that this form of ophthalmia from direct inoculation is purely a local affection and should be treated as such. That does not prevent our administering remedies internally. In case of simple gonorrhœal ophthalmia, not due to direct inoculation, aconite in the beginning if the inflammation is very severe, after which it may be alternated with apium virus and ipecac, if the inflammation affect the cornea chiefly; belladonna, in case that the iris is the chief seat of inflammation. It may be alternated with mercurius corr. in the third decimal trituration. Most writers advise instillation of a few drops of a solution of atropine into the eye to prevent adhesions from forming.

TREATMENT OF GONORHŒAL RHEUMATISM.

Homœopathic literature contains but meagre details on the treatment of this complication. Local treatment beyond immobilization in the acute and the actual cautery in the chronic form, is useless. The three chief drugs are aconite, pulsatilla

and sarsaparilla. Aconite is indicated when the inflammatory symptoms are severe. Pulsatilla he thinks distinctly indicated. The indications are well given by Jahr. Sarsaparilla has a number of cases reported in its favor. The high and medium dilutions have been mostly employed. (The iodide of potash is the principal remedy in the old school. Salicylic acid is valueless). Trans.

VACCINATION.

BY HELEN S. CHILDS, M.D.

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

Mr. President, Ladies and Gentlemen of the Society:—Taking into consideration the excitement of the last few months, a few moments may be well spent by this society in the consideration of vaccination, and as children were largely the patients, it may well come under the head of the children's department. Small-pox, like the poor, has seemingly always existed, some writers claiming it to have been known in the time of Moses. Every part of the Old World has been visited by it, and it was transplanted to America about the time of the discovery. It is seemingly not peculiar to any grade of life and is so insidious in its approach that a case is often fully developed before it is recognized. Statistics of the last epidemic in New York place the per cent. of death at between thirty and forty. To overcome a disease so dread, something was sought. Inoculation had been practised in the East prior to 1722, when it was introduced into England and America, the virus of small-pox being used; but while it proved of benefit to those inoculated, it also seemed to spread the disease, so that a law was passed in 1840 in England, making it unlawful.

In 1798, Jenner, after twenty years of experimenting, introduced the use of bovine virus, and Massachusetts was the first State to adopt the use of cow-pox virus in America. Since 1802 until the present time, the different boards of health have sought to protect the public in what seemed to them the best way, whenever the disease has made its appearance, and certainly the method of the work has been in 1894 a great improvement over that of the past.

I think every fair-minded physician will admit that the present Board of Health of Boston sought only the public good when the mandate was sent forth last winter, "that all public school children who had not been vaccinated within seven years should be re-vaccinated." They employed only physicians, graduates of reputable schools of medicine to do the work, and instructed them as follows:

1. Consider carefully before vaccinating a child while it is suffering from any disease.

2. Secure, if practicable, cleanliness of the arm and its covering.

3. The ivory point must be the only instrument used for the scarifications.

4. For primary vaccination make three scarifications three-fourths of an inch apart in a direct line across, and two inches below the top of the arm.

5. For re-vaccination make two scarifications three-fourths of an inch below the first line of scars, or use the other arm.

6. Avoid causing the blood to flow if possible.

7. Make no scarification more than one-eighth of an inch in length or diameter.

8. Dip the charged ivory point in clean water and rub the lymph carefully into the scarifications.

9. Caution the patient against the danger of meddling with or soiling the wound.

10. Vaccination should be done thoroughly in infancy, repeated at ten years of age and immediately after every exposure to small-pox.

11. Re-vaccination at ten years of age may be postponed when the redness of scars or other trustworthy evidence shows that the child has been vaccinated within the previous few months.

That the results following these instructions should have been so severe in many cases proves that the work was not done according to instruction, and in very many cases it was not found practicable to secure cleanliness of surface or covering. Out of 655 cases vaccinated at the Boston Homœopathic Dispensary, coming from any and all conditions of life, there were only eight who needed any after treatment and none which in any way resembled the cases vaccinated by the public vaccinators.

For two months there was a strong stream of cases of septic conditions coming to the dispensary for treatment, coming from nearly every ward in the city, showing that trouble existed in nearly every public place of vaccination. In some cases there were axillary abscesses reaching nearly to the waist line. children came with sores covering the middle third of the arm and penetrating deeply into the muscular tissue. In many cases the incisions (for they did not scarify but incised the arm, at the school where I went to see the work performed) were made too near together, and coalesced, making a large angry-looking wound. Some of the incisions were two inches in length to start with, and by the time they had suppurated well, they were

wounds hard to heal, and affected the glands both above and below the clavicle. I am only speaking of the cases which came under my own observation. The fact of deaths and amputations are too well known to require additional remarks in this paper. I think the results following private work and that performed in the dispensary prove that vaccination properly done, and upon proper subjects, should not be followed by serious after effects. But to take a whole school of children, 700 or 800, class by class and stand them in line, dirty or clean, sick or well, and compel them to submit to the operation, where the hands of the operator are never washed from the beginning to the end of the work; making an open sore in so many cases on a filthy surface, and without bandaging or protection of any kind, allowing (after drying a few moments) the sore to be covered simply by the sleeve, forms a combination which may be anything but what should be expected to secure good results. Between dirt, dye stuffs, washing powder left in the clothes, and virus, a sore of some kind should be made and usually is, and the end of the same is a long way off. There are some cases under treatment now which were made early last winter, and one case which was vaccinated two years ago, is still troubling the child. I think as Massachusetts physicians we should endeavor to have the work done in a more thorough manner. In these days of aseptic treatment such things should not be allowed. Cleanliness should be made practicable before an open sore is permitted. Surely any child attending the public school is old enough to wash the arm which must first be clean. Then after the operation let the arm be bandaged in a clean, decent manner, showing the patient how it should be kept during the healing process; for it is largely when the suppurative process begins that septic matter enters. If vaccination is to be compulsory let decency and humanity be compulsory as well.

The treatment of these cases may be of interest. It consisted largely of thorough cleansing with antiseptics, then dry dressings of boracic acid, aristol, or iodoform. Some cases were touched with arg. nit., some treated with plantago and boracic acid cerate, and bandaged. Ars. and bell. were the remedies most used internally.

STATISTICS prepared for the Budget Committee of 1894 show that the total number of students of medicine in France on Jan. 1, 1893, was 6,470. Of these, 3,624 were registered in the Paris faculty and 2,836 in the various provincial faculties.

HONORS FOR PROFESSOR HENOCH. — The Emperor of Germany has conferred the Order of the Red Eagle, of the Second Class, with the crown and oak leaves, on Professor Henoch who has retired from the chair of children's diseases in the University of Berlin.

HÆMORRHAGE FROM THE GASTRO-INTESTINAL TRACT IN THE NEW BORN.

BY GEO. E. MAY, M.D., NEWTON CENTRE, MASS.

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

The title of this paper was suggested by the case hereinafter reported, but material for the article, other than that furnished by the report, is more scarce than the writer supposed. The subject is not mentioned in the *Cyclopædia of Diseases of Children*, nor in any other works devoted to pædology which have been accessible.

Currier, in *The Annual of the Universal Medical Sciences*, speaks of it as a rare and serious occurrence. Grünfeldt has seen one case only, and that of hæmorrhage from the lower bowel.

The causes ascribed are not well defined. Syphilis, hæmophilia, prolonged second stage of labor, with undue compression, are the principal suggestions regarding ætiology. Pomorski, who reports one fatal case, recounts a series of experiments upon dogs, to show that the accident may result from injury to the vaso-motor centre of the brain.

The following case, to my mind, exhibited at least two unusual features:

Mrs. C., a healthy multipara, on the eleventh of March, after a short, natural labor, gave birth to a well-developed female infant weighing eight pounds. The child gave every evidence of vigor, and for the first twelve hours attracted no unusual attention, having been put to the breast once during that time.

On the following day, the nurse said there had been no evacuation from the bowels, but that the child had vomited quite an amount of dark, tarry substance. On the third day a small quantity of meconium was passed, and there was emesis of what was unmistakably blood at several different times, now fresh and again showing evidence of having been shed for some time.

It was impossible to get the child to nurse, and the hæmatemesis continued at irregular intervals during the next five days.

Ipec., hamam. and china were prescribed separately with no positive effect, although the hæmorrhage ceased on the seventh day.

On the fourth day the child was fed from a spoon, with sterilized milk mixture, two drachms every hour. This food was readily swallowed, but at intervals of four or five hours was vomited in about the same quantity as the aggregate amount fed during that time; diluted beef juice met with the same result, as did predigested milk.

As I have said, there was no hæmorrhage after the seventh day, but there was constant gagging, and food was promptly ejected as soon as a certain amount had accumulated in the stomach. The meconium, of which there were only three dejections, did not differ from the normal.

Death occurred on the sixteenth day, no food having apparently been absorbed from the alimentary canal, although some nutrition may have been derived from frequent inunctions of sweet oil. The body was, of course, extremely emaciated.

Autopsy, at which Dr. Sylvester kindly lent assistance, eight hours after death: — Heart, lungs, liver, spleen and kidneys apparantly normal. The gastro-intestinal canal nearly empty, about one and one-half ounces of greenish meconium in a nearly fluid state, being contained in the large and small intestines. The stomach was, perhaps, slightly dilated, but otherwise normal. The duodenum, or rather its upper portion, presented the most interesting features — at the point of entrance of the common bile and pancreatic ducts, and extending downward for half an inch, the lumen of the gut was so narrow as to barely allow the passage of the tip of a common hairpin, and the head of the pancreas was intimately adherent, as though a part of the wall of the duodenum at this point. Above this narrow stricture the duodenum widened and assumed the shape of a secondary stomach, being about one inch wide in the middle by about one and three-forths inches in length, measuring to the pylorus.

No evidence as to the origin of the hæmorrhage appeared in any place, the mucous surfaces being, so far as could be seen, entirely intact, and the blood vessels showing no signs of congestion or dilatation.

Death was evidently due to inanition from the stricture preventing the food passing to a point in the intestine whence any considerable portion could be absorbed. The hæmorrhage also contributed toward the fatal issue.

The following features of the case seemed to the writer unusual:

1. The occurrence of hæmorrhage, with absence of any undue compression or injury during labor. No symptoms of hæmophilia, usually showing at the umbilicus, if anywhere. The most plausible theory of cause being vaso-motor disturbance.

2. The duodenal stricture due to some freak in development.

THE National Homœopathic Medical College, Chicago, which institution was refused official recognition by the state board of health a year or two ago, and which endeavored to prosecute itself to recognition in the courts, has been formally and officially recognized by the state board and is now on equal footing with the older Homœopathic colleges before the law.

A FEW FACTS ABOUT HUNTINGTON'S CHOREA.

BY ELLEN L. KEITH, M.D., WESTBORO INSANE HOSPITAL.

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

A disease can scarcely be called a new one that has been handed down from father or mother to son or daughter for several generations, yet it has been left to the physicians of these later years to recognize and name the condition now known as Huntington's or hereditary chorea. Neither is it a common disease except in certain localities. Though its victims are apt sooner or later to find their way into some insane hospital, the first case in this hospital, recognized as such, was not received till last April, (1893.)

The patient was a woman, age thirty-one years, whose peculiar symptoms attracted notice at once. In talking she kept her lips nearly closed and speech was very indistinct, but if requested she could articulate fairly well. She could walk with support, but was reluctant to try, and when she did she threw her legs about in an unusual manner. She said she thought she might have chorea as her mother had died of it. On reporting her symptoms to the Superintendent, he suggested that we might have a case of Huntington's chorea, and had better investigate her family history. When an opportunity came to inquire, the statement was made that her mother, her mother's father, some of her uncles and aunts and many others in earlier generations had had the same disease for years and died of it, and that some were now living in Vermont in the same or worse condition than hers. I have tried recently to obtain a definite history of the family but have not been very successful.

The reply to my last request for information, however, brought out one important feature of the disease quite emphatically. I had carefully prepared a blank that I hoped to have filled in by the maternal grandmother of my patient, and I quote her letter.

"You wanted me to write and let you know something about that disease. *It's incurable. I never knew it to be cured.* I feel very sorry that L—— is so bad off. I wish you could be so lucky as to help her." Signed A. B. Rather more explicit information came from another source to the effect that the husband of this lady died of the disease at the age of 60, having had five children all of whom exhibited symptoms of the disease. Three have died between the ages of 43 and 50, each having suffered from chorea and mild insanity for about ten years. How many generations back of these three it has existed I have been unable to learn. It is said that if it once skips a generation it seldom reappears in the next.

Its most characteristic features are its commencing in adult life, its hereditary nature and its utter incurability so far as is now known.

The patient who has consented to come before you to-day has not changed very much in the past year and in walking she has improved a little. Her mental faculties are weakened and perceptions dulled, but she has never shown any delusions excepting a strong dislike to her stepmother, of whom she was fond until a few week before admission to the hospital. Her special senses are normal as are the organs of digestion and circulation. Respiration is diminished especially in the left lung. She has a few peculiar symptoms, as for example, when asked to close her eyes, does so by closing the lids with her fingers; opens her mouth by drawing the lips apart; and extends her tongue slightly and draws it in quickly or else holds it out with her fingers. The reflexes are exaggerated especially the knee jerk. The only thing of which she has complained since admission was the exertion of going up and down stairs three weeks ago, when we began to have her go to a watched ward to sleep. She said it hurt her, especially to come down stairs. After having her assisted, and even carried for three days she was removed to the upper ward to stay till we were satisfied as to her condition during sleep.

It is said to be an unsettled question whether the choreic movements continue during sleep. In order to test the point with this patient she has recently slept in a watched ward with her bed directly beside the night nurse, who reports each morning, that three or four different times during the night, when she is apparently sleeping very soundly, she throws either her arms or legs to one side and keeps them in motion for some time. A hand is often thrown above her head and the fingers moved for four or five minutes by the watch. The tremors are largely under the control of the will and can be stopped for a short time, as in walking, patient may take a few steps naturally and then lose control, and a lurch is made and she looks in danger of falling.

The disease is one of adult life showing itself oftenest between the thirtieth and forty-fifth years. It began in this patient at about twenty-six. Authorities differ as to its being more prevalent in men or women, and the pathology is also questionable, owing to the fact that the disease is of such long duration before death occurs that gross changes are found both in the brain and cord, and it does not seem probable that these have been the cause of the disease.

Dr. Karl Stoerk has been made Ordinary Professor of Laryngology in the University of Vienna.

SULPHUR IN A CASE OF DESQUAMATIVE ALBUMINURIA.

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

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

In a case of scarlet fever characterized, after the fifth day, by a large and well-sustained appetite, even for the simplest of food, no albumen had appeared in the urine up to the eleventh day, but on the fourteenth day a paroxysm of rapid and labored action of the heart suggested another examination of the urine. Albumen was found in considerable quantity, one-sixth of one per cent., say; the coagulum from boiling with nitric acid occupying about one-sixth of the volume of urine after fully settling. Desquamation upon the hands and feet had been in process for a week, though it had not appeared otherwheres till now. The angina faucium had been quite severe in the initial stage of the fever, but since that time nothing had occurred to interrupt a very smooth journey through the disease. The patient, a lad of seventeen, had very little sense of sickness after the angina had disappeared, and sat up in a chair most of the time after the fifth or sixth day. No medicine had been given since that time.

But with this labored heart action and the presence of albumen in the urine, it seemed desirable to do something to make more sure a happy conclusion of the case, and I could think of no remedy better indicated for it than sulphur, though for this the indications were not many. There was comparative lack of outcry on the part of the general organism in the presence of a threatening foe, for which lack I always think of sulphur; there was the very large appetite and the palpitation. He received one dose of sulphur 200 on his tongue at 10 A. M. The next morning, I could not be sure that there was a trace of albumen in the urine, upon boiling it with nitric acid. But on the second morning there was a trace, and there continued to be small but increasing amounts for four days, when I found, beside, quite large crystals of uric acid in the form of red sand.

These continued to be found, together with albumen, till the twenty-first day when, guided by indications of seminal weakness, in addition to symptoms already named, I prescribed one dose of phos. 200. The red sand did not appear the next morning, nor at all afterward during the sickness, but the albumen was more abundant, and on the second day after the phos. a mixture of all the urine passed through the night showed a large increase of albumen, the coagulum filling one-fifth of the space occupied by the urine in the test-tube. Another examination in the P. M., showed a still further increase, if anything, and the patient was showing a tendency to lie more of the time on his bed.

I now gave him another dose of sulphur 200, and the next morning a mixture of the night's urine showed only the slight-

est precipitation of albumen under the test. This trace disappeared within a few days, and no further medication was required until two or three months later, when, observing that his urine was high colored and sandy, after considerable physical exercise in hot weather, a test was made, a little albumen found, and he again received sulphur 200 with the same effect as before. That was nearly three years ago. I have repeatedly made tests of the urine since without finding albumen, though sometimes finding uric-acid sand. He has had no sickness since.

The patient's diet during the fever was almost exclusively bread and milk during the first ten days, after that eggs were allowed to some extent. Much water was drunk. The urine was never scanty, on the contrary it was rarely less than two quarts during the twenty-four hours, and the color and specific gravity were good. The body of this report is a transcription, with merely verbal changes, of a record made at the time, except in the matter of the latest use of sulphur after convalescence, which is related from memory.

I have chosen to call this a case of desquamative albuminuria rather than nephritis, from the fact that no microscopic examination of the urine was made whereby it could be known whether the pathology had passed beyond that of renal hyperæmia or not, and also because the rapid disappearance of albumen under the medication would seem to render it probable that it did not become a case of true nephritis. Two other things are equally probable, however, that an arrest of the hyperæmia, if such it were, alone prevented nephritis, and that had the case become one of nephritis before sulphur was exhibited, that remedy, with possibly a little help from phosphorous, would still have proved a sufficient medicine.

PROGRESS IN SURGERY.

BY NATHANIEL W. EMERSON, M.D., BOSTON.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

The attempt to make any satisfactory report upon the progress in surgery is so difficult, that it is with considerable diffidence that the writer of this one offers it to the Society. One may read ever so extensively, and know many things both great and small; yet is he bound to carry away strongest impressions from those subjects in which he is particularly interested; and insensibly he gives undue importance to those topics which his own experience has made of special interest to him. In the minds of those whose studies have led them into other and perhaps more diversified direction, this will detract from the worth of what is offered; so that this paper is presented with the full

understanding that it makes no endeavor to cover the whole, or even a large portion of the field of surgical progress during the past year. Were such an attempt to be made, the value of the paper would be materially lessened by its unavoidable length. I have rather preferred to take up certain subjects which at the present time are under discussion, and by no means settled; yet which are of the utmost importance to the surgical world of to-day.

The general tendency of all operative efforts is to gain a quick recovery. Anything which will make the critical stage following an operation shorter, and hasten permanent relief, is eagerly welcomed. In abscess cavities, for instances, where we used to be content to evacuate by incising, washing out and draining, with the subsequent tardy convalescence, we now endeavor to go further than this. If possible, we curette freely, cutting away the necrosed tissue, thereby forestalling its breaking down into pus; and, after thoroughly cleansing such a cavity, by the absorbable suture we bring the walls together, and attempt to gain an immediate union. This frequently succeeds in certain forms of fistulæ, or in abscesses of limited extent in soft parts, and is a distinct improvement over the older methods.

Carbolic acid may yet again play an important part in surgery as, very recently, Lister has come to its support. Perhaps his most notable claim for it is that cleanses the skin more thoroughly than any germicide as yet brought into use. His authority in all matters pertaining to antisepsis is so great that anything he favors is certain to obtain consideration; and while, personally, I see no reason for its re-establishment, the profession at large may renew its allegiance to this disagreeable antiseptic.

Experiments upon the lungs have been extended from animals to men, and a few successful cases have been reported where a portion of lung tissue has been excised. These operations are, however, only suggestive as yet. But when one considers the enormous advances that have been made in certain directions which were formerly considered beyond the possibility of operation, even the limited successes thus far recorded must stimulate to farther effort. No operation has thus far been advised which receives general acceptance; but I venture to predict that continued work along the lines now being developed will finally result in well accepted operations upon lung tissue.

Not much has appeared recently as to the relative merits of tracheotomy and intubation, but much has yet to be written before their true relationship will become clearly established

My own preferences are rather in favor of tracheotomy, since, theoretically, it appeals to me as the better operation. A case has lately been reported where, following intubation in an adult, fatal œdema of the larynx occurred after the extraction of the tube. This brings up a phase of intubation which, so far as I know, has been very little discussed. The introduction of the tube into a larynx which is almost occluded by infiltration would seem likely to cause sloughing by pressure. Also the pressure of the tube would seem to aggravate the degree of intra-laryngeal inflammation, and increase the possibility of succeeding œdema. But as few reports of such cases have been made, the conclusion is drawn that this is a theoretical rather than a real objection. It has also seemed to me that the published reports of cases of intubation, up to the present time, were more favorable than they will be in the fuiure, if this procedure shall be extensively practised. Intubation is resorted to in a large number of instances where tracheotomy would be deferred to a later stage; and some of these would have recovered, probably, without any interference; whereas tracheotomy is usually the last resort, and is often delayed too long. Many more cases would, doubtless, recover if the operation had been undertaken earlier in the progress of the disease; and better statistics could now be compiled, if the operation were not so often deferred until the patient is actually *in extremis*. This is especially true in diphtheria.

Some years ago in treating this same subject of Surgical Progress, the statement was made by the writer that Wyeth's bloodless amputation was, perhaps, one of the most notable improvements then made in surgery. A more extended experience with this operation seems to confirm this judgment; and it is now accepted as the safest method of performing this operation. The latest statistics show the following results: Total number of operations for diseases, thirty-seven, with five deaths; a mortality of 13.51%. Total number of operations for injuries four, with four deaths. Total number of cases operated upon forty-one, with nine deaths; a death rate of 21.95%. Statistics by other methods show a mortality of 47.1% in civil practice. Several attempts have been made to improve upon the operation advised by Wyeth, as, for instance, that of Senn; but I have been unable to find enough reports of cases operated upon by Senn's method, to form a comparison.

The experiments of Coley upon cancer by inoculation with erysipelas are most interesting and promising. The best results in this form of treatment seem to have been obtained in sarcomata and in some forms of carcinomata. But these results are only promises, and no definite rules of treatment have yet been

introduced. Some cures seem to have resulted; probably the coming year will add much to the knowledge of this difficult subject.

It would seem as if the abdominal cavity had received such attention that little remained to be accomplished; yet, as a matter of fact, no branch of surgery at the present time is receiving more consideration than certain operations in the abdomen. Only two or three years ago, the removal of the appendages for various diseased conditions seemed to be an operation which had received a fixed status. But now, on many sides, this operation is entirely condemned, unless we go the one step further, and remove the uterus with the appendages,—although the former may be entirely healthy, or only diseased because of the condition of the ovaries or tubes. It is true that removal of the appendages does not give, in many cases, the marked and permanent relief which has been claimed for it. A deplorable feature of the subject in its present stage is that so many surgeons now admit that they fear they have done the operation unnecessarily. That is poor surgery, no matter at what time, or by whom it is done; and must, inevitably, lead to the consideration of the reasons for removing the appendages. As I look back over my own cases, now attaining to a quite considerable number, I do not hesitate to say emphatically that I do not recall a single one where I could have avoided removing the diseased parts, according to the knowledge then existing. Whether it would have been better to have removed the uterus, also, in a large number of those cases, I very seriously question. Whether this will be the accepted procedure for the future, no one can positively state. When the removal of the appendages first began to be extensively practised, and had received the impulse of the great authority of Lawson Tait, the same emphatic claims of the benefits to be derived from this operation were then made as are now being put forth for the total extirpation of the uterus. The operation is a comparatively new one and, although very extensively practised today, a sufficient period has not yet elapsed to determine what the subsequent and far-reaching results may be. Do not understand that I mean to intimate that this operation may not do all that is claimed for it. I simply mean to state that our experience is, as yet, too limited, and that the true position of this operation as an established surgical procedure has not yet been ascertained. Theoretically, it has much to commend it; but also, theoretically, there is much to be said against the removal of any organ of the body which is not in itself diseased. Undoubtedly, one cause which has led to the disrating of the operation for the removal of the appendages is that it is many times

an easy operation; and has, consequently, been often performed by those who will never gain the necessary technique to successessfully perform the much more difficult operation of total extirpation.

Where uterine fibromata and the various forms of cancer of the uterus are under consideration, a much more satisfactory aspect of this same subject presents itself. In conditions of fibrosis the operations now gaining favor are far and away ahead of the older methods. The older operations largely treated the stump outside of the peritoneum, and were long and tedious. It has always been a marvel to me that they were borne so well, and that the mortality was, comparatively, so small. The uterine stump was forcibly dragged to the surface, forcibly supported there, and the subsequent dessication and removal of that portion of the stump remaining above the ligature was a tedious process, always fraught with danger from sepsis. The rubber ligature has frequently escaped into the abdomen or into the bladder, while the operation as a whole was a clumsy affair. In the present operation the ligation of the uterine and ovarian arteries takes the place of the rubber ligature, and the subsequent removal of the fibroid becomes practically a bloodless operation. Whether the uterus, in its entirety, should be removed or amputated through the cervix, and the remaining portion of the cervix converted into an intra-peritoneal stump, appears to me an almost fruitless discussion, since there is no question, in my mind, that one method is eminently preferable in a certain class of cases, and the other in another class. And in the judgment of the experienced operator there will be little hesitancy which method to choose in each individual case.

To illustrate: In a recent case of a single, symmetrically developed fibroid of the uterus, weighing about eight pounds, the whole uterine tissue was so involved that there was no line of demarcation between the body of the uterus and the cervix. By the older methods it would have been a rather difficult matter to have made an extra-peritoneal stump. By the newer method it would have been a too nice distinction to have determined what portion of cervix to leave as an intra-peritoneal stump; while the indications were clear that the whole organ should be removed: which was accordingly done.

In a still more recent case, the uterus consisted of a mass of fibromata, each one of which could be easily enucleated from its surroundings, and each one of which was distinct and freely movable apart from the others, the normal uterine tissue being exceedingly lax. The uterus proper was made up of sixteen of these growths, each developed from an independent center,

besides five others varying in size from a hen's-egg to the head of a child at full term. These had so dragged upward the whole uterine mass by pressure upon the inclined planes of the pelvis that the cervix was drawn out longer than one's middle finger, and was correspondingly diminished in diameter. The evident indication here was to amputate through the cervix, and to treat that portion of the cervix remaining as an intra-peritoneal stump. This was done. In both cases a rapid and uneventful recovery resulted.

The claim that it is better to preserve the floor of the pelvis by leaving a portion of the cervix, must still be declared unproven, because a sufficient time has not elapsed in a sufficient number of cases to declare that this is true. Theoretically, I believe that the cicatrix resulting from the stumps of the broad ligaments and the severed vagina contains sufficient textural strength to support the remaining parts in proper position, so that a prolapsed vagina will rarely occur. If it be true that prolapsus will frequently occur after total extirpation through the abdomen, with how much more force must it be true that removal of a prolapsed uterus through the vagina because it is prolapsed will not afford protection against subsequent descent of the vagina. The value of the resulting floor of the pelvis after total extirpation by any method has not yet fully been determined. Thus, you perceive, some unsatisfactory points in connection with these operations still remain for further discussion.

As the benefits to be derived from the use of electricity in treating fibroids, little has been determined during the past year. Positive assertion on the one hand, and equally positive denial on the other prove nothing and lead to no helpful results. The burden lies upon the advocates of electricity to present a series of cases showing complete cures or undoubted improvements; until this is done, those who uphold the various radical operations have the best of the argument.

In conditions of cancer of the uterus the indications are more and more accurately defined, and at the present time the weight of opinion is, undoubtedly, in favor of total extirpation in preference to any palliative measures. Again, in these cases the lines are very materially narrowed, and we know that total extirpation is entirely useless unless the diseased condition is so confined to the uterus itself that it can be entirely removed. If the disease has progressed sufficiently far outside of the uterus to affect any adnexæ, or material portions of the vagina, removal of the uterus will not stay its advance, and we can only palliate. To my mind, these operations upon the uterus for the various diseased conditions to which it is subject, mark

the most important advances in the surgery of the present year.

From the number of cases reported, it would seem that in gangrenous strangulated hernia, resection of the gut gives better results than artificial anus. From the cases of artificial anus collected, the mortality is 80.7 per cent, while in 222 cases of immediate resection the mortality is 48 per cent.

In exudative peritonitis the intra-peritoneal injection of sterilized air has been advised, and if the claims of this method can be substantiated, it will become of some considerable value.

In conditions of intussusception an excellent definition of certain methods of treatment has recently been determined. It has been found that this accident most often happens to the colon; it has also been found that the colon is accessible by way of the anus through its whole extent. We all know that the high injection of water is one of the most valuable means of relief to this condition, but just how much water to inject and how much pressure was exerted by the water injected, has been a matter of individual opinion.

At the meeting of the pædiatric section of the N. Y. Acadedy of Medicine, on Nov. 9th, Dr. W. E. Forrest strongly urged against resorting to cœliotomy until injections had been thoroughly tried. He had instituted a series of experiments which impress me as giving results of value. First of all, the bulb syringe is not a safe instrument to use, since we have no idea of the amount of pressure exerted by it. He had found that a pressure of eight pounds to the square inch could be borne, and that one of six pounds was entirely safe. Any pressure from above tends to increase the difficulty, because invagination is from above downward, but any pressure from below tends to relieve it; since water exerts an equable pressure in all directions, if the seat of invagination can be reached by it from below, and the pressure can be determined within safe limits, the ideal method of relief is established. The pressure should be slowly and steadily persisted in for at least half an hour before being abandoned, unless the confining portion of the bowel is dilated, and also the invaginated portion is pushed upward. He advised the use of the fountain syringe in all cases. The tube should be wound about with cloth and form a cone at its lower part, in order to occlude the anus. By experiment, he found that each time the reservoir was lifted two feet four inches, a pressure of one pound to the square inch was developed at the outlet; consequently the bag should be gradually raised twelve or fourteen feet. This should be done within twenty-four or thirty-six hours of the onset of the attack. After that, peritonitis with adhesions, and the development of soft spots in the intestine rendered pressure by this means unsafe. He had

used this method in five cases, being successful in four. It therefore seems a method worthy of attention and trial.

A certain progress has been made in the management of all forms of appendicitis. A large number of cases have now been operated upon, and those who operate are more and more winning adherents to their way of thinking. When the operation was first generally advised, the opposition to it was of great weight. Gradually, however, the indications for the operation have become more and more defined, and the skill in diagnosis and proper interpretation of the symptoms present in this condition has gradually improved. This is as it should be. Very likely the intense opposition which this operation has brought out has forced more rapidly a determination of the final position which it is destined to occupy. Each year sees a better definition of the individual symptoms of appendicitis, and I have no doubt that eventually the indications for interference will be as clearly defined and as fully accepted as are the indications for any other capital operation. Personally, I feel strongly that no case should be allowed to die without the effort to save it by the operation, since the mere opening of the abdominal cavity, under proper conditions, does not add anything to the danger. I know that I have had one case, which had been pronounced hopeless, recover by means of the operation, and I believe that many others will do the same. The discussion of this subject has refined itself much in the last two years, until now it is universally accepted that the presence of pus demands operation. Also, in many cases, the effort is now made to get the patient over the acute attack, not with any hope that there will be no recurrence, but with the defined intention of having the operation at some time of election. This, of course, brings up a nice point for decision; but if the appendix is diseased, it should be removed, and better at some time other than during the acute attack.

At the present time the most interesting discussion of all phases of this subject is going on the current medical literature and very little of it could be spared. Few topics have ever been more exhaustively treated than appendicitis. Each individual gives his personal experience, with the conclusions drawn therefrom, and while undoubtedly many erroneous statements are made, yet every one who writes adds something towards the settlement of this much vexed question.

ATTENDING PHYSICIANS IN THE PARIS HOSPITALS. — There are 88 physicians, 44 surgeons and 9 accoucheurs in the services of the various public hospitals of Paris. Attached to the Central Bureau are 18 physicians, 14 surgeons and 4 accoucheurs. There are 16 consulting physicians and 9 consulting surgeons, making a total of 202.

SOCIETIES.

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THE WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting was held in the parlors of the Y. W. C. A. Building on Wednesday, Aug. 8th, 1894, at 10 A. M., President E. D. Fitch in the chair.

The records of the last meeting were read and approved. There being no further business, the meeting was given in charge of the Bureau of Diseases of Women and Children, Dr. D. B. Whittier, of Fitchburg, chairman.

The Doctor opened the session with a few remarks upon the reporting of cases which should fairly represent the contributor's practice. He said, "The report of a well treated case, however common or easy of management, verifies the efficacy of some drug and shows commendable ability in the physician who diagnoses and prescribes for it. The converse is true. There are misapprehensions of the law and misapplications of drugs, which can but eventuate in defeat and possible disaster, but we must realize that no man can know but a fraction of the medical art. There should, therefore, be no hesitancy in presenting defective work, since the helpful criticism and suggestions of others may open the way to ultimate success."

Dr. N. R. Brown read the first paper, on "Meddlesome Midwifery," advocating the use of forceps in all cases of prolonged progress, the paper calling forth much discussion.

The next paper, by Dr. G. R. Southwick was closely followed, the subject being "Successful Treatment of Salpingitis without Operation." The writer began his paper by saying he believed many women are needlessly operated upon, while many even with appropriate treatment will not be cured without operation. Among other things, he said success in treating pelvic inflammation is gained more by a careful, gentle touch, all harsh manipulating of sore places being avoided, than by the use of some particular application, tampon, or instrument. Wool tampons are preferable, but if too irritating to some, especially nervous patients, a thin layer of cotton may be placed around the wool, two or three small tampons being preferable to one large one, these being placed against the inflamed areas instead of being packed tightly and crowded against the vaginal vault. The best way of introducing the tampon is with the patient on her left side, with the hips raised, clothing loose about the waist. She must keep the most careful watch over herself as any indiscretion will undo months of treatment. Women suffering from salpingitis are pale, anæmic, constipated, and in a semi-invalid condition, so that the first requirement is to build up the gen-

eral health by a generous diet in addition to internal medication, which is invaluable. Bell., coloc., merc. prot., platina, pod., sepia, being the most helpful, with local treatment of ichthyol, a ten per cent. solution in glycerine. Ichthyol in vaginal suppositories, either alone or combined with bell., hyd., sang., or boracic acid being helpful in cases which cannot have as frequent or regular treatment as required. The doctor reported cases which had fully recovered, that is, disappearance of all pain, tumefaction and the numerous symptoms attending the disease. He closed by exhibiting diagrams of the cases reported, showing the relative size and position of the parts before and after treatment.

The meeting adjourned till two o'clock, at which time Dr. Southwick's paper was discussed, many practical suggestions and points being gleaned from the numberless questions answered by the genial doctor.

Dr. E. R. Miller gave on excellent paper on the "Treatment of Inevitable Abortion," followed by a warm discussion.

The closing paper, by Dr. D. B. Whittier, was in three portions, *a*, cervicitis; *b*, pre-natal medication; *c*, cysto spasms with reflexes. The second portion of the paper dealt with every-day facts as physicians see them, and their evil results. I quote from his paper the following:

"Hahnemann recognized the law of heredity, and was one of the first to suggest medication to eradicate or lessen its pernicious results. The physician who does not find in it an antagonist worthy of his steel does not possess the acumen demanded by the nineteenth century. We all believe in hereditary influence, and yet to little purpose, since we assent to the principle that like produces like, but make little effort to change the likeness when bad. We see many abnormalities in parents that we dislike to see reproduced in their offspring, and yet are silent observers of this blight on mankind. A glance serves to reveal the long series of dyscrasias proceeding from physical immoralities, and occult psychical disturbances casting a shadow over the race from birth to grave.

"Blighted or arrested development, a perverted appetite, muscular and nervous famine, glandular atrophy, narrow shoulders, thin chests, indefinable cerebral impairment, pelvic lesions acquired and entailed in women, with marital sins and venereal diseases in men, all augment perniciously in the offspring.

"Behold the multitude of children from five to fifteen squint-eyed or with impaired vision, spectacled like their grand-sires, spindle-legged and rickety, deformed in various ways; should these reach adult life, the offspring of this generation is sure to be more poorly equipped for life's struggle than the parent.

"We shall not fail to be a nation of invalids till the search-light of scientific and intelligent investigation is brought to bear upon heredity. It has been demonstrated by experience, but to a far too limited extent, that predispositions to infirmities and disease can be modified by pre-natal medication.

"The remedies most commonly prescribed, the administration to be governed by well-known indications are the calcareas, sulphur, mag. phos., iodine and its compounds, thuya, mercury, phos., sepia. The experience I have had in this line enables me to make this statement terse and bold. I had rather have the opportunity to treat the child for the first six months in utero, than the six years following birth.

"Physicians neglect to advise their patients in pregnancy to avail themselves of medication, promising not only great benefit to mother and child during gestation, but emancipation from years of suffering and weary watching."

The paper was but little discussed, owing to the lateness of the hour. It was voted to hold the annual meeting at Fitchburg. This closed the business of the day. The meeting adjourned at 5 P. M.

AMANDA C. BRAY, M.D., *Sec'y.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

A special meeting of the Section of Mental and Nervous Diseases was held in Foxboro, Sept, 18, 1894.

By courtesy of Dr. Marcello Hutchinson, Superintendent of the Massachusetts Hospital for Inebriates and Dipsomaniacs, the Boston Homœopathic Medical Society and homœopathic physicians of the State were invited.

The train leaving Park Square at 11 o'clock had on board thirty-eight of these physicians, and arrived in Foxboro at about a quarter past twelve. Omnibuses were in waiting which carried the party to the hospital. We were met by Dr. Hutchinson to whom we were introduced by the Chairman of the Section, Dr. N. Emmons Paine. After a few moments delay the Society proceeded to the spacious dining-room where a basket collation was served, coffee and sandwiches being provided for those who could not bring lunch.

After luncheon the Society was admonished by Dr. Paine to "keep in a bunch" and the procession headed by Dr. Hutchinson started out on a tour of inspection. The kitchen was first visited, then the storerooms, engine-house and laundry were inspected. The party then spent considerable time in the broom-shop where about twelve patients were employed. Several

dormitories were visited, and some time spent in the gymnasium, where a dozen or twenty men were exercising.

The Society again repaired to the dining-room, this time to listen to an address by Dr. Hutchinson. He first gave a brief outline of the history of the institution, and advised us of the method for the admission of patients, which is like that of commitment to an insane asylum. All cases are committed for a period of two years, yet can be discharged in a shorter time by vote of the Board of Trustees.

The speaker then treated of inebriety and dipsomania as a disease, giving points in regard to its heredity and acquirement. The pathology of the disease is as yet poorly understood, while the symptoms are familiar to all.

The treatment consists in placing the patients under restraint, with the immediate removal of all alcoholic stimulants. Symptoms are treated as they arise, usually all drugs being dispensed with after a few days. The patients, as soon as they can be trusted, are placed upon the parole, *i. e.* given certain privileges and liberties which they promise not to abuse.

As the hospital has been established so short a time, anything in the line of statistics must, at best, be imperfect. Yet Dr. Hutchinson believes that a cure can be effected in fully twenty per cent. of the cases treated. An almost indispensable requisite to the cure of this disease is a desire to be cured on the part of the patient.

A large number of questions were asked the speaker by members of the Society.

After Dr. Hutchinson had concluded, Dr. Paine spoke for a moment or two, after which the secretary of the Society made the following motion which was carried by unanimous standing vote.

Resolved, That the Boston Homœopathic Medical Society hereby thanks the Board of Trustees and Dr. Marcello Hutchinson, the Superintendent of the Massachusetts Hospital for Dipsomaniacs and Inebriates, for the courtesies of its reception, and for the pleasure and profit afforded to all members of the Society.

We left Foxboro at 4.40, arriving in Boston at 5.40, the members of the Society having spent an exceedingly pleasant and profitable day. J. EMMONS BRIGGS, *Sec'y.*

THE Cincinnati College of Medicine and Surgery has been affiliated with the University of Cincinnati under the title of the Medical Department.

NEW WOMEN PHYSICIANS. — Fifty women have received the degree of Doctor of Medicine at the Commencement of the Women's Medical College of Pennsylvania.

GLEANINGS AND TRANSLATIONS.

SLOW PULSE.—According to Dr. D. W. Prentiss (*St. Louis Surg. and Med. Journal*) the causes which produce slow pulse may be classified as follows:

1. Diseases or injuries to the nerve centres, producing either irritation of the pneumogastric or paralysis of the sympathetic (accelerator) nerves of the heart.
2. Diseases or injury of the pneumogastric nerve, increasing its irritability.
3. Disease or injury of the sympathetic nerves of the heart, paralyzing them.
4. Disease of the cardiac ganglia, by which the influence of the pneumogastric nerve preponderates.
5. Disease of the heart muscle (degeneration), whereby it fails to respond to the normal stimulus.
6. The action of poisons, as lead or tobacco, either on nerve endings or centres. The poison generated in salt fish. Also the poison of certain febrile diseases, algid pernicious fever. Another possibility is malaria poisoning.

THE COLLODION COTTON DRESSING. — Dr. P. Biedert (*Wien Med. Blætter,*) calls attention to the fact that collodion adheres more firmly to the skin when it is applied over a very thin layer of cotton. By the application of several layers of cotton and collodion, large areas of integument may be covered. In cases of small wounds, especially those of the hands, this dressing is very useful. It may also be employed to hold small dressings in place. The interposition of splints between the layers of collodion cotton, strengthens the dressing and makes it serviceable for immobilizing the smaller limbs. It may also be used to hold a catheter in position. This is done as follows: After introduction of the catheter a thread is tied to the end and a few layers of the collodion cotton applied over the thread around the catheter; both ends of the thread are then fastened to the penis in the same manner. — *Medical Times.*

FEEDING OF INTUBATED PATIENTS. — In 1878 Dr. N. Emmons Paine, then a member of the staff of the Middletown State Hospital for the Insane, solved the problem of feeding patients who, through various delusions or forms of paralysis, refused or were unable to swallow food of any kind; the method he resorted to being that of inserting a piece of soft rubber tube of sufficient length (a long catheter being used at first) through the nares into the stomach, and then, by means of a Davidson's syringe, injecting a suitable quantity of concentrated nutritious fluid. This method has been employed ever since in that insti-

tution for supporting all cases in which feeding by the mouth is found impracticable, and become generally used in other institutions. — *Exchange.*

THE USE OF ERYSIPELAS TOXINES IN THE TREATMENT OF MALIGNANT DISEASE. — The July number of the *American Journal of the Medical Sciences* continues the account of observations of this plan of treatment, and gives the following conclusions:

1. The curative action of erysipelas upon malignant tumors is an established fact.
2. This action is much more powerful in sarcoma than in carcinoma.
3. This action is chiefly due to the toxines of the erysipelas streptococcus, which may be isolated and used with safety.
4. This action is greatly increased by the addition of the toxines of bacillus prodigiosus.
5. The toxines, to be of value, should come from virulent cultures and should be freshly prepared.
6. The results obtained from the use of toxines without danger are so nearly equal to those obtained from an attack of erysipelas that inoculation should rarely be resorted to. — *N. Y. Med. Journal.*

REVIEWS AND NOTICES OF BOOKS.

INTERNATIONAL CLINICS. Edited by Judson Daland, M.D., J. Mitchell Bruce, M.D., F.R.C.P., and David W. Finlay, M.D., F.R.C.P. Vol. II. Fourth Series. 1894. Philadelphia: J. B. Lippincott Co.

The special features of this popular work are so well known that no words of introduction are necessary. The present volume certainly is well fitted to maintain the enviable reputation made by its predecessors. Forty-four contributions are found in this number, one from Germany, two from France, nine from England, and the remainder from American sources. Among the contributors may be found the names of E. Grawitz, John B. Hamilton, Henry T. Byford, G. M. Lefferts, F. G. Lydston, M. D. Mann, C. K. Mill, Mundé, Roswell Park, T. Pickering Pick, C. H. Ralfe, John B. Roberts, B. Sachs, R. H. Sayre, Skene, Solis-Cohen and Allen M. Starr.

The contributions are grouped under the headings, I, Medicine; II, Neurology; III, Surgery; IV, Genito-Urinary and Venereal Diseases; V. Gynæcology, Pharyngology, Rhinology and Otology; VII, Dermatology. These contributions treat of the usual variety of subjects, and many rare cases are described as

well as those of more common occurrence. Among the rare cases is one described by S. Solis-Cohen, M.D., of "Akromegaly," illustrated by photographs, in which thyroid medication gave relief to some of the symptoms. A case of "Ataxic Paraplegia," related by Robert Saundby, M.D., presented an array of unusual symptoms. An excellent lecture on the treatment of "Exophthalmic Gôitre by Thyroidectomy," in which it is claimed that seventy-five per cent. of such cases can be cured by the operation, is given by B. Farquhar Curtis, M.D. A valuable lecture on "Dysuria," is contributed by Chas. H. Ralfe, M.A., M.D., and another on "Diabetic Affections of the Eye," by Wm. O. Moore, M.D. As would seem to be the case in actual practice, the results of mechanical and surgical treatment loom up brilliantly when compared with the results medicine has to offer.

Among the lectures on subjects connected with general medcine may be mentioned one by Prof. Potain, of Paris, on "Maladies with which Typhoid Fever May Be Confounded," in which the importance of a dicrotic pulse and tumefection of the spleen as points characteristic of typhoid fever is insisted on. The disease is carefully differentiated from forms of gastric fever, grippe, pneumonia in old people, acute tuberculosis, typhus, certain cases of syphilis and gonorrhœa, acute nephritis, pyæmia, angiocholitis, cholecystitis and intermittent fever. In a lecture on "Idiopathic Enlargement of the Heart," Dr. Robt. Babcock speaks highly of the efficacy of saline baths administered after the Schott method, as carried out at Bad-Nauheim. The latest knowledge concerning the several varieties of leucocytes, their behavior towards re-agents, and the methods of studying blood may be found in a study of "Splenic Leukæmia," and in a lecture by Dr. E. Grawitz on "Hæmatological Investigations in Sepsis and Allied Conditions."

The value of such a work to the general practitioner and to the specialist needs no emphasizing.

MACROBIOTIC OR OUR DISEASES AND OUR REMEDIES. By Julius Hensel. Phila.: Boericke & Tafel.

It seems hardly possible that such a book as this could have been written so near the end of the present century. It is certainly a "radical departure from the prevailing ideas and theories held by men of science," too great a departure in fact to be read with any sympathy or to enlist serious consideration. It is founded on the idea that "chemistry can solve the apparently most difficult problems by simple numbers and equations," and diseases are resolved by the author into simple physical and chemical processes. One reads on p. 2 that medical science

has made no progress because "medicine has haughtily refused to admit to its study any scholars but such as come from the *gymnasia*," while other professions reinforced "from the ranks of scholars in the *realschulen*" have advanced with giant strides. Hensel was educated in a *realschule*, hence the advanced views enunciated in his book. He ascribes "the origin of internal diseases to a *diminished electric force*" and tells his readers almost in the same breath that "the children's catarrh, called diphtheria . . begins with stagnation of the blood in the thymus gland, whence the products of the putrefaction of the albumen of the blood are spread with their infecting force over the whole vascular system," the liberation of ammonia from the stagnating blood being the cause of all such "catarrhal affections."

One reads on p. 9 *et seq.* that "small-pox has its origin in the contents of the lymphatic system, *i. e.*, in the lymph . . . it particularly attacks children that are given diluted cow's milk instead of the natural mother's milk." "Children may be effectively protected against small-pox by giving them salted milk, which is also efficacious in chlorosis."

Apropos of consumption one reads "all kinds of consumption depend on inadequate respiration and insufficient nutriment."

Therapeutic advances are as radical and unique as are the physiological and pathological. It is stated that "since our vital force can only become active through the combustion of nerve-oil, it is plain that fresh nerve-oil must be periodically procured in order that the lamp of life may continue to burn." ——"There are two universal medicines which make impossible the spread of most of the acute diseases, — namely vinegar and Glauber's salts."

It may comfort some to know that Hensel considers the modern "germ theory" childish doctrine. It may comfort others to know that he quite emphatically considers Schüssler's tissue therapy useless, imperfect and erroneous. It would be a great and decided comfort to all honest adherents of homœopathy could such parasitic excrescences as Schüssler's therapy, Count Mattei's electro-homœopathy, Hensel's physiological earths and remedies, Humphrey's, Hilton's and Munyon's homœopathic specifics, etc., be "quietly, speedily and permanently" removed.

A Syllabus of Lectures on the Practice of Surgery. By N. Senn, M.D., Ph.D., LL.D. Philadelphia: W. B. Saunders. 221 pp.

As a sort of index to all the facts connected with the cause, course, recognition and treatment of surgical diseases and con-

ditions this little book is admirably adapted. It is arranged chiefly in conformity to the "American Text-Book of Surgery," but Prof. Senn's ingenuity and wide experience have been drawn upon to remedy weak or defective points. It will, undoubtedly, prove useful to both teachers and students of surgery.

ATTFIELD'S CHEMISTRY. Fourteenth Edition. Chemistry, General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. By John Attfield, M.A., Ph.D., F.I.C., F.C.S., F.R.S., etc. 794 pages. Cloth, $2.75; leather, $3.25. Philadelphia: Lea Brothers & Co. 1894.

If the success of a work can be measured by the number of its editions Attfield's Chemistry can lay claim to unexampled popularity. The author has evidently clearly discerned the needs of students of medicine and pharmacy, as well as those of physicians and pharmacists. He deals with the science of chemistry and with the chemistry of every substance having interest for the followers of medicine and pharmacy, devoting to it such space and detail as is indicated by its practical importance. The present edition contains such alterations and additions as seemed necessary for the demonstration of the latest developments of chemical principles and the latest applications of the science to medicine and pharmacy. It has been brought into thorough conformity with the new United States Pharmacopœia.

ESSENTIALS OF REFRACTION AND THE DISEASES OF THE EYE. By Edward Jackson, A.M., M.D. ESSENTIALS OF DISEASES OF THE NOSE AND THROAT. By E. B. Gleason, S.B., M.D. Second edition. Revised. 124 Illustrations.

These two parts are in one volume.

ESSENTIALS OF ANATOMY. By Charles B. Nancrede, M.D. Fifth edition.

ESSENTIALS OF MINOR SURGERY, BANDAGING AND VENEREAL DISEASES. By Edward Martin, A.M., M.D. Second edition, revised and enlarged. 78 Illustrations.

ESSENTIALS OF BACTERIOLOGY. By M. T. Ball, M.D. Second edition. 81 Illustrations. 5 plates.

ESSENTIALS OF PHYSICS. Prepared especially for students of Medicine. By Fred J. Brockway, M.D. Second edition.

ESSENTIALS OF THE PRACTICE OF PHARMACY. By Lucius E. Sayre, Ph. G.

The six volumes above mentioned belong to the famous series of Quiz Compends published by the enterprising firm W. B. Saunders, of Philadelphia. Some of them have already

appeared in several editions, Nancrede's "Anatomy" now being in its fifth edition. They are all arranged in the form of questions and answers, the questions being selected with special view to emphasizing the salient points of the subject considered, and the answers being as concise and explicit as is consistent with the objects of the publications. The popularity of the series bears strong testimony to the fact that the authors and compilers of the various volumes have a keen appreciation of the desire of the medical student to obtain the greatest amount of reliable information in the smallest possible compass. The volumes are presented in a uniform, attractive and durable form.

THE CARE AND FEEDING OF CHILDREN. By L. Emmet Holt, M.D., New York: D. Appleton & Co. 50 cents.

This little manual consists of a series of questions and answers for use chiefly in training-schools for nursery-maids, but it may also prove of great service to mothers, since it deals with such practical subjects as the bathing, clothing, nursing and weaning of children, the nursery, teething, sleeping, walking and certain emergencies as convulsions, croup, swallowing foreign bodies, etc. About one-third of the book is devoted to the all important matters of diet and feeding. The style of the book is such as to impress essential points on the mind of the reader.

THE NURSE'S DICTIONARY. By Honnor Morten. Philadelphia: W. B. Saunders.

This is an extremely useful little book, containing brief descriptions of terms such as a nurse is likely to come across in the performance of her duty. It is small enough to be carried in a pocket. It is to be noticed that in addition to brief descriptions of diseases may be found the traditional treatment of the same.

The October number of the POPULAR SCIENCE MONTHLY closes the forty-fifth volume of one of the most useful periodicals published in this country, a periodical that invariably offers something of practical interest to the medical profession. In the current issue, Prof. James Sully in the third of his contributions on "Studies of Childhood" takes up the "Questioning Age," giving a word picture of the curious gropings of a child's mind for knowledge. "Some Lessons from Centenarians," by Dr. J. M. French, are drawn from the mode of life of two hundred persons of this class. An anthropometric study of "The Half-Blood Indian" is contributed by Franz Boas, and will prove interesting reading to the morphologist. "Funeral Customs of the World," by J. H. Long, presents a curious collection of the

habits of various peoples concerning the disposal of their dead, which will be of service to sanitarians. Other articles of more general interest are found in the number. Published by D. APPLETON & COMPANY. New York.

LIPPINCOTT'S MAGAZINE for October contains its usual excellent variety of stories, essays, anecdotes and verses. Among the best of these are Gertrude Atherton's famous "Rivalries of Woman," portraying the women who have been famous as dramatic artists of history; David Graham Adee's "Ballad of the Drum," including a telling anecdote of the last meetings of Hamilton and Burr before the final tragedy; and an article authoritative and interesting, particularly to the lovers of rare porcelains, on "Japanese and Chinese Porcelains," by Laburo Arai. The remarkable and rapid progress of telegraphy as told by George J. Varney in his "Telegraphy up to Date," also deserves mention.

MISCELLANY.

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DR. JOSEPH GRUBER has been made ordinary professor of otology in the University of Vienna.

DR. MALASSEZ has succeeded Charcot in the chair of Pathological Anatomy in the University of Paris.

THE SMALLEST ON RECORD. — A baby was recently born in a small Connecticut town which, if reports be true, rivals anything of the kind yet reported from Chicago: "The parents are Swedes. The father is employed by a farmer cutting the timber, and weighs about one hundred and ninety pounds. The mother is a stout, healthy woman, weighing perhaps one hundred and sixty pounds. The child is a male, as perfectly formed as a babe can be, and on its birth weighed only eight ounces. Its face is about the size of a horse-chestnut. A ring worn on the little finger of its mother was easily slipped over his foot nearly up to the knee. It is the opinion of the attending physician that the child will live. The child is so small that three of its like could play hide-and-seek in a cigar-box." — *Ontario Med. Jour.*

THE FIRST DISPENSARY. — In an account of the development of the Hospital Sunday Fund, the *Lancet* relates the story of the establishment of the first dispensary. "In 1696, an instrument was signed by the President of the Royal College of Physicians, most of the Elects, Senior Fellows and Candidates, declaring that "no method hath been taken to furnish the poor with medicine for their cure at low and reasonable rates," and subscribing sums of money to be "expended in preparing and delivering medicines to the poor at their intrinsic value." Notwithstanding "the vigorous opposition of a few men who thought it their interest to defeat so laudable a design," a dispensary was erected in Warwick Lane "being an apartment in the College set up for the relief of the Sick Poor," and managed for many years with integrity and disinterestedness. It was of this that Dr. Grath wrote

"There stands a dome majestic to the sight
And sumptuous arches bear its oval height;
A Golden Globe placed high with artful skill
Seems to the distant sight a Gilded Pill."

—*Boston Med. and Surg. Journal.*

PERSONAL AND NEWS ITEMS.

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DR. PERCY W. ROBERTS, class of '94, B. U. S. M., has located at Bath, Me.

DR. VIRGINIA F. BRYANT has removed her office to 280 Boylston St., Boston.

DR. HARRIET A. LORING has removed from Brockton to 2 1-2 Main St., Springfield, Mass.

DR. J. K. CULVER has removed her office to 13 Arlington Street, near Boylston Street, Boston.

DR. CLARA M. SWEET, class of '94, B. U. S. M., has located at 2 Maple St., Springfield, Mass.

DR. GEO. W. ROBERTS has removed to "The Strathmore," Broadway and 52nd St., New York City.

DR. CHARLES L. FARWELL, class of '93, B. U. S. M., has located at 384 Cambridge St., Allston, Mass.

FOR *Important Notice* from the office of the Board of Registration in Medicine, see page 3 of advertisements.

DR. HENRY L. CLARKE, class of '84, B. U. S. M., has changed his location from Westfield, Mass., to Wellesley Hills, Mass.

DR. SOUTHWICH resumes his private clinics in Practical Gynecology for physicians next month. Classes limited to four members.

G. A. SOUTHGATE, M.D. and R. W. Southgate, M.D. have opened offices at No. 2 Commonwealth Avenue, Boston, Mass. Office hours, 9 A.M. to 4 P.M.

IT is in order for classmates of Dr. Simeon O. Pilling to congratulate him on his newly-acquired paternal dignities. Date, Sept. 16th.

DR. WALDO H. STONE has opened new consultation rooms at the corner of Orms and Mulberry Sts., Providence, R. I. Associated with him for the coming year is H. Clinton Crocker, M.D., '94, B. U. S. M.

DR. W. H. PHILLIPS, late resident physician of the Children's Homœopathic Hospital, Philadelphia, and who has been associated in the Repertory to the Guiding Symptoms, has located in Thomasville, Ga., and will give his attention to diseases of the lungs and throat.

FOR SALE. — Residence, good will and practice in the city of Albany, N. Y. The location is the best in the city, value of the premises, $23,000, of which one-half can remain in the form of a mortgage at 5 per cent. A desire to retire from active practice is my only reason for presenting this offer.

H. M. PAINE, 105 State St., Albany, N. Y.

THE tenth anniversary of the Calcutta Homœopathic Charitable Dispensary was held on Saturday, the 28th of July, at 5.30 P.M., Mr. Kali Choran Banerjee, M.A., B.L., President, was in the chair. The Executive Committee re-appointed Mr. H. N. Dutta, M.A., B.L., as honorary secretary for a term of five years. Sir, the Commandeur, Dr. D. N. Banerjee, then delivered an address. The honorary secretary then submitted the annual report of the year 1893–94, which was adopted. After a vote of thanks to the chair the meeting separated.

FRIENDS and classmates of Dr. Martha A. Sheldon, B. U. S. M., '88, will rejoice to know of her greatly improved health, but will regret the fact that she is on the eve of returning to her post in Pithoragarh, (in the Himalaya Mts.) India, where she has already served so long as medical missionary. Dr. Sheldon's enthusiastic interest in her work has not been diminished by years of hardship, and her reliance upon homœopathy is shown by her remark "the sicker the patient the closer I stick to pure homœopathy." Our best wishes follow the Doctor on her return journey.

THE

NEW-ENGLAND MEDICAL GAZETTE.

No. 11. NOVEMBER, 1894. VOL. XXIX.

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

EDITORIAL.

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A MONUMENT TO HAHNEMANN.

As certainly should be well known to all readers of the GAZETTE from the frequent references to the fact made in these pages a spirited and commendable effort is being made, and thus far successfully made, to obtain funds wherewith to build a suitable, artistic and enduring monument in commemoration of that great benefactor of mankind, Samuel Hahnemann. For the benefit of those who may have allowed the facts to slip from their memories it might be stated that at the meeting of the American Institute of Homœopathy in Washington, in 1892, it was moved by Dr. J. H. McClelland "that a committee be appointed to consider and report upon the subject of erecting a monument to Samuel Hahnemann." Such a committee was appointed, and two days later (Thursday, June 16th), made a unanimous report which was accepted and its recommendations adopted. At the great Jubilee Meeting of the Institute held in Denver, in June, '94, the gratifying sum of $12,840 was added to the amount previously subscribed, making the total amount contributed about $20,000. This sum is a sufficient guarantee of the interest and enthusiasm of the members of the Institute in the subject, and assuredly warrants the committee on the monument taking definite action in the matter. Doubtless, this committee will be able to report satisfactory progress to the Institute at its meeting in Newport, in '95. The Institute, therefore, stands pledged to accomplish its assumed task, and to make

adequate public acknowledgment of the debt it owes the Founder of Homœopathy is now not only its privilege but its duty. That duty will surely be honorably and willingly performed.

Reference to this matter would be uncalled for at the present time, but for the fact that a plea has recently been made to abandon the cherished plan and to substitute for it the establishment of a "College of Provers." This plea is found in an editorial in our highly esteemed contemporary, the *Southern Journal of Homœopathy*, The plea referred to closes with the following paragraphs:

"We would be much pleased to hear from our readers generally on this subject of building a living memorial to the memory of Hahnemann, in preference to one that is simply, at our present stage of incomplete pathogenetic knowledge, an ornament.

"A college of provers would indeed be a living monument to Hahnemann; a monument whose usefulness would be incalculable. Let us first honor our medical prototype by developing the fullest pathogenetic possibilities of which he could have dreamed, and then, having done what we can for science, let art assist us in developing the æsthetic side of our homage, and erect an image to the memory of him whose living work we honor more than we do his dead body. Shall we have a Hahnemann College of Provers?"

The GAZETTE accepts the quoted invitation to express an opinion on the subject, and begs leave to say that in its opinion the proposed monument is not intended to honor the "dead body" of Hahnemann but to stand as a public expression of profound appreciation of the *work*, and the widespread beneficent influence of the *life*, of the great Medical Reformer.

Our contemporary's attitude towards the proposed statue is shown by the use of such terms as "mineral effigy," "a 'great stone face,'" "stone image," "useless effigy," "mineral monument," "dead monument," and by the following arguments:

"We can not unite with the idea that a monumental effigy is the highest honor that can be paid a man by his fellows; we do not think it is. Which, think you, is considered of greater honor to George Peabody, by resident and by visitor, by educated and by illiterate, the magnificent library and school of music by which Baltimore is honored, or the bronze statue that sits in the square within a hundred feet of the great conservatory of art? Johns Hopkins has no statue, but what statue does he need beside his great hospital? With the hospital the statue would sink into insignificance; without the hospital it would be meaningless."

In this connection it might be suggested that Hahnemann was not a great banker, neither did he own real estate or railroad

stock with which to endow a large medical library or an immense hospital or medical school. He was more familiar from long experience with the pinchings of poverty than with the luxuries of affluence, but he instituted for the benefit of mankind a medical reform that has been the means of saving thousands of lives, and it is for the purpose of testifying to their appreciation of this great fact that grateful hearts in and out of the profession are united. Although the project originated in the profession, the language of the testimonial should be such as can be easily understood by the laity since they have been appealed to for contributions. A "dead monument" may bear living and "speaking" testimony to the honor and affectionate regard in which a great man is held; and such a monument erected in Washington, the capital of the country wherein homœopathy has had unrestricted opportunities to demonstrate its usefulness, would become an object of interest that would stimulate thousands of minds to make investigation into the merits of the system originated by the man thus honored by his followers, would be a source of pride to those already convinced of the value of homœopathy, and would bind still more closely together and increase the enthusiasm of those who, by united effort, had succeeded in making such public avowal of their allegiance. A statue or monument that would thus appeal to the people could never be looked upon as a "dead monument" or "useless effigy."

Our contemporary urges the erection of a "living monument." The report made by the Committee of Organization, Registration and Statistics at the last meeting of the Institute contains conclusive evidence of the existence of many such monuments. The report claims that "there are now in the United States, five national, one sectional, thirty-three state and seventy-eight local homœopathic medical societies; twenty-seven homœopathic clubs, two miscellaneous homœopathic medical societies. There are now under homœopathic management forty-nine general hospitals and fifty-seven special hospitals, with a total capacity of 7,921 beds; 47,334 patients have been treated at these hospitals during the year. The death rate was 3.7 per cent. There are also fifty-seven homœopathic dispensaries, which have treated during the year 185,267 patients and have given 459,925 prescriptions." There are now in existence in the United States 20 medical colleges devoted to giving special instruction in homœopathic materia medica and therapeutics; and from these colleges have graduated more than ten thousand physicians. Text-books, periodicals, tracts, etc., exist almost without number.

A point not to be lost sight of in this connection is the fact that the profession and laity of the entire country have never before been united in an endeavor to raise money for a specified

object. Those experienced in such matters have found that people need to be educated or trained to giving pecuniary evidence of their interest in any project. To ask for contributions sufficient to endow a college of provers from those inexperienced in the art of giving would be to invite, if not insure, failure. It would be like trying to walk before one could creep. Let, however, a success be made of a comparatively small task and the confidence thus engendered will go far toward making a perfect success of a greater undertaking.

It is suggested by our contemporary that Hahnemann, who "detested profession without practice," would consider himself more highly honored by the establishment of a college of provers than by the erection of an extravagant "ornament," but that he could appreciate even simple tokens of esteem and confidence is shown by the following extract from a letter quoted by Dr. Bradford in his "Life of Hahnemann" now appearing in the "Homœopathic Recorder."

"COETHEN, 6 February, 1835.

"TO THE GALLICAN HOMŒOPATHIC SOCIETY.

"*Gentlemen and Honorable Brothers:* — I have at this late day received your letter of the 12th of May, 1834. I am profoundly affected by the sentiments that you have so kindly expressed towards me and which you have in such a delicate manner shown through your honorable secretary. I accept with pleasure the title of honorary member transmitted to me by the diploma and by your letter, and beg of you to accept my sincere thanks for your graceful attention."

The GAZETTE would most heartily endorse any legitimate movement looking towards the establishment of a college of provers. It recognizes the necessity for continuous and intelligent labor in the recently somewhat neglected field of materia medica. It has frequently urged the adoption of improved methods of drug-proving and of scientific methods of analyzing, or estimating the value of, the provings already made. It joins its contemporary in urging the construction of a scientific foundation for homœopathy by perfecting our knowledge of drug pathogenesy. In all probability, however, generations will pass away ere the perfection of knowledge of drug pathogenesy is reached, and this generation can hardly wait for that time to come before giving evidence to those present and those to come of its respect for and admiration of the man who has done so much for it.

The American Institute of Homœopathy stands pledged to honor Hahnemann in a particular way. Let the good work go on!

EDITORIAL NOTES AND COMMENTS.

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APROPOS OF HYPNOTISM a would-be wonderful Story for the benefit of poor obtuse humanity is told in the *Century* for October. The Story is told by Dr. Ernest Hart, editor of the *British Medical Journal*, whose visit to America a year ago and whose paternal instructions in medical ethics are still fresh in mind. The Story is interestingly told, and its title possesses the telling qualities of the catchy headlines of the daily press. "The Eternal Gullible" is sure to attract attention, and being published in so popular a periodical as the *Century* is sure to secure thousands of readers. The Story tells of the experiences of a professional "subject" who for a series of years was "operated" upon by "hypnotizers," "mesmerists," etc. Having served in this capacity for so long a time that there was danger of his being recognized by audiences, he found his occupation gone, and "for a consideration," we are told, placed his business correspondence in the hands of, and told the story of his life to, the ungullible editor of the *British Medical Journal.*

The introduction to the Story contains certain comments, suggestions and statements which certainly were intended to make a definite and lasting impression on the minds of its readers. For instance, in the opening paragraph hypnotism is classified among the "intellectual fungi," and belief in it is said to be an effect of that "chronic disease of the human mind," gullibility. The paragraph is here quoted in full that the evident trend of the article may be noted.

"That genial old skeptic, Montaigne, summed up his criticism of life in the terse aphorism, "L'homme se pipe." Man cheats himself even more than he is cheated. Gullibility springs eternal in the human breast; in the evolution of the race other feelings and beliefs wither away like organs which have lost their use; this alone abides with us an inalienable birthright. In the immortal words of Robert Macaire, "Tout passe; mais les badauds ne passeront jamais." In the "eternal gullible," which is a primary constituent in the nature of "this foolish-compounded clay, man," lies the whole secret of the success of quackery of all kinds. This chronic disease of the human mind is subject to periodical exacerbations under the influence of what appear to be pandemic waves of credulity. At the present moment we are passing through such a phase of occultation of common sense, and hypnotism, spiritualism, telepathy, "spookism" in its various manifestations, Mahatmism, Matteism, and intellectual fungi of a like kind, flourish in rankest luxuriance in the minds of men and women, some of whom in other respects give evidence of more than average intelligence."

Recognizing his danger of overreaching, Dr. Hart proposes to "prevent misconception," and actually acknowledges "the physical facts," and offers an explanation of the phenomena of hypnotism, all of which goes to show how unprejudiced he is and how thoroughly and sympathetically he has investigated the entire subject, and how simple it all is. It may seem to some a trifle inconsistent, however, to acknowledge the facts of hypno-

tism and to explain them scientifically in one paragraph and in the next to speak of hypnotism as "this *ignis fatuus*," and to declare "that without specially trained 'subjects' hypnotism could not exist." Quotations are made from these paragraphs in order to present the matter in Dr. Hart's own words:—

"To prevent misconception, it may be well for me to repeat here that I do not deny the physical facts of hypnotism and its heteronyms. It is the interpretation of them, put forth by some hierophants of the cult, that I consider erroneous. I fully admit that, under the influence of certain psychological stimuli, persons whose nervous system is ill-balanced, or at best in a condition of "unstable equilibrium," readily pass into a state which we may, if we choose, call 'hypnotic sleep.' . . . . I think there can be no doubt that the condition is mental and purely subjective, but there must also be a pathological co-efficient on which the susceptibility of the patient to the so-called 'hypnotic influence' depends. As to the nature of this co-efficient, or of the condition which it underlies, we are at present in the dark; there are, unfortunately, still some riddles in medicine of which the solution has yet to be discovered, and this which we call 'Braidism,' or 'hypnotism,' is to that extent one of them. However, we are at least sure that there is nothing miraculous or preternatural about this condition, no 'magnetism,' no 'effiux of will-power,' no added function of the organism or new power of mind—unless it be the credulity of those who accept them as signs and wonders. The hypnotist counts for nothing in the matter, except as an object inanimate or animate affecting the imagination of the subject, who is always self-hypnotized.

A chief obstacle in the way of the scientific investigation of hypnotism is the difficulty of finding any solid footing in the quagmire of error, self-delusion, and downright imposture in which this *ignis fatuus* of the human intellect lives and moves and has its being. Even in the hands of medical men of high character the proportion of truth to mere error is as Falstaff's half-penny worth of bread to his intolerable deal of sack. . . . . The fact is that without specially trained 'subjects' hypnotism could not exist. Even Charcot had to put his chief subjects through a long course of training to fit them for his public displays at the Salpêtrière."

The story itself is then offered to the reader whose mind presumably has been properly prepared for it. Something like twelve columns are required to "unfold the tale," and the tale when told is simply this:—that a youth of the appropriate temperament was induced to go into training which resulted in his becoming a "professional subject." He disciplined his stomach to tolerate castor-oil, mustard, cayenne pepper, ipecacuanha, etc.; trained himself to drink paraffine mixture and "vile concoctions," and to eat tallow candles, cigarettes, raw onions, etc., was taught to go to sleep, to laugh, cry, smoke tallow candles, play fireman, and *do* oil-drinking, needle, catalepsy and all other tricks. During an exhibition he allowed a doctor to stick a pen-knife into his arm, and at another time into his leg. During his experience he put six bonnet-pins through his cheeks, and succeeded in abolishing or inhibiting the conjunctival and other reflexes. He went about the country as a salaried member of travelling "companies," and by his cleverness was able to "fool" at one time or another, numberless doctors; in fact, he "found some of his most confiding dupes among members of the medical profession." One of these, a demonstrator of physiology in a London medical

school, seems to have been peculiarly gullible and to "have paid a good deal of money for the imposition practised upon him." Not so, however, with Dr. Hart, for whose special benefit the "youth" and two of his professional brethren gave a private "show." Dr. Hart says, "The impression left on my mind by L's performance was mainly a feeling of wonder that so vulgar and transparent a piece of trickery should ever have imposed on any one."

The moral drawn from the tale is that "'Suggestion' often acts more powerfully on the operator than on the subject," and the majority of observations of hypnotic phenomena are vitiated by the unreliability of the "subjects." This idea is emphasized in the concluding paragraph, which being the utterance of so exceptional an authority is quoted in full.

"While, however, admitting as I have already said, that hypnotism is a reality, I repeat that the great bulk of the 'phenomena' described by observers reputed to be 'scientific' is founded on imposture. What is true in hypnotism is not new,—for it is only old-fashioned mesmerism masquerading under a newly-coined Greek name—nor is it of any practical use to mankind. The 'cures' attributed to its agency are exactly similar to those wrought by 'faith-healing,' when they are not altogether imaginary."

There are certain extraordinary features connected with this Story which naturally attract the attention of the medical reader. For instance,

1. A medical man notorious for his teaching of high ethical principles, doubtless "for a consideration" utilizes a popular literary periodical for the purpose of instructing the laity concerning a professional matter which has not yet been settled by the profession itself.

2. He takes advantage of the occasion to ridicule a "demonstrator of physiology in a London medical school," in short, a reputable colleague.

3. He classifies, inadvertently it is to be hoped, the late Prof. Charcot with impostors who have to "train their subjects."

4. He affirms positively concerning a subject which is still under experimental investigation.

5. He unqualifiedly condemns the use of suggestive therapeutics, and claims that it is of no practical use to mankind.

An essay on hypnotism and its uses is not in place at the present time, but it is in order to make a plea for justice toward those earnest and honest investigators who are devoting time and energy to the patient study of phenomena which are not tricks; who are seeking an explanation of these psychic phenomena, and who hope sometime to find an explanation, and hope with some show of reason since the history of the human race is not yet completed.

If through the legitimate use of hypnotic suggestion chronic

invalids who have long resisted the most scientific and regular treatment attainable can be made well, if sufferers from excruciating pain can be given relief, if the excited and delirious can be soothed and quieted, if surgical operations can be safely and satisfactorily performed, and such things have been accomplished, by "suggestion" alone, without the use of anodynes, hypnotics, ether, chloroform or any dangerous drug, then it may be stoutly claimed that hypnotism instead of being as Dr. Hart declares a thing of no "practical use to mankind" is in reality a great blessing to mankind.

The cause of "suggestive therapeutics" should be actively championed or sternly condemned only by those made competent to speak on the subject by the possession of actual knowledge gained by personal experience and impartial investigation. But quite apart from any consideration of hypnotism, or of the gullibility of humanity, humble and modest members of the profession question the ethics of constituting one's self the oracle of medicine and attempting to educate (?) the laity by delivering an emphatically adverse judgment, in a popular magazine, on a subject which is receiving the attention of eminent members of the profession and which is as yet far from settled.

NAVAL SURGERY has been reduced to very simple principles. At least such would seem to be the natural and legitimate conclusion to be drawn from the exceedingly graphic description found in the *Army and Naval Journal*, Oct. 13th, of the "great battle" between the Chinese cruiser Yang-Wai and the Japanese vessel Metsuchima in July last. The description is given by a young Englishman who was supervising engineer on the Chinese cruiser. The surgeon was the only other white man on board the Yang-Wai. The account of the fight itself is extremely thrilling, but the description of the main deck as it appeared after the fight is so näively realistic, so picturesquely vivid, and so satisfactorily brief as to excuse reproduction.

"On the main deck was the worst of all. It was simply a lake of blood fully an inch deep in the shallowest part. Writhing in this and floating in the deeper parts were heads, arms, and legs, with here and there the fragment of a man still alive tangled among the fragments of timber and steel torn from the cruiser's sides and decks."

Continuing his narrative the supervising engineer says, "As soon as the vessel was out of danger from the shells of the Japanese gunboats, the surgeon and I, with a corps of the surgeon's assistants, set about clearing up the terrible mess on the main deck.

"Whereever we found a man hopelessly wounded, the surgeon gave him instant relief from his agony. He carried an atomizer filled with prussic acid, and as soon as his hasty examination of a hopeless case was finished, he sprayed the poison into the man's mouth and nostrils. The dying men craned their necks forward eagerly in their desire to escape from the torture they suffered. There were very few of the wounded who were not put out of their misery by the surgeon's atomizer."

It is the last sentence in the quotation that shows how uniquely simple, thorough and economical a treatment was followed by the surgeon. Such treatment does away with the necessity for maintaining large hospitals at the expense of the nation; it requires no large corps of nurses; asepsis and antisepsis have no place in it; by it weary weeks of tedious convalescence are not forced upon the wounded, and unsightly cripples, battered heroes, are not turned loose on the community to harrow the sympathies of the tender-hearted public, or furnish objects for support by poverty-stricken relatives. The general adoption of this method of treatment would make it unnecessary for those intending to become naval surgeons to attend a four year's graded course in a medical school, for they could be taught to use an atomizer in less time.

There are indeed many excellent points suggested by the paragraph quoted above, but the simplicity of the surgical treatment is chiefly to be commended. It somewhat forcibly calls to mind the words of the famous Dr. Rush, of Philadelphia, "medicine is an art that multiplies diseases and increases their mortality."

THE MODERN IDEA OF FOOD presents certain amusing peculiarities which suggest that man is more distinctly omnivorous than he is usually credited with being "even by his bitterest enemies," that is, if the heterogeneous display now to be seen at the World's Food Fair, in Boston, may be considered a fair representation of the modern idea. A recent visit to the Fair gave rise to the opinion that the goat was after all a nearer relative of man than has been heretofore believed, and that the goat's penchant for tin cans and old boots may have been contracted through his intimate association with man. A Food exhibition may legitimately include canned vegetables, meat extracts, soups, preparations of cereals of all sorts, baby foods, "substitutes for mother's milk," fruits, preserves, jellies, confectionery, crystallized egg, flavoring extracts, spices, "groceries," dried meats, dessicated fruits and vegetables, condensed and concentrated milk, or as they were called in Sherman's army "desecrated vegetables and consecrated milk," and such things in endless variety.

But a Food Fair that includes in its exhibit such articles as soap, jewelry, perfumery, shoe-cleaners, glove-cleaners, dentrifice, electric kindling wood, medicines for rheumatism, catarrh and kidney troubles, indelible ink, grapho-phones, phonographs, kinetoscopes, germ annihilators, silver polish, microscopes, fans, canes and Turkish fancy goods, fire extinguishers, grocer's scales, show cases, etc., suggests among other things that the physiologist and physician have many things yet to learn in dietetics.

That the quick-witted merchant thoroughly appreciates the true value of chemical and medical terminology is shown by his invention of such pedantic but euphonious terms as "cleanora" and "piefiline," which find conspicuous places among the other foods exhibited.

COMMUNICATIONS.

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MELANCHOLIA.

BY C. SPENCER KINNEY, M.D., MIDDLETOWN, N.Y.

[*Read before the Homœopathic Medical Society of the State of New York, Sept.* 26, 1894.]

In this paper we will consider the general character of melancholia, and incidentally touch upon three forms commonly found. It must be remembered that the general symptoms may begin in about the same manner, but develop and branch out in the early part of the disease in directions not easy to foretell, although the ultimate result of the disease may be prognosed in many cases with considerable certainty. Whether or not the disease is going to be acute, chronic or resistive will depend upon the nervous predisposition of the patient, and this fact makes the course of the disease uncertain.

In the treatment of nervous diseases, one is confronted with about the same degree of doubt as in the treatment of an old soldier; it is not safe to be too positive in one's statements. A family weakness may present as great a difficulty as an old trouble that had its origin in the prison pen of Andersonville.

The physical and mental symptoms we find in melancholia are as follows:

Physical Symptoms. — Cerebral congestion, neck generally erythematous; head feeling empty, dull, as if it were dead, had lost all sensation, that it was filled with water; headache generally frontal; when located in back of head and neck and accompanied by throbbing along the spine, there is usually a history of sexual excess, or an emotional strain has been the exciting cause of the disease; appetite variable — it may be good, fair, or food may be refused altogether; digestion im-

paired in all cases, and in such cases of death as we have been able to examine, the whole intestinal canal has been found to be dryer than usual.

In cases of long standing in which there has been much wasting, this condition of dryness exists in all organs. Flatulence is common, slow motion of heart, cold hands or feet, restlessness, tremulousness, sleeplessness, starting at the slightest noise.

The patient feels as though electric shocks were going through him; twitching of muscles or groups of muscles, which symptoms are aggravated by the patient thinking of his condition; coated tongue, foul breath, pupils changeable, and lax condition of the muscular system and skin. The skin is dry and harsh, frequently exfoliating for months at a time unless extraordinary precautions be taken in the bathing and oiling of the body of the patient.

In several instances in which the mental strain has for some time been intense, convulsive attacks may occur, in which the patient will throw himself in a manner that would be impossible for him when in the best of physical training; — turning somersaults on, off and under the bed, about the floor or grounds or wherever he may happen to be; — jumping about and snapping the jaws together like a dog. Such are the usual forms of this manifestation. These peculiarities come on suddenly, without any warning whatsoever, and are followed by a pronounced fatigue, with a confused recollection of what has taken place.

In all cases in which these conditions have arisen, the disease has been of long standing; the patient much given to worry, and the outcome has at times appeared uncertain, yet they all eventually recovered and retained their health. Another peculiar feature is that, although these attacks appear dangerous, yet to my knowledge no injury has ever resulted.

Mental Symptoms. — Depression of spirits; perversion of emotions; sympathy and love for relatives and friends lost, (and these are unable to be awakened by any ordinary means;) indifference to association; depression leading to attempts at suicide; the patient watches his symptoms closely and exaggerates their importance, believing that no case in the world was ever just like his. He believes that he has committed the unpardonable sin, that his presence in the world is a menace to others; he refuses food on various grounds, — that his people are too poor to pay for it, that it is wrong to eat, that God tells him he must not eat, that the food belongs to another, and he uses every effort to reject the food when attempts are made to compel him to eat. He quickly adopts ideas from others that he thinks apply to his own case; and with all the strength of

his disease-perverted will power refuses to accept any other view of his situation than that which he believes to be the true one. In this his egotism is unapproachable. Sameness of thought and expression is the rule. The patient has an indisposition to exercise. He believes that he is dead and that nothing passes his bowels, and it is useless to attempt convincing him of his error. The logic of facts, as supported by the senses, fails. Frequently he will state that his memory is good, that his judgment is unimpaired, and that everthing is all right, with the exception of his own future hopelessness. There is considerable truth in the fact that his judgment may be good, also the memory, for several instances have come under our observation in which confirmed cases of melancholia, with strong suicidal tendencies, unable to be left alone with safety at any time during the twenty-four hours, have not only settled up estates, but have given advice to their friends regarding the purchase and sale of stocks; watching the fluctuation of the Wall street market reports with as much acuteness as if they did not believe that they had committed the unpardonable sin, and the future held nothing in store for them but disgrace and oblivion.

Every day we see in our associations with our fellowmen those who are strongly predisposed to nervous disease by an unfortunate inheritance, by irregularity in living, or, perchance, by some accident, — a tendency that, if the circumstance favor, will surely develop into an attack of melancholia.

A good many people possess a nervous organization that makes them a prey to every unfortunate circumstance in life to which they may be subjected. A hasty reply from one they love and respect, a rude touch are things that, to them, are matters of serious import, and change the life of a day, a month or a year, as the case may be. They lack an element of elasticity, a certain coarseness of mental fibre and it would be far better for them if an indifference could take the place of a too morbidly appreciative sensitiveness, if they wish to thoroughly enjoy life. They are inclined to be consistent in their aims and intentions, and possess a high degree of conscientiousness, so that a necessity for a sudden change in aspirations or duties carries with it a shock that, to a more obtuse or stronger intellect, would be as nothing.

With children showing these peculiarities our duty, when professionally attending the family, should be to caution against any emotional excess or strain on the part of the child, no matter in what way that danger may arise, whether in habits or in studies. Such temperaments must be taught the absolute necessity for obtaining and keeping a certain amount of reserved energy on hand, otherwise they will never be able to

gain strength, to work for others or for themselves, or to enjoy life in any reasonable manner, but are liable to break down with melancholia or some other form of mental disease.

By the term melancholia, we recognize a form of insanity characterized by profound depression of spirits with a tendency to suicide and perversion of views on subjects regarding self, accompanied by a real or imaginary physical enfeeblement. It begins slowly and insidiously, and the change in the general character of the patient may not be recognized or appreciated by his nearest relatives. The first symptom in which the patient or his friends may become interested, may show itself in some dyspeptic trouble or some irregularity of a function that previously had been regular in the performance of its duty. There may be a little more irritability of disposition, amounting to a certain unreasonableness, coupled with a restlessness in manner that is not usual, and a complaint that the nights have been wanting in restful sleep, — that the disturbing thoughts have been too persistent. He begins to lose weight, shows a lack of energy, which is apparent not only in his actions but in speech, and at last even his tone of voice suggests an indifference that amounts to absolute apathy.

As a rule, a case of melancholia develops very slowly, the friends believing that the patient has nothing more than an attack of the blues, or that he is not exerting himself as much as he should, and perhaps advocate a change of scene and a more frequent indulgence in social pleasures. But as the disease increases, the patient shows an inability to appreciate enjoyments that were once entered into with zest, and he finds that there is a complete change in his feelings, — that the things he liked have become as nothing, and the objects of sympathy and love have become to him objects of indifference or even of loathing. He feels that his own self-respect is a thing of the past, that he amounts to nothing, that his life has been a mockery, that no deed of his has ever been begun and carried out with an earnest desire to benefit others, but has had for its mainspring the most despicable of selfish motives. As one patient wrote: "I am dying, I shall never see the dawn of another springtime, my weight is ninety-eight pounds, my blood is charged with poison, the twilight shadows of eternal night, without a star of hope, are thick around me, and afar off is my earthly experience; . . . . . an awful glimpse of the bottomless pit was given me the other night, as full of devils as the heavens with stars, and every one a writhing serpent in form. Over this pit I am hanging, supported only by this rotting body." This is quoted from a letter of one going into an attack of resistive melancholia that lasted for two years,

and the main symptoms of which are described farther on.

Acute and chronic melancholia differ more in degree and duration than they do in their symptoms. Just where the boundary line is between the acute and chronic form, it is hard to determine. We are in the habit of referring to a case that has been running for two years or less as an acute case, after that time, to class it as chronic. This is purely *arbitrary* and does not signify that the patient is incurable, for many cases under our observation have regained their health after years of abject depression and helplessness.

The resistive form is one of the most trying forms in which melancholia can present itself to friends or physicians. The persistency, force, ingenuity and general innate cussedness that characterize these patients in their efforts to study out and execute the most effectual method of causing trouble to their nurses and of baffling all attempts to live up to any direction the physician may give, never cease to be an object of wonder. Suicidal impulses may show themselves equally strong, but as a rule they are more paroxysmal in their nature. The extent to which these patients show this resistive power hardly permits of an intelligent description. Resisting every effort to improve their condition or surroundings, they refuse to eat, and will expectorate food when placed in their mouths, depositing their expectorations on the faces of nurses, their clothing or their beds. They resist having a bath, resist leaving their bed to enter the bath-room, try to prevent their clothing from being removed, and every effort to put clean clothing on them is viciously resisted. They object to returning to bed and to lying down and permitting themselves to be covered. Frequently they will scream at their highest capacity, using one word or phrase over and over, until they become too exhausted to more than whisper. They become thin in flesh, frequently going months or years without voluntarily taking food or speaking; constantly resisting, yet appreciating what is going on about them, and, on recovery, recollecting much that had transpired during their sickness.

As to the causes that lead to melancholia, profoundly depressing influence, either physical on mental, or a predisposed subject will lay the foundation for this difficulty. Resuming work and taking up a mental or nervous strain too soon after recovery from a physical disease, is frequently found in the history of cases of melancholia. An emotional strain co-exists with every case of mental depression, consequently we find that death of friends or worry in any form is sufficient to plunge many into the depths of despair. The pathology of melancholia is not

particularly rich or satisfactory, as little is found that cannot be found in the brains of those dying sane.

TREATMENT.

The late Dr. John W. Dowling, in his course of lectures on the practice of medicine, frequently urged upon his classes the necessity of keeping the health of persons, who were inclined to certain diseases, up to what he was pleased to designate the "health level." Now, in no class of sufferers from any disease is this of greater importance than in those predisposed to melancholia. In the first place, it is to be considered in order to prevent inception of the disease. After the disease has settled upon an individual, this again becomes necessary in order that every advantage may be given the patient to regain not only his physical but his mental health as well.

As a general thing, it is wise for cases of melancholia to be treated away from rather than at home, providing this can be done without causing any shock to the sensibilities of the patient. Living amid scenes which may have given rise to disturbing thoughts that have resulted in this depression, home is not the proper place for recovery. Quiet and rest, with associations inciting hope, and with an opportunity for being of some assistance to others, when possible, and in this way allowing their thoughts to dwell on something outside of self, are required.

When, however, suicidal tendencies develop, making it necessary for them to be under surveillance, care that is sleepless and patience that knows no limit to its endurance, joined to experience, are demanded in the treatment.

Their desire to commit suicide, in many cases, is unceasing, and their attempts are only limited by their opportunities, which they develop through the most unlooked for circumstances. Regularity of every function must be studied with the greatest care and remedied wherever irregular. The bowels themselves present one cause for anxiety which we believe can best be attended to with benefit to the patient, whenever there is a tendency to constipation, by enemas of warm water and oil, three ounces of the former to two of the latter. It makes but little difference, at first, whether a movement follows these enemas or not, so long as they are retained, as they prevent irritation and strengthen the general tone of the lower portion of the intestinal canal, which is inclined to be dry in its character. In some instances this oil and water would better be employed in much the same manner, but in smaller quantities, as Hall's method of flushing the intestinal canal. By Hall's method I refer to the practice of first giving an ordinary enema, after

which an enema of a pint and a half of boiled water is used, the same being injected as warm as it is possible to do without causing discomfort, the patient to retain this and lie down. With a little effort this can be done, and the water is then taken up and excreted through the kidneys. The amount taken in this way may be increased according as it is found to benefit the patient, and may be done every three or four days, as circumstances may warrant. There is nothing in the line of enemas, that we know of, more beneficial in cases which have suffered much and long from the taking of vast quantities of drugs and whose whole intestinal tract has become sluggish, and in fact whose whole system is, to use a common but expressive phrase, "clogged up." These enemas allow elimination of waste to take place very rapidly and thoroughly. Oil of course can be used in the water, as previously suggested. The diet should be given regularly, and, where the patient is weak and has been taking little nourishment, with frequency, say every three hours during the twenty-four, and should consist of food that can be easily digested, milk, eggs and many of the prepared foods that are now on the market. Massage can be given in many instances with benefit. The patient should first have an alcohol bath, then be massaged by a suitable person, — one who does not do the work roughly, but produces a quiet, soothing effect, causing the patient to fall asleep afterward. After the massage, the patient should be rubbed with cocoanut oil, thoroughly, this being done from two to three times a week, as the patient's condition indicates.

Regarding the medicine in the treatment of melancholia, I can only say that, with our materia medica and with the multitude of symptoms that a case of melancholia may present during its course, there is hardly a drug in our pharmacopœia that may not be indicated; and while some subjects may call for low potency, the high potencies must not be forgotten or left untried.

ABSURDITIES OF THE PREVAILING THEORY CONCERNING THE CAUSE OF "COLDS."

BY CHARLES E. PAGE, M.D.

Resolved: That "colds" is a filth-disease, and that cold and wet have, generally speaking, nothing whatever to do with their production; but, on the other hand, both cold and wet are among the most powerful remedies for the disease.

In support of this proposition the writer proposes to furnish evidence, both positive and negative, which he believes will

appeal to the good sense of his readers, and be corroborated by their own observations.

Here is a child just coming down with measles, for example. Measles is one of the recognized filth-diseases; that is, it is due to a surcharge of the system with waste and effete matters, the product of over-feeding, over-clothing, over-housing, and, often, under-exercising. The initiatory sign of that "house-cleaning," which is to purify his body is nose-running, but the child is thought to have "caught cold." His head is hot, the mucous membrane of the nasal passages is in a state of inflammation, congestion — heat. What is the remedy? First, *damp cold*; that is, a folded towel, wrung tightly from ice-water and pressed about the head, especially the forehead, temples, nose and eyes, and renewed every minute or two for a half, or whole hour, possibly, and returned to as often as the local symptoms seem to demand such cool comfort, just as in case of "hay-fever" (which is, so far as local conditions are concerned, the same disease.).

If this "measley" child has, in addition to this local cooling-treatment, a thorough sponging all over with warm white vinegar, and a good toweling, and is given a fast-day of thirty-six hours (two nights and the day between), and has frequent little drams of moderately hot water offered him, with little draughts of fresh water as often as he likes, the disease may be completely aborted, and, at any rate, will be lessened in severity. In a neglected or badly treated case (as with drugs, forced feeding, etc.) the same general plan has to be pursued till the patient is convalescent. It is not, however, the intention here, to go further into the explanation as to all the details of treatment in a bad case.

Take another case, that of a bright man who is in the habit of taking an air-bath in his cold room, with windows wide open, even in mid-winter; who wears little clothing, no flannels at any season of the year, and who exposes himself to all weathers, and likely enough without his top-coat, and who has by such means been able to avoid "colds;" but he takes breakfast one morning in rather more than usual variety of food, and eats heartily, a little late in the morning, one day (I am citing an actual occurrence), and has an engagement to dine with friends the same day at two o'clock, four or five hours earlier than is his custom. He tells me all this in a consultation the next day, and says: "I knew better than to eat that dinner, but it had to be done, or at least I decided to take the chances, and before I got up from the table I had about the worst cold in my head I ever had!" He had been somewhat enlightened as to the true causes of "colds," in prior consultations, and knew pretty well

the sort of "draughts" most to be feared; hence his disinclination to keep his engagement to dine, being well aware that he was already full fed for the day. He had done something in the way of local cooling, had fasted since the dinner referred to, and was considerably relieved, but he thought it well to call for advice.

Herring recorded the fact that a certain family, about every member, always had a "cold in the head" after dining on roast goose, which is, to be sure, a pretty rich and greasy "draught" to get into.

"There is a set of causes," says Dr. Reubin, "which, independently of temperature or exposure, produce genuine colds [whence, then, the name?], marked by the symptoms, course, and results common to these ailments. The most important, *because most frequent*, of these, are *repletion* and *exhaustion from fatigue*. *Repletion* (italics all his), or plethora — a surcharge of the blood with solid or liquid matters through the digestive organs — is a far more frequent cause of "colds" than the majority of the sufferers at all suspect.

"An overfull meal taken at any hour of the day [or, he might have added, eating at all when exhausted from mental or muscular labor], by at once overtaxing and clogging all the operations of life, destroys the balance of the circulation, checks the action of the skin, gives rise to feverishness, and may produce or reawaken a bronchitis, a catarrh, or any similar difficulty. This is a prolific source of those "colds" taken in mid-summer, and in the mildest weather, to account for which so perplexes their unfortunate subjects."

Concerning the absurdities arising from the delusion that "colds" are usually the result of exposure to cold or wet, we are not by any means shut up to such mythical tales as that of the old lady who was said to have "caught her death o' cold taking gruel out of a damp basin," or that of the delicate young woman who got a chill and had pneumonia from wiping on a damp towel! We are all the time observing the tactics of strong men to avoid catching cold by wearing their top-coats in warm weather, though they are thereby made uncomfortably warm, even to free perspiration, with their heavy under-flannels saturated with the foul emanations of the skin, to be reabsorbed into the circulation, and all this favoring the accumulation of filth which leads to all manner of ailments, "colds" first of all, the initiatory symptom of all the filth-diseases. All this is playing into the hands of the doctors, many of whom, it is regretfully confessed, are full sharers in the "colds" delusion, dressing themselves on the same plan, and never recognizing the disease when themselves atacked, or when called to the bedside of a sufferer, for what it really is.

On this very morning, while the writer's little three-year-old boy was out barefoot and barelegged, running in the grass on the lawn just made wet by the man who even turned the hose on the little bare feet, strong men were passing dressed in flannels and overcoats. The latter will have "colds," while the little lad will go scot-free.

An old lady of sedentary habits eats a full dinner of chops, potatoes, pie, etc., and has an attack of vomiting. She explains her disorder upon the "colds" theory: "I must have caught cold yesterday from going out in the wind," the said ugly wind having been a gentle breeze, on a very sunny day, and the lady was over "protected" with wraps. (This is an actual occurrence, and hardly worth mentioning, in view of the fact that such things are all the time happening, everywhere; but, in face of this death-dealing superstition, the world has need of "line upon line, and precept upon precept").

Coming out of the club-room on a rather sultry night, myself dressed in mosquito-bar shirt, light suit, and no under-flannels, and feeling delightfully comfortable, a companion dressed in heavy suit and heavy flannels puts on his top-coat, and shortly remarks that "it is pretty warm," "Yes," I reply, "rather too warm for an overcoat." "That's so," he says, "but I don't dare leave it off.'" He is utterly fearless of the smoke-laden atmosphere of the card-room, where he will sit for six hours at a stretch, and kick if any one wants a window open to dilute the poisonous air with a little stream of fresh; and if his nose begins to "stop up" (really from heat, and from the effects of the sweltering flannels which smother the skin, and force the skin's work onto the mucous membrane of the nasal passages), he will attribute his discomfiture to not getting that window shut soon enough.

Dr. Benjamin Franklin, who is acknowledged universally to have been one of the wisest men ever known, expressed the belief that "the causes of 'colds' are totally independent of wet or even of cold." Chrysostom, many generations ago, taught the same doctrine. Bacon remarked that much clothing was relaxing and harmful to the body. Franklin both prevented and cured his "colds," as well as insomnia, by means of air-baths. If wakeful at night, he would, even in winter, throw off the bed-clothes and lie for a while naked, then bring them about him and find sleep. He would often sit for hours naked, writing or reading, as a prophylatic measure ("Essays," p. 216.) The close student of the clothes question may learn if he seeks bed-rock truth of the matter, that entire races have, to the last individual, disappeared from the face of the earth from being compelled to don the garb of civilization; races that had always

lived as they were born, naked, until the encroachments of highly civilized human beings rendered their natural method of dressing no longer possible. The aborigines of Tasmania have disappeared, not one being left to tell the tale, and their utter extinction was not due to massacres, deprivation of land, nor even to whiskey (they withstood all these very well), but solely to English clothing, as is believed. On the other hand, our own aborigines continue to live and thrive in spite of treatment so outrageous as to shame every honest mind: nor massacres, nor fire-water, nor all manner of deprivations seem equal to the work of verifying the prayerful predictions of their speedy disappearance. They will not be civilized to the point of adopting the American style of dress!

Finally, the writer would remark that he has worn no flannels for the past fourteen years, winter nor summer. The heaviest of Morley's Scotch wool underwear were renounced in February, 1880, or near that year, and instead of "taking a cold," the cure of one I had at the time was hastened by the means. Lest the reader get the impression that the opinions herein expressed are based merely on personal experience or idiosyncrasy, it will be proper to state that in a very busy practice for the past ten years the writer has had under his care, for all-around physical training and education, from 100 to 150 men and women of all sorts, sizes and conditions, for periods of time ranging from three months to twelve or more, according to individual needs, together with the guidance of many parents in the matter of the management of their children; so that he has had ample opportunity to test these theories. In the greater proportion of all these cases he has been able to induce his clients to adopt his views as to dress and all-around hygeinic living, and with the most gratifying results.

"I am perfectly charmed with the air-bath, and have removed all my under-flannels; have not worn any for nearly a fortnight, and have received right royal benefit thus far from the change," writes a correspondent who came under my care, in July, weighing 115 pounds only, though five feet ten inches in height. "And, yet," I said in my reply to his report, "I had to search the world over for arguments to convince you that you would not perish out and out from the effects of — making yourself comfortable!"

THE *Medical Record* says that during 1889–90, the twenty German universities gave 1,115 diplomas, and rejected 1,030 applicants — nearly fifty per cent.

THE New York State Board compels the registration of all tuberculous persons, but does not attempt sanitary visitation and disinfection except under certain conditions. The Philadelphia Board does not require registration, but simply attempts an active educational campaign in the matter of preventing the disease. — *Record.*

THE ETIOLOGY, DIFFERENTIAL DIAGNOSIS AND TREATMENT OF BENIGN STRICTURE OF THE RECTUM, WITH A SUMMARIZED REPORT OE TWELVE CASES.

BY JAMER R. COCKE, M.D., BOSTON.

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

Mr. President, Ladies and Gentlemen: — My twelve years of clinical experience, practising the art of massage, has given me opportunities to carefully observe a very large number of chronic invalids. The greater bulk of these invalids had, at different times, tried most of the methods in use, both by educated practitioners and ignorant quacks, with varying degrees of success. "Chronic trouble of the bowels," as the laity express it, is usually a source of extreme annoyance both to the patient and to the practitioner. I have treated over one hundred cases of chronic constipation, and between sixty and seventy cases of chronic diarrhœa, from various causes. Having seen a number of these recover, when a correct diagnosis of stricture of the rectum was made, and its accompanying proper treatment was instituted, I venture to bring the subject before you.

Stricture of the rectum may be defined as a localized narrowing of its lumen, due either to an increase in the tissues normally found there, or to new growths of one kind or another. If the stricture is within reach of the palpating finger, there is no means of diagnosis so accurate as the sense of touch. Palpation will also reveal the character of the tissue-formation which is encroaching upon the lumen of its tube. The principal source of error in the diagnosis of a stricture of the rectum is a firmly-contracted internal sphincter. The practised finger of an expert can, however, readily detect the peculiar grip of a muscular stricture, from one due to cicatrical tissue. If the stricture be located high up and out of the reach of the palpating finger, its diagnosis by means of an olive-tipped sound is very unsatisfactory, and the symptomatology varies as I shall show later, very widely, in different cases. I have to offer a means of diagnosis which has served me well in eleven cases, and which I have never seen alluded to in any text-book upon the subject.

Given a case of suspected stricture of the lower bowel, place the patient in the dorsal position, with the limbs slightly flexed upon the abdomen, place a stethoscope upon the abdomen, three-quarters of an inch above Poupart's ligament and about one-quarter of an inch from the left anterior superior spine of the ilium. Then, by means of a syringe, or better, a Politzer inflation bag (the mouth of which is introduced into the rectum) force air into the bowel, and auscult at the same time. If there

is a cicatricial narrowing in the course of the rectal canal, a distinct, prolonged, high-pitched musical note will be produced, heard distinctly through the stethoscope, and the note will last as long as air is being forced into the bowel. I have never had this sign fail me, and have tried it upon a number of healthy people and never found the musical sound present. At the same time, judging from the sound, one can form an idea whether the bowel is partially or wholly occluded by fæcal matter.

In all the cases of stricture of the rectum which I have seen, there has been a dilatation of the bowel above the stricture. This can be made out best by auscultatory percussion. Place the bell of the stethoscope over the colon, just above the suspected stricture, then tap gently with the forefinger of the disengaged hand along the line of the colon, and a very distinct tympanitic note will be heard. The instant the percussing finger strikes the small intestine the sound will be muffled and distant. In this way local dilatations and diverticula of the colon can be easily mapped out. Briefly, then, these physical signs were present in all the cases which I shall summarize.

Etiology. — We are taught in the text-books that syphilis is one of the most prominent factors in stricture of the rectum, yet a very extensive search of the literature shows only a very few cases in which the primary lesion occurred in the rectum. Syphilitic condylomata are frequently found surrounding the anal opening. I have palpated about forty cases, and have never felt these condylomata in the rectal pouch, in fact, have never found them to extend even upon the mucous membrane covering the external sphincter. It is the general opinion of the profession that any destruction of the tissue of the lower bowel is presumptive evidence of syphilis. It seems to me illogical to suppose that because some cases of this malady are syphilitic, that all, or the greater part of them, are due to syphilitic ulceration. In making a diagnosis of syphilis of the rectum, the same evidence should be adduced which would be required before a diagnosis of syphilis in any other organ of the body was given by the physician. The very interesting condition known as ano-rectal syphiloma is fully described and discussed in Dr. R. W. Taylor's monograph on the subject.

In general the common causes of simple ulceration are local injury of the gut, due to constipation and hardened stools, which first give rise to fissures. These fissures subsequently (for reasons which I shall show later) spread and become ulcers, which, if not properly cured, result in cicatricial contraction of the bowel. These ulcers are frequently chronic, even in those enjoying full vigor and otherwise excellent health. It is well

known that injuries to the rectum heal very slowly, even when slight. This may be due, first, to the grinding of the sphincters, second, from acidity of the fæcal contents, but thirdly and principally, from the fact that, owing to the peculiar venous supply of the rectum the return circulation to the heart is impeded by the necessity of the patient assuming the erect position. In this position we have gravity as a primary factor in inpeding the return of the venous blood from the lower bowel. When we remember the peculiar tortuosity of the veins of the hemorrhoidal plexuses and their connection with the portal system, this sluggish venous circulation is easily accounted for. If my memory serves me correctly, there are but few, if any, valves in these veins to assist the onward flow of the blood-current upward. Hence, varicosity of these veins is, anatomically speaking, an easy matter; also as a large portion of the gut is freely movable, the veins receive practically no mechanical support from adjacient structures. In palpating the pelvic organs in woman I have frequently felt the veins in the wall of the rectum dilated and tortuous. This can be made out, when it exists, either per vaginam or through the rectum. Remembering the rich nerve supply of the rectum, both from the sympathetic nervous system and the spinal system, it is not strange that varicose veins and ulcers in this region may readily give rise to spasmodic stricture of the rectum, even when there is no cicatricial tissue present. Also displacement of the uterus and its adnexia may cause venous stasis in the hemorrhoidal venous plexuses.

Syndrome of Symptoms. When there is ulceration present, the classical symptoms consisting of morning diarrhœa of semi-solid stools, with pus and blood, together with backache and other reflex phenomena, are generally present. The pencil-like stools described by the text-books have been present only in a small number of my cases, and in those only when the strictures were cicatricial in character, not due simply to spasm. Instead of diarrhœa the patient usually suffers with obstinate constipation. The stools are generally round, small, dry and hard, and rectal tenesmus and cramps of the colon are usually presnet.

I will cite two cases illustrative of two forms of benign stricture.

Case 1. Jessie D——, aged 17, consulted me in the spring of '93. Her previous history was negative, and the family history was excellent. She complained of severe pain in the bowels every morning, before arising. She had two or three movements of the bowels before breakfast, the stools were small and hard, and there was a small hæmorrhage from the bowels every morning. She complained of flatulence, headache, severe

pain in the sacral region, and was exceedingly irritable, so her mother stated. This condition of things had lasted two years. Her mother informed me that she had always been constipated. Palpation with the finger revealed a cicatricial contraction of the rectum three and one-half inches above the anal opening. So firmly contracted was the stricture that I could not pass the tip of my finger into it, and neither could I pass the smallest rectal bougie through it. I practised auscultatory percussion in the manner previously described, and found the ascending colon enormously dilated, and filled with impacted fæces. I gave a high enema of olive oil and warm water, in the following manner: I placed the patient in the knee-chest position, passed a small-sized flexible rubber tube, which was eight inches in length, into the bowel, leaving one inch of the tube outside the anus. The tube caught at first upon the promontory of the sacrum, evidently, but one or two revolutions of the tube carried it into the bowel, through the folds of the sigmoid flexure. Then I made firm pressure with my hand on the bowels, and a large quantity of gas escaped through the tube. Then attaching a fountain syringe, the oil and water were thrown in very slowly. The syringe was very gradually elevated to the full extent of its tube. In this way two quarts of oil and water were thrown into the bowel. I then removed the tube and placed a napkin firmly over the anal opening. The injection caused the patient some discomfort, but I insisted on her retaining it fifteen or twenty minutes; at the end of this time there was a very profuse movement of the bowels, and a large quantity of semi-solid matter came away. Microscopical examination of the stool showed, in addition to the usual contents, a large amount of pus, blood, and epithelial débris. The stool was filtered and there were twenty-eight ounces of solid matter left as a residue. Palpating the stricture then I found that it was practically as narrow as it was before the injection.

Dr. Alonzo Boothby was called in consultation, and he strongly advised an operation. This was declined by the family, although I urged it even more strongly than did the surgeon. I determined to try temporary dilatation with graduated sounds, and by great care succeeded in enlarging the lumen of the gut sufficiently to admit my index finger through the stricture. The mucous membrane of that portion covering the cicatrix was granular and bled easily. The dilatation seemed to relieve the pain and tenesmus, but the stools still contained and do now contain pus and blood at times. I advised, in addition to the operation, prolonged rest in bed, forced feeding, and hygienic measures which would bring about the best possible general condition of the patient. The family again declined to take her out of

school, and insisted that the dilatation by means of the bougies be continued. This has been done intermittently up to the present time. Under suitable medication the general health of the girl has been much improved. The stricture can be kept fairly well dilated by means of the bougies, but the results in general are preëminently unsatisfactory. The granulations and erosions are, however, practically healed, and the girl leads a comfortable existence, but if she is left without the dilatations, in three or four weeks pus and blood are again found in the stools, and the tenesmus and cramps recur.

CASE 2. Mrs. S——, aged 55, consulted me in the spring of '93, for constipation and "wind-colic," as she expressed it. She would have severe attacks of colic lasting six, eight or ten hours, when relief would come with the escape of a large amount of gas. As she complained of hæmorrhoids in addition, I palpated the rectum. Besides the hæmorrhoids I could feel varicosities in the veins of the rectum, and a firm stricture three and three-quarter inches above the anus could plainly be felt. I could not pass the tip of my finger into the stricture at first, but discovered accidently that firm pressure upon it would, in a couple of minutes, cause it to relax. Palpating the abdomen, I found a curious condition in the colon. The ascending, transverse and descending colon could be easily felt, and conveyed the sensation to the hand of a large cable which was twisted upon itself spirally. As she was the mother of three children, the abominal wall was lax, and the cable-like coil in the abdomen was felt without difficulty. I found that persistent massage of the bowel relaxed the colon, and, after a half-hour's work, she would usually have a small movement of the bowels. The stools were small, round, hard and black. At times she would pass large quantities of tough, stringy mucus from the bowel. High rectal enemata were employed, as previously described, but did not produce copious movements of the bowels. The water would, however, distend the colon and cause that peculiar feel, as of a cable within the bowel, to disappear. It would recur in from one to three hours after an enema, no matter how copious I succeeded at one time in introducing five quarts of water into the colon, and this relieved the pain for six or eight hours. Believing opium to be homœpathically indicated, gave one drop of the tincture in four spoonfuls of water, five times a day. This acted upon her in a phenomenal manner. It produced a copious movement of the bowels once in every two or three days, and this greatly relieved the spasmodic condition present She was ordered absolute rest in bed, forced feeding, massage and electricity, as her general health was much impaired. To my amazement, not only did the hæmorrhoids improve, but also

the varicose veins in the rectum were diminished in size and subsequently wholly disappeared. And the spasmodic condition of the colon also ceased.

Briefly, I tried the rest treatment in six other cases, in four of them ulceration was present, in two it was not. The results were gratifying in all of these cases.

Now, ladies and gentlemen, I offer for your consideration to-night, the following propositions:

1st. That there are two varieties of benign stricture of the rectum — spasmodic and ulcerative. 2nd. These strictures are due frequently to a varicose condition of the veins of the rectum, which varicosities may cause ulceration or not, according to the condition of the patient. 3rd. Any treatment which does not have in addition to its surgical value, for its basis, prolonged rest in bed, to relieve the engorged plexuses, will fail. 4th. Many reflex intestinal phenomena, such as abdominal pain, constipation and diarrhœa, may arise from said strictures. 5th. That syphilis seldom plays an important etiological part in these varieties of strictures. 6th. That they are much more common than is generally supposed. 7th. That backache and other phenomena frequently ascribed to the generative organs in women are due to stricture, which is primarily caused by varicosity of the veins supplying the lower bowel.

I do not speak with the authority of a specialist, and the surgery of the rectum can be, I am sure, ably dealt with by the specialists who are members of the society.

AN INVESTIGATION OF INTERPOLAR ACTION IN GALVANIC CURRENTS.

BY WILLIAM L. JACKSON, M.D., BOSTON.

[*Read before the National Society of Electro-Therapeutists, New York, Sept. 20, '94.*]

One of the most interesting objects of study to the electro-therapeutist is the process going on between the poles during the passage of an electric current. The action that takes place at these poles themselves can be seen and understood, but what the current is doing in the region between is not so well-known. That there is interpolar action or that there is some hidden change taking place in the intervening space is evidenced by the influence of the continuous current upon tumors and upon morbid deposits and inflammations. The indisputable results that Apostoli gets in his treatment of uterine fibroids should be sufficient to convince any one that there is more than a local polar action whenever an appreciable current passes through a section of animal tissue. Now this interpolar action is supposed to be due to an electrolysis of the tissues, and it is with the de-

sire of throwing light on this subject that I have made certain experiments which I will describe.

By the courtesy of Dean Talbot and Prof. Rockwell, I was able to use the physiological laboratory of Boston University School of Medicine, and had the valuable assistance of Dr. Marion Coon.

The cells used were zinc carbon, bi-chromote of potash solution, arranged in two batteries of 30 cells each, Waite & Bartlett pattern.

Experiment 1. A piece of fresh beef, 12 centimetres long by 4 centimetres square, carefully prepared so that the fibres ran lengthwise, was fastened to a glass plate by means of rubber bands. To the two extremities were carefully affixed bare copper electrodes.

With 1 cell in circuit the current strength was 10 milliampères.
" " resistance of the meat was 193 ohms.
" 2 cells " current strength was 35 milliampères.
" " resistance was 101 ohms.
" 3 " " current strength was 60 milliampères.
" " resistance was 90 ohms.

The current strength increased with the voltage used, and the resistance diminished. On examining the surfaces of the meat, which were in contact with the poles, it was seen that the negative end was moist and juicy and apparently unchanged. The metallic plate of the electrode was also unchanged and was easily removed. At the positive end the electrode was adherent, was corroded, and the surface of the meat had an apple-green stain which extended into the tissue.

Experiment 2:

With 10 cells the current strength was 105 milliampères.
" 20 " " " " " 320 "
" 30 " " " " " 450 "
" 40 " " " " " 550 "
" 50 " " " " " 650 "

In this experiment the positive end of the meat was affected as before, but at the negative end, at every spot where the electrode was in contact, the meat was turned a brilliant crimson, showing a noticeable difference from the untouched meat, which was decidedly paler.

Experiment 3. In this case, instead of using bare electrodes the ends of the muscles were covered with moist clay and the metal electrode was applied to the clay. In order to keep the clay in position, a hole was made in a sheet of thin rubber, which was stretched so as just to contain the end of the piece of meat. The rubber was then covered over the clay and the electrode.

With two cells the current strength was 17 milliampères, and in this case the resistance was increased to 224 ohms.

Experiment 4. In this experiment, the conditions were the same as in the last, except that the meat was trimmed in the centre, so as to make an hour-glass contraction having a diameter of 1 cm. at the smallest point. In other words, the area of the conductor was diminished in its transverse section from 16 sq. centimetres to 1 sq. centimetre.

With 2 cells in circuit the current strength was 5 milliampères.
" 2 " " " " resistance increased to 760 ohms.
" 30 " " " " current strength was 90 milliampères.
" 40 " " " " " " " 120 "
" 50 " " " " " " " 160 "
" 60 " " " " " " " 210 "

As soon as the current from 60 cells was let on, the narrow isthmus of muscle began to smoke. It lost its color and turned white. On touching it, it was found too hot to be comfortably borne, and drops of serum began to ooze out. A little later, the color became brownish, juice became more abundant, a sizzling was heard, and there was a smell of cooking meat. The area of change apparent to the eye was limited to about one centimetre, but this gradually broadened, and at the end of three minutes was fully two centimetres wide. Suddenly there came a slight explosion at the point of most marked action and, immediately, the metre began to fall off. At the end of five minutes, the current was only 150 milliampères and shortly after it fell to zero.

On removing the metal electrodes, the negative was found to be bright and unchanged. There was an increased amount of moisture around it. The positive electrode was found adherent, being removed with some difficulty. The metal was no longer bright, but corroded, and the clay with which it was in contact was drier and clung tenaciously to the end of the muscle. Both ends of the muscle had a whitish, sodden appearance from contact with the clay, which had penetrated deeper on the positive side. A longitudinal section of the meat was made and it was found that the interior throughout was still quite warm. The meat had lost its bright red appearance, was duller, and had a less juicy look. In the narrow portion it had lost all semblance of muscular fibre, was of a yellowish-brown color, was tough and gristly and felt like a hardened cord. There was a narrow, clearly-marked line of a decidedly darker brown.

Experiment 5. A large rabbit was rendered insensible by chloroform. All the muscles of the leg were severed close to the trunk and drawn back, leaving only the femur and femoral

artery connected with the trunk. The positive pole, a large clay electrode, was placed on the abdomen ; negative pole, a smaller clay electrode, on the skin of the lower leg. The utmost current that could be obtained with 60 cells was 60 milliampères. This small amount of current was probably due to imperfect contact with the electrodes, but it was sufficient to produce strong contractions of the muscles even in the isolated leg. The same process took place as with the meat. There was coagulation of the blood in the artery which became dry and fibrous, the bone at its exposed point became dry and brown on the surface, and in the medullary cavity there was a change of color of the marrow. The results obtained in this case were less satisfactory on account of the animal's succumbing early to the effects of the chloroform.

The conclusions which one would arrive at from the preceding experiments are as follows :

In the first two experiments with the bone electrodes, the polar effect of the current was clearly shown ; in the last three experiments, where the clay was used, the polar action was reduced to the minimum, and the effects of the current in the intervening tissue were demonstrated. The transference of liquids from the positive to the negative pole was very noticeable.

Finally, electrolysis took place throughout the muscle as the conductor, and, especially in the more constricted portion, where the resistance to the current was most intense and the density of the current was greatest.

It seems clear from these experiments that there was an electrolytic action taking place between the poles, and if with such effect from using 60 cells, we may assume that a current of sufficient strength to penetrate a tissue may there give rise to electrolysis.

THE MICROSCOPIC EXAMINATION OF THE BLOOD AND ITS VALUE IN DIAGNOSIS.

BY F. F. STRONG, BOSTON, MASS.

It is obvious that every organ and cell of the body depends for its existence and proper performance of its functions on a sufficient supply of nutriment in a form suited for direct absorption, and the disposal of the waste products of vital activity. This two-fold function is performed by the blood, the elements of nutrition being chiefly carried in solution in the plasma, while the cellular elements of the blood attend to the removal and disintegration of the waste material. Partially broken-down hydrocarbons unite with the nascent oxygen carried by the red

corpuscles, the resulting CO_2 being exhaled by the lungs. Solid particles of cell débris, which cannot be directly oxidized, are ingested by the white corpuscles and either directly absorbed or carried to the more powerful digestive cells of the spleen for disintegration. The white corpuscles also have the power of penetrating the walls of the capillaries and migrating toward any point where there is an accumulation of dead material or foreign matter resulting either from traumatism or from parasitic invasion. Flocking in great numbers to such a point, the leucocytes at once begin to remove and digest the dead material as well as the living invaders. These latter, however, can in some cases excrete certain toxines which paralyze the digestive functions of the leucocytes and render them useless. This property of ingestion and digestion of foreign matter by the leucocytes is called phagocytosis, the cells themselves being known as phagocytes. The question as to whether or not an organism shall succumb when exposed to infection, depends largely upon the number and power of its phagocytes. Metschnikoff, to whose investigations we owe the above knowledge, deduces therefrom the modern and, perhaps, the only satisfactory definition of inflammation, viz., phagocytic reaction on the part of an organism; all other phenomena are merely accessory and for the purpose of affording the phagocytes access to the injured part.

It would seem as if a knowledge of the number and variety of the corpuscles of the blood in different diseases might afford a clue to the nature and location of the complaint and, indeed, such is the case. The microscopic technique of blood examintion, recently brought forth by Ehrlich and his pupils, affords us the means of preparing slides of blood in which the cellular elements are so differentiated by their selective staining properties that deductions may be made as to the nature of the disease and its probable course. An experienced observer can make accurate and certain diagnoses by blood examination in the following diseases: Pernicious anæmia, secondary anæmia, chlorosis; leukæmia (splenic, myelogenic and lymphatic); Addison's disease, malaria, relapsing fever, tetanus, etc. Confirmatory diagnoses together with valuable indications as to the prognoses in the following: Carcinoma, sarcoma, asthma, tuberculosis, pneumonia, pyæmia and septicæmia, typhoid fever, internal suppuration, etc. Of special value is this method in differentiating doubtful cases of a typhoid or malarial character. In pneumonia frequent blood examinations give valuable indications as to the course of treatment which should be followed.

The blood is obtained for examination by a slight needle puncture at the base of the finger nail, a cover-glass held in a

pair of forceps is lightly touched to the exuding drop of blood and immediately placed upon another cover-glass so that the blood spreads in a thin layer between the two; the latter are then quickly drawn apart, care being taken to avoid pressure which might distort the corpuscles. The film of blood dries almost instantly, and the preparation may then be subjected to the staining process and examined. If the proper facilities are not at hand, the covers may be mailed to a specialist for further treatment. As an indication of the manner in which the results are obtained, a brief description of the appearance of the blood elements as differentiated by this method, may not be out of place.

Normal elements. 1. Red corpuscles stain orange-brown. 2. Small lymphocytes — cells slightly larger than 1 — consisting of a pale-blue, spherical nucleus surrounded by a thin gray layer of transparent protoplasm. 3. Large lymphocytes — same as 2, except that the layer of protoplasm is increased in quantity. 4. Poly-nuclear neutrophile leucocytes — formed from 3 by division of the nucleus and the appearance in the protoplasm of small, violet granules. (3 and 4 constitute 85% of the entire number of leucocytes of the blood, and are the "phagocytes" above mentioned. 5. Eosin cells — cells of the same size as 4, with one or two blue nuclei, and filled with highly-refractive, spherical granules, which stain bright-red. They form 5% of the total leucocytes. 6. Hæmatoblasts — (the "blood plates," of Bizzozero) small, grayish bodies, which are seen with difficulty.

Abnormal elements. Poikilocytes — red corpuscles which are misshapen and irregular in form. Megalocytes — red corpuscles of abnormal size. Microcytes — red corpuscles smaller than normal. Normoblasts — red cells of normal size and shape, but containing a small, spherical nucleus which stains deep-blue. Poikilo- megalo- and micro-blasts are, as their names indicate, nucleated varieties of the above forms. Myelocytes — large cells containing a spherical, pale-blue nucleus surrounded by a thin layer of protoplasm containing neutrophile granules — they are formed from 4 by the nuclei fusing and the cells absorbing water. These cells occur only in leukæmia. Mast-cells — cells with one or two blue nuclei and containing spherical granules which stain only with basic stains; occur normally in connective tissue, but are found in the blood only in disease.

The relative and absolute proportion, presence or absence of the above elements, constitute the factors from which conclusions are drawn concerning the presence or absence of the various above-mentioned diseases.

With the constant improvements which are being made in

methods of investigation, and the continued additions to our knowledge of the human body, both in health and disease, it is not improbable that the examination of the blood will, in a few years, be regarded as one of our most important and reliable aids to diagnosis.

THE EVOLUTION OR MECHANISM OF LABOR.

BY NATHAN R. MORSE, M.D., SALEM, MASS.

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

The mechanism of labor is a theme which demands great application, close thought and careful study by the neophite who aspires to become thoroughly posted in obstetrical science, and deservedly, too, does it claim his closest attention, from the fact of its vital importance and its difficulty of study and comprehension. It presents a higher grade of mechanics than he has heretofore studied outside the human body, and exhibits seeming complications over which he is unable to apply much of his previous knowledge of mechanical forces. There are here presented no straight lines, plane surfaces or plane angles. The lines are all curves and the forms all rounded. The fœtus, or child, is a bundle of convexities. The uterus in which it dwells and the passages through which it travels during labor, constitute a series of concavities. It is necessary to study and become familiar with these concavities of the mother and these convexities of the child, and thus learn in what way nature intended to apply the one to the other, in order to understand and fully comprehend the mechanism of labor.

The great motive power which nature employs to impel the fœtal child along its passage to the outer world, is the involuntary contraction of the muscular fibres of the uterus, assisted later by the voluntary contraction of the abdominal muscles. In order to utilize these forces and render them of the greatest value and efficiency, it is highly important to understand the manner in which they act and to weigh the effect of outside influences over them.

First, in regard to the involuntary muscles which constitute the chief bulk of the substance of the uterus. The external layer of muscular fibres pass transversely across the uterus and are inserted principally into the strong, tendinous, round ligaments on either side, which are inserted into the labia majora. These two ligaments are greatly enlarged and strengthened during gestation, and at the time of labor their action may be compared to that of two strong cables which might be used to drag down a balloon to the earth by means of the net-work which

envelops the balloon, as the external muscular layers cover the gravid uterus.

The muscular fibres of the middle layer cover each other in all directions, and when in action constrict the uterus on all sides, diminishing the size of the cavity, while, in the internal layer, the circular fibres are disposed in the form of two hollow cones, the apices of which surround the orifices of the Fallopian tubes, their bases intermingling with one another in the middle of the body of the uterus. These, when in action, press the contents of the gravid uterus from above downwards, while the circular fibres of the cervix, whose office heretofore has been to retain the fœtus in the uterus now give way before the combined forces of the involuntary muscles previously mentioned.

During the later weeks of gestation the cervix becomes slightly softened and dilated, and the result of the first pains, which retract and elevate the child, tend also to press down a pouch of membrane filled with the liquor amnii, "the bag of water." This forms a firm, equable wedge, adapted to any form or size of os uteri, and which, as the uterine fibres of the body and fundus are stronger than those of the cervix, must be forced down into and through the os uteri with each pain, dilating it to the size of the wedge thus formed, and continuing the same process until the membranes give way.

Thus far the dilatation has been purely mechanical, but if a prolonged and careful examination be made when the child's head is substituted for the bag of water, it will be found that the contractions of the cervix, which at first narrow the os uteri, do at length retract it over the head more and more with each pain, until, at length, the combined retraction of the cervix and propulsion of the head force the latter through the os uteri. This is especially noticeable in certain cases where the anterior lip of the cervix is unusually long in dilating. The os uteri is dilated by the bag of water in far less time and with much less pain than by the fœtal head.

Though all the muscles of the uterus are involuntary, yet to a great degree they are controlled by the spinal as well as sympathetic nervous systems, and although they act involuntarily, yet the will of the patient, and especially her emotions, may greatly interfere with the regular contraction of these muscles, and hence the necessity of taking every precaution in the lying-in room to avoid any alarm or anxiety on the part of the patient. And here, in controlling the emotions of our patient, an excellent opportunity offers itself to test our homœopathic therapeutics. As, for instance, the use of aconite when the uterine contractions appear to be partially paralyzed by the emotions of fear or fright in our patient. The administration of chamomilla when

our patient is over-sensitive, impatient and discouraged. Ignatia in the hysterical, sad and despondent, and pulsatilla in the blue-eyed, tearful and melancholic, etc.

The contractions of the uterine muscles are thought by some to be influenced by the tides — that is, that more children are born on the flood than the ebb of the tide. There may be some analogy in the movements of the ocean when compared with the action of the uterus in labor. Like most of nature's forces, they both act with periodicity. The single pains follow each other at distinct and regular intervals, like the single waves of old ocean as they break upon the beach, and what may be observed both by the bedside and the beach, is that every third or fourth wave is larger than the others, and every third or fourth contraction of the uterus is more powerful than those which immediately precede or follow. And it is but following out the analogy to suppose that the huge waves called the tides, as they break upon the beach, have their counterpart in the mysterious forces that control the mother's womb and cast its frail bark of humanity upon the shoreless beach of time.

I know not the name of the obstetrician who first suggested the analogy, but in my obstetrical practice by the sea, in old Salem, for the past quarter of a century and more, I have been interested to a greater or less extent, in testing this theory by my own observation and experience, and I am thoroughly satisfied from this experience that there are some grains of truth in it. I have observed and believe, other influence being the same, that as a rule the most effective uterine contractions occur on the flood tide and that, in the first stage of labor, this is especially noticeable.

There are other data or facts which will have much to do with the determination and time of labor, such as the shape and size of the pelvis, the position and size of the child, the laxity and rigidity of the os uteri and perinæum. The physical and psychical condition of the expectant mother and her surroundings play an important part also.

If the accoucheur is called to attend a patient in labor at full time, and she has had pains for an hour on two, and on examination he finds the os uteri dilated sufficiently to admit two fingers, and by inspection of the almanac or the papers he finds that high water occurs two or three hours later, he may feel tolerably certain that a rapid dilation of the os may take place, and a quick delivery follow, provided other conditions are favorable; but, on the other hand, if the time of high water has passed, he may then safely conclude that his services will not be needed for some hours later, especially in primiparæ.

The occult power which controls the uterine contractions is

probably not due to the tides, but to the hidden power which produces the tides, principally that of the moon which exerts its greatest influence when it reaches its highest altitude. The tides, you will bear in mind, do not reach the place till some hours after the moon has crossed its meridian; this fact should be especially borne in mind if you fix the time of the tides from observation of the moon's position.

The voluntary muscles which are called into action in parturition are principally the abdominal. These in action tend to diminish the size of the abdominal cavity and to impel its contents with equal force in all directions. This force is resisted by the spinal column and the abdominal walls, so that its power is expended in an upward and downward direction. The upward force presses the abdominal contents upwards against the diaphragm, expelling the air from the lungs through the larynx and mouth. The downward force presses the abdominal contents down upon the body of the uterus, tending to expel the fœtus through the os uteri and the vagina. It is evident that the downward force will be doubly effective, if, during the expulsive effort, the diaphragm is rendered immovable by a firm closure of the mouth or glottis. Hence, in the second stage of labor, if it is desirable to make the most of the assistance which the voluntary muscles are able to render, the patient must be directed, on the first intimation of an approaching pain, to inhale a full supply of air, and, while holding the breath, bear down until the pain is gone. Greatly increased effect may be given to the pains in the second stage of labor by the use of a firm bandage about the abdomen, thereby securing direct downward action instead of the oblique, which is too often the case in parturient women with pendulous abdomens.

The use of the towel in pulling with the hands and arms and pushing with the feet is of no special value except the psychical effect on the patient, or save as it thereby fixes the abdominal muscles and by the proper inclination of the body so favors the descent of the child's head as will best secure the full expulsive force of the abdominal muscles.

It is in breech presentation, when the body of the child has been expelled and the head lies in the vagina, that the assistance rendered by the abdominal muscles becomes of vital importance. In such instances the patient should be encouraged to make a long and deep inspiration on the approach of a pain, thereby pushing the diaphragm well down upon the abdominal contents to compensate for the smaller space now occupied by the empty uterus, and with closed glottis urge the contents of the abdomen and womb, with all her power, down upon the head of the child. If she gives vent to any complainings or

breathes even during the pain, she loses much of the expulsive power at her command.

An important feature in the evolution of labor is the dilatation of the os uteri. This dilatation has been gradually going on during the later months of pregnancy through the pressure of the constantly increasing amount of the liquor amnii, until the os internum has disappeared and the cervix uteri has become obliterated.

At the full term, the dilatation of the os externum is usually completed by the same pressure of the amniotic fluid, receiving new force from the uterine muscles under each pain. It is a law of hydrostatics that fluids communicate pressure equally and fully in all directions. It is therefore evident that the bag of water, exerting a lateral pressure upon every side of the lower half of the uterus as well as a direct downward pressure, is a much more effective dilator of the os uteri than the head of the child after the membranes are ruptured.

The head of the child exerts only a downward force, effecting irregular lateral pressure after the manner of a blunt wedge, causing pain and irritation by its friction against the sides of the uterus. Hence, rupturing the membranes before the os uteri is fully dilated should be regarded as bad practice in a large majority of cases.

Having now treated of the motive power employed in the evolution of labor, the next point to be considered is the shape of the child and the form of the passages through which it is to pass, in order to show the adaptation of the one to the other, and how best to facilitate that progress by the position of the mother during the progress of parturition.

The general form of the gravid uterus and its pelvic outlet may not be inaptly compared to a hollow gourd, like a crooked-neck squash, the main body of the squash corresponding to the gravid uterus and its crooked neck to the pelvic curve.

The utero-pelvic or parturient canal is an irregular parabolic-curve-shaped canal, with its concavity looking downward and forward, and is assuredly not well adapted to the transmission of a straight object, and especially is this the case when we remember that the conjugate, transverse and oblique diameter of the pelvic canal are constantly varying.

The peculiar form of the child, which renders it admirably adapted to pass easily through this labyrinthian curve, is that the long diameter of the head is set at right angles with the axis of the body, the vertex pointing backward. This inclination of the vertex, together with the mobility of the vertebræ of the neck and spine, render the long axis of the child easily convertible into a curved form, with the concavity of the mother towards its back.

It is as a rule advised that the parturient woman lie upon her left side. This position is not only the most convenient for the obstretician, but it usually facilitates the progress of the child's head through the os-uteri and pelvic canal; because in a large majority of cases of labor, the vertex of the fœtal head lies upon the left side of the pelvis, consequently when the mother is upon her left side the child is lying upon its back, and the natural curve of the child corresponds to the natural curve of the mother, and the labor is made easy. The curve of the mother is concave toward the abdomen and especially so toward the side upon which she lies, because the body of the uterus falls to that side. The child is convex backward, its back being applied to the abdomen of the mother, its vertex pointing backward and following the curve of its mother's pelvis forward. Consequently when the accoucheur finds the vertex lying to the right side of the pelvis, either anterior, middle or posterior, it is not good practice to keep the woman on her left side, because the child is then lying upon its face, and the natural inclination of its vertex backwards is in almost direct opposition to the axis of the parturient canal through which it has to pass. In such instances, labor will be retarded by the efforts of nature to bend the child's head forward in order to engage the vertex. At the cessation of each uterine contraction, the vertex again seeks its natural tendency backward, and a great portion of each pain is expended in overcoming what has been previously lost; but place the patient on her right side, in such cases, toward which the vertex inclines, thus throwing the child upon its back and the curve of the child will then correspond to the curve of the mother's pelvis and labor will progress with far greater rapidity. The rule then should be — place the parturient woman upon that side toward which the vertex of the child inclines.

If the vertex is directed to the pubes or sacrum, the patient may lie upon that side which is most comfortable to her. In any position of the vertex it may be stated that as a rule it is better to lie upon that side than upon the back, although the latter position may be favorable in some cases, especially if the head and shoulders are well elevated.

The mechanical means or devices most frequently employed for the purpose of rendering artificial assistance in labor are the manual. There are but few cases where some assistance may not be rendered by digital manipulation. Such, for instance, as the use of the forefinger or fingers in dilation of the os or their employment as a vectis to aid the descent of the head through the superior strait; the rupturing of the membranes, when the os-uteri is sufficiently dilated; in forcing down the vertex; in pushing up the anterior lip of the os-uteri during a pain to

prevent its becoming compressed between the child's head and the pubis; in assisting rotation of the head as it descends to the inferior strait; in supporting the perineum with the palm of the hand while the curved fingers carefully press the head in the direction of extension; in removing the cord in its turns about the child's neck, etc. In this latter operation it is frequently preferable to enlarge the loop a little so that the shoulders may pass through it, rather than to make sufficient traction on the cord to pass it over the child's head; as it is difficult to determine which end of the loop is attached to the child, and which to the placenta, and it often requires more force to move either end than it is advisable to apply to the umbilicus of the child.

In shoulder presentation the assistance rendered by the hands of the accoucheur in turning is invaluable. In this operation both hands are required. The hand, the palm of which is most readily applied to the abdomen of the child, is introduced within the uterus in search of the feet, while the other hand, placed upon the abdomen, pushes up and steadies the head in such direction as will best favor the operation.

The forceps, as a mechanical appliance, next to digital manipulation, occupy a prominent position in the obstetrician's armamentarium. Whenever the uterine contractions, aided by the administration of the indicated homœopathic remedy and the force of the abdominal muscles, properly assisted by digital manipulation are not sufficient to effect the expulsion of the child, the accoucheur then turns to this instrument as the most valued assistant at his command, and one which, if wisely employed, rarely disappoints its master.

The forceps as a supplement to inefficient uterine contractions, cannot be well over estimated. They should not be employed until the os uteri is fully dilated or dilatable. They assist, or should assist the advancement of the child only during a uterine contraction and in the direction of the normal descent of the child, allowing perfect freedom of circulation between mother and child in the interval between the pains.

In breech presentations, after the shoulders have been delivered, if the head remains in the vagina longer than during one or two pains in which proper manipulations have been made with both hands, the forceps should be applied at once, and as it would then be too late to send for them, the forceps should always be in readiness as soon as a breech presentation is satisfactorily diagnosticated.

There are many other complications which may arise, such as abnormalities either in the fœtus, pelvic canal, condition of the os uteri, hæmorrhages, etc., that might well occupy our further attention, did time permit, in illustration of the evolution of

labor. In closing, I will say that it has not been the object of this paper to fully cover the ground suggested by its title, but simply to call the attention of the younger obstetricians in the society to the importance of the study presented, and at the same time to press home the subject in such a way as may lead them more thoroughly to investigate one of the most important specialties in the whole practice of the family physician.

In so doing, I have simply expressed a few ideas that have been fixed upon my mind by a somewhat extended observation, both in ordinary obstetrical practice and in consultation in difficult cases with many of my valued colleagues in the profession.

THE TREATMENT OF MALIGNANT GROWTHS.

Mr. Editor: — Will you kindly grant me space in the GAZETTE to say a few words on the subject of malignant growths recently discussed before the Massachusetts Homœopathic Medical Society, a subject that should receive the most careful consideration of every medical man? If one has followed closely the course of cancerous disease, as it was my lot lately to follow it in the case of a man suffering from a scirrhus of the pylorus, so diagnosed by some of the best diagnosticians of Boston, he can easily understand the despair of an honest physician when asked to take charge of such a case; for the best selected medicines prove only so many palliatives, and all our efforts ultimately fail, even when the growth is in a favorable location for treatment. Yet there is a way in which the victims of cancer may be greatly reduced in numbers.

In 1882, Jonathan Hutchinson read a paper before the British Medical Association on the "Origin of Tumors," and in that paper he made the significant statement that there is a time in the history of perhaps every malignant growth when that growth is not malignant, in other words, that there is what he termed a "precancerous stage." This proposition seems to be supported by the fact that, in the beginning, cancer has all the symptoms of a local disease. Only after the neighboring lymphatics have become infiltrated, it becomes a constitutional disease, as shown by the well-known cachexia. In 534 cases, Daniel Lewis could trace only 5% to hereditary influences, and Gross, out of 1000 cases, found an inherited tendency in about 10%, a percentage so insignificant as to cast a doubt upon the idea that heredity has much to do with cancerous growths. I venture to say that on proper investigation of pneumonia or typhoid fever patients there might be found a proportion of from five to ten per cent. that had lost a father, a mother, or some near relative by the same diseases. Should pneumonia and typhoid fever therefore

be called hereditary diseases? But such an assumption would be almost as reasonable as the one that regards cancer as a hereditary disease and, therefore, constitutional. Ever since Hutchinson read his memorable paper numberless physicians have come forth to establish his doctrine of the local origin of cancer. Every day brought new proofs that glandular, fatty, fibrous, and vascular tumors, wens, warts, moles, psoriasis, ichthyosis (of the tongue), leucoma, eczema, (of the nipple), simple and syphilitic ulcers, phymosis, and even hernia were, to say the least, precursors of this deadly disease, that malignant growths were, so to speak, grafted upon non-malignant lesions and tumors. Every day corroborated the fact that any long-continued irritation — such as a broken tooth might be to the tongue or the lip, fissures and hemorrhoids to the rectum, chronic inflammation to a lacerated cervix, and the like, —is liable to bring on cancer, just as a direct blow or contusion has been known to start the formation of cancer. To say, at this late day, that carcinoma has its origin in a depraved constitution is to be decidedly in the minority, for, with the exception of Sir James Paget, there is not one surgeon of international or, for that matter, even national, reputation that does not accept Hutchinson's views.

This, of course, does not cast any reflection upon the ability of the dissenting few, and a discussion of this question of etiology would be of no consequence were it not for the fact that Hutchinson's idea has revolutionized the whole management of tumors. And this is the practical point that prompts me to write to the GAZETTE. As no drug has yet been found that would cure cancer with certainty, it is the duty of every surgeon to excise all growths of however benign a character as the best means for the prevention of carcinoma. There is no danger in removing a simple benign growth by the knife, but there is danger, if we delay, that this simple tumor may become malignant. To say that by removing an innocent growth we favor metastasis to other organs is wholly to misunderstand the nature of benign growths, for with proper extirpation there is no possibility of recurrence, much less of metastasis. It is different with malignant growths. Even when a cancer is extirpated, some infected tissue may escape the search of the surgeon and become the nidus of a new growth; and if even every particle of suspicious tissue has been successfully removed there yet remains the danger of metastasis to menace the future of the patient. We are not justified in delaying extirpation in order to verify the supposed powers of certain medicines, for every delay means danger so long as we are unable to say positively when benignancy ends and when malignancy begins.

Two years ago I sent a man, about forty years of age, to one of our "expert" surgeons for the confirmation of my advice to have a papilloma removed from the neck. The consulted surgeon said that there was no hurry, that we should wait to see how the growth would develop, and that was just what suited my patient. He waited. Today the growth has already an angry, vascular appearance. The proper use of medicine in these cases is after the tumor has been removed by the knife, and not before. I do not mean to say that every innocent growth will become cancerous, but we know that more than half of all cases of benign growths do become cancerous, indeed that there is not one solid benign growth that may not become cancerous. Do you think that a sensible patient would take his chances with medicine if all the possibilities of his case were honestly placed before him? It is simply a matter of convincing the physicians as well as the laity, that though the knife may be unpleasant, it is yet preferable to submit to it in time than to wait until it is too late. If every benign growth were extirpated at an early opportunity, cancer would not be so prevalent in the United States as it is now (1 : 3000 — 6000). In the *Medical Record* of August 25, 1894, Bull reports twenty cures of mammary cancer in seventy-five operations, the largest per centage (26.6%) of cures ever reported. Yet it is plain that the other fifty-five could have been cured had they had the fortune to be treated surgically at an earlier time or before their disease had made its appearance as cancer. Bull says himself that "it is likely to have an even better showing if the patients can be be brought to treatment earlier than they manage at present. This can be effected by less attention to accurate diagnosis, and by giving up the habit of waiting to see how the tumor will develop. . . Benign neoplasm and inflammatory deposits should be removed, and persistent ulceration of the nipple treated as cancer."

Yours very truly,

Malden, Oct. 18, 1894. JAMES KRAUSS, M.D.,

SOCIETIES.

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MASSACHUSETTS HOMOEOPATHIC MEDICAL SOCIETY.

The fifty-fourth semi-annual meeting of the Society was held at Steinert Hall, Boston, Tuesday, Oct. 9th, and at the College Building, East Concord Street, Boston, Wednesday, Oct. 10th, 1894.

The attendance was large and meetings most interesting at both sessions.

FIRST DAY'S SESSION.

The meeting was called to order by the President, John P. Sutherland, M.D., and immediately placed in charge of Dr. Frederick B. Percy, Chairman of Committee on Materia Medica, who presented the following report:

1. "Some Remedies in Neurasthenia," Conrad Wesselhoeft, M.D.
2. "Notes on Colchicum in Rheumatism," Edward P. Colby, M.D.
3. "Verifications," William P. Defriez, M.D.
4. "Bryonia," John J. Shaw, M.D.
5. "Belladonna, Bryonia, and Rhus in Rheumatisms," J. Heber Smith, M.D.
6. "Ledum Palustre in Rheumatism and Gouty Affections," Frederick B. Percy, M.D.

DISCUSSION.

Dr. H. E. Spalding regards neurasthenia in the great majority of cases symptomatic of some tangible, diseased condition which is causing reflex nervous manifestation. Therefore the treatment should be directed to the *prima causa* whether this be found in the eye, ear, rectum or elsewhere, and in this way only can we expect to reach the neurasthenia.

Dr. D. B. Whittier thinks that a prime factor in the successful treatment of rheumatism is the elimination of the rheumatic poison by the skin. He therefore endeavors to produce profuse diaphoresis as speedily as possible. For this purpose has made use of a mixture containing acetanilid, caffeine and sod. bicarb. This will produce profuse sweating and relieve the pain. Has never seen any disagreeable cardiac effect from the use of this mixture. Is aware that this treatment is not orthodox but as a palliative, and in conjunction with other remedies it has served good purpose.

Dr. E. P. Scales has treated rheumatism many years and with marked success, and has never been obliged to resort to sweating the patient or to any other adjuvant to the indicated homœopathic remedy.

In reply to a question by Dr. A. H. Tompkins, Dr. Percy said that in the two cases cited from Hughes as cured by ledum palustre, there were in addition to the leading indications, "Aggravation from motion and entire relief when quiet, also aggravation from the warmth of the bed," the additional indication of pain in right hip.

Dr. Walter Wesselhoeft has not a definite idea concerning drug action in rheumatism. There are a few remedies he has

come to rely upon as much as any remedy can be relied upon in so hydra-headed a disease as rheumatism. Many conditions are characterized as rheumatic which vary extremely. That sulphur, cimicifuga, colchicum, bryonia, rhus and other remedies can affect rheumatism, nobody can have any doubt. We see unwilling testimony borne to this fact by those, who in the main reject our remedies utterly. A matter of the utmost importance in the treatment of rheumatism is that of diet. While uric acid may play an important part as a causative influence in the production of rheumatism, many cases undoubtedly occur without uric acid poisoning. Has therefore ceased to believe that nitrogenous food is so dangerous as was formerly believed. Thinks that meat in moderate quantities can be allowed in most cases; believes in varied diet and is by no means certain that a milk diet is in all circumstances desirable. Thinks that in the matter of diet we should study our patient's idiosyncracies. Thinks very well of water as compresses, packs, baths and douches; the relief from these is well worth seeking even though it be but fleeting.

REPORT OF THE COMMITTEE ON DERMATOLOGY, SYPHILOLOGY AND GENITO-URINARY DISEASES.

John L. Coffin, M.D., Chairman.

1. "Report of Some Cases of Skin Diseases." John L. Coffin, M.D.
2. "Differential Diagnosis of Specific and Non-Specific Urethritis." O. B. Sanders, M.D.
3. "Report of a Case of Multiple Round Celled Sarcoma." F. B. Batchelder, M.D.
4. "Report of a Case of Syphilis Contracted in an Unusual Way." George B. Rice, M.D.
5. "Some Remarks on the Treatment of Gonorrhœa." S. H. Blodgett, M.D.

DISCUSSION.

Dr. Talbot spoke of a case of carcinoma treated by erysipelas toxine unsuccessfully.

Dr. Powers spoke of the not uncommon cases of chronic gonorrhœa and gleet which progress satisfactorily to a certain point, and then remain *in statu quo* in spite of our best efforts. These cases are most difficult to manage, more especially because the necessity for secrecy interferes with the proper enforcement of some of the requisites for successful treatment.

Dr. Southwick. It is the generally accepted opinion that many cases of salpyngitis arise from gonorrhœa, and it is the duty of every physician to treat gonorrhœa in the female

promptly and most thoroughly. Most satisfactory results can be obtained from frequent thorough douching with a bi-chloride solution of, say, 1 to 1000, or 1 to 2000.

Dr. C. Wesselhoeft has never hesitated to apply locally the indicated homœopathic remedy. Mercurius corrosivus is indicated in gonorrhœa. Is careful to use a weak solution. One to one thousand is not a weak solution. Has used a solution of one to ten thousand, taking the precaution of telling the patient how to inject into the urethra. Directs him to use a medicine dropper and inject only so far that the solution will not enter the bladder.

Dr. Tompkins has never failed to cure a case of gonorrhœa. Has never made use of injections, and has never found it necessary to depart from the indicated homœopathic remedy. To be sure the cases were sometimes slow in recovering; in a few cases more than six months, but when finally discharged they were well, without stricture or danger of relapse. Thinks our patients should be educated not to expect rapid cures.

Dr. J. H. Sherman wished simply to remark that he had known of some cases of gonorrhœa which had gotten well without treatment, and it only took several months to do it.

Dr. Coffin believes it is most difficult to decide when gonorrhœa is finally cured. Regards syphilis as more amenable to treatment and surer of eradication than gonorrhœa.

At half past six about 125 members assembled at Hotel Thorndike and partook of a bountiful and satisfactory repast. The tables were beautifully decorated with flowers and fairy lamps; the menu cards were tastefully arranged and a general air of hospitality and good-cheer prevailed.

After coffee had been served, President Sutherland called the members to order and introduced the Orator, Henry E. Spalding, M.D., who delivered the annnual oration, "Medical Fads, Past and Present. Their Relationship to the so-called Specialties."

It was a most entertaining and instructive effort, well worthy the generous applause it received, and will be published in full in the GAZETTE.

SECOND DAY, WEDNESDAY, OCT. 10TH.

Surgical Clinic at Massachusetts Homœopathic Hospital.

Dr. Horace Packard showed a case of Dupuytren's contraction operated upon a week before, and called attention to the perfect result obtained.

The following cases were then operated upon by Dr. Packard: — 1. Chronic appendicitis. 2. Acute appendicitis.

Dr. W. J. Winn exhibited a patient upon whom inguinal

colotomy had been successfully performed for the relief of syphilitic stricture.

The meeting was called to order at 10:30 at the College building, by the President, J. P. Sutherland, M.D., and the records of the last annual meeting read and approved.

The following candidates were then elected to membership: Jennie S. Dunn, M.D., East Boston; Charles S. Gleason, M.D.; Wareham; J. Herbert Stevens, M.D., Malden; Noble H. Hill. M.D., Boston; Frederick P. Batchelder, M.D., Boston; George E. Hetherington, M.D., Somerville.

REPORT OF THE COMMITTEE ON SURGERY.

A. H. Powers, M.D., Chairman.

1. "Diagnosis of Malignant Growths," Nathaniel W. Emerson, M.D."

2. "Results of Operation for Malignant Growths." Horace Packard, M.D.

3. "Present Status of Electro-therapeutics in the Treatment of Malignant Growths." W. L. Jackson, M.D.

4. "An Unsuccessful Case of Appendicitis." W. J. Winn, M.D.

DISCUSSION.

Dr. Richardson being called upon said that not having had personal experience in the treatment of malignant growths by electricity, did not feel competent to discuss Dr. Jackson's able paper. Would say, however, that in the case of hidden growths the use of currents sufficient to produce the desired result was attended with great difficulty and danger because of the impossibility of accurately determining the amount of destruction of tissue taking place. This procedure is still under investigation, however, and we are hopeful of being able to place it upon a more scientific basis.

Dr. Elliott thinks that at the present day, with the records of many consecutive successful hysterectomies, and when the operation had been so improved by a Western surgeon that the uterus could be removed without ligating a single vessel, it is inexcusable to hesitate about radical operation if there is any indication of malignant disease.

Dr. Packard explained what is meant by "peri-appendicitis," also the manner in which peritonitis takes place as a result of appendicitis. Many cases of so-called psoas abscess were really appendicular abscess. Also explained how in a few cases nature took care of the inflammatory product and spontaneous recovery resulted.

Dr. Elliott spoke of the recent discussion in regard to the use or non-use of cathartics and olive oil in the treatment of

appendicitis, and felt that the use of these agents was worthy of thought in the conservative treatment of the condition under consideration. Operation for appendicitis had been spoken of by Western surgeons as a Boston fad.

Dr. Packard begs the Society not to rush to the conclusion that the operation for appendicitis is a fad or a notion. We have arrived at definite scientific data in regard to the treatment of this condition, and intelligent physicians everywhere, whether West or East, have come to regard operation as a legitimate procedure. Does not think appendicitis so liable to a mistaken diagnosis as most other abdominal pathological conditions.

Dr. Strong during his term of office as Superintendent of the Massachusetts Homœopathic Hospital has seen very many cases of appendicitis and never an unjustifiable operation.

Dr. Powers wished to correct a falacy entertained by the laity, and, indeed, some physicians, namely, that the cause of appendicitis is necessarily a concretion. Of course we know that this is not so. There are as many or more idiopathic cases. Spoke of the part played by the bacillus of the colon in the production of appendicitis. Mentioned three cases reported by a Philadelphia surgeon, in one of which the appendix was found under the umbilicus, in another underneath the liver, and in the third, in the left inguinal region.

A large experience in post-mortem work has led him to think that the appendix is more rarely found in the place usually described than elsewhere. It should not be special symptoms but the aggregation which should lead to a diagnosis.

Dr. Winn thinks that in the treatment of appendicitis the danger of operation is comparatively nothing to that of letting it alone. Has had four cases recover spontaneously. Speaks highly of the conservative treatment by the cold coil and indicated remedy.

Dr. Whittier. If the appendix is a tramp, and the McBurney point discounted, and the symptoms unreliable, and sweet oil inadmissable, what is the country physician to do who has neither a hospital to retreat to, or noted surgons to explore the abdomen, except to trust in Providence and "go it blind."

Dr. Packard considers the treatment of malignant growths one of the most important questions of the day. In their treatment we are no nearer success to-day than twenty-five years ago. Has hope that some time we shall be able to prevent by prophylactic means and at least mitigate them where already existing.

Dr. Packard then read statistics of all cases of malignant growths operated upon by him during the last three years,

showing the number of relapses so far as known and the period of time intervening in these cases between operation and a return of the trouble. These statistics will be duly published. He spoke at some length of the increased thoroughness with which operation for cancer of the breast is now performed. Formerly, a mere eliptical incision sufficient to excise the nodular mass was thought to be enough; care is at present taken to remove all axillary glands which show a possibility of having been infected.

Dr. Southwick thinks that in the after-treatment of a case by the administration of appropriate remedies much can be done to postpone a return of the trouble. At least one case under his care, in which clinical history and microscopical evidence pointed unmistakably to cancer, is surely getting better under treatment. Thinks highly of arsenicum and carbolic acid in the treatment of these cases, and believes that careful study and attention to medicinal treatment would lead to the development of a therapy of much value.

Dr. Krauss. If we take into consideration the fact now generally accepted that malignant growths are usually engrafted upon a growth of benign character, it would seem that much might be done in the way of prophylaxis by early extirpation of growths before malignancy has a foothold.

Dr. Joseph Chase has seen several cases in which impending malignancy seemed to be arrested by medicine.

Dr. Talbot strongly advocates the medicinal (homœopathic) treatment of malignant growths.

REPORT OF THE COMMITTEE ON OPHTHALMOLOGY, OTOLOGY, RHINOLOGY AND LARYNGOLOGY.

G. A. Suffa, M.D., Chairman.

1. "A New Method of Plugging the Nostrils," D. G. Woodvine, M.D.
2. "Epistaxis," Geo. B. Rice, M.D.
3. "Tonsillar Inflammations and Adhesions," S. A. Sylvester, M.D.
4. "Mental Astigmatism," L. Houghten Kimball, M.D.
5. "An Unusual Case with Pathological Specimen," John H. Payne, M.D.
6. "Experience with the Vibrometer in the Treatment of Catarrhal Deafness."

Numbers 1, 3 and 5 were the only papers read; the others were presented by title, their authors being absent.

At 1.30 the Society adjourned for lunch. At 2.30 the meeting was again called to order and received the

REPORT OF THE COMMITTEE ON GYNÆCOLOGY.

Leslie A. Phillips, M.D., Chairman.

1. "Laceration of the Cervix and Endometritis," Alonzo Boothby, M.D.

2. "Lacerations of the Vagina and Perinæum," Geo. R. Southwick, M.D.

3. "A Few Cases from Practice," Adaline B. Church, M.D.

4. "An Interesting Laparotomy, with Specimen," W. J. Winn, M.D.

DISCUSSION.

Dr. Jos. Chase spoke of the unsatisfactory results from the old methods of repairing the perinæum soon after laceration, also the liability of overlooking lacerations of the vaginal walls; thinks these latter are of much more frequent occurrence than is generally supposed and that neglect to repair them may lead to much trouble. The idea of saving the perinæum by supporting or other means is in his opinion largely fallacious. In many cases a tear is inevitable. Rapid birth is a prolific cause of laceration. Immediate repair can be accomplished without anæsthesia in most cases. The vaginal wall should be carefully examined in every case and any rupture of continuity, however slight, should be repaired.

Dr. Southwick, in reply to a question, expressed the opinion that in primiparæ laceration is the rule.

Dr. Holt thinks his practice must have been singularly free from cases of laceration, for he does not recollect of ever finding one. Thinks they may be avoided by continuing the progress of the child in the direction of the pelvic curve after the head has entered the vulva.

Dr. Tower considers that the shoulders cause rupture much more frequently than the head. Many cases of laceration certainly heal without operation.

Dr. Earl wishes to call attention to the fact that in immediate repair, suturing the vaginal mucous membrane causes no pain, and we are thus able to dispense with anæsthesia.

Dr. Newton, while admitting that suturing the mucous membrane may be painless, thinks we should not forget the pain caused by passing sutures through the integument, and wishes to enter a plea for mild anæsthesia. Thinks that the majority of primary operations do not heal, and unless it can be done very carefully it is best to wait.

Dr. Earl finds that packing vagina above the seat of operation lightly with cotton greatly obviates the trouble experienced from blood flowing over the wound, and, therefore, facilitates placing the sutures.

Dr. Southwick wished particularly to call attention to lacerations of the pelvic floor, which, if not attended to, cause much trouble. Counsels thorough work. Merely stitching the integument does no good and is a waste of time.

Dr. Boothby wishes to most positively condemn any statement, such as he understood had been made at this meeting, that removal of the uterus is a perfectly safe procedure. Such assertion is ill-considered and liable to cause mischief. To be sure, great progress has been made in the technique of performing hysterectomy, but those who have met with the largest measure of success and done the most to bring the operation to its present approach to perfection, have accomplished this because of their realization of the dangers involved and the extreme caution they have used in avoiding these dangers. Furthermore, no man on earth ever removed seventy-five or a hundred uteri, consecutively, or any other way, without tying a vessel. The statement is preposterous, and only to be credited by those unacquainted with the anatomy of the parts. Vessels must be cut and a cut vessel will bleed, whoever cuts it, whether the surgeon hails from conservative Boston or braggart Chicago.

Dr. Lamson Allen believes that occasionally lacerations so slight as to have been at first overlooked, have caused reflex symptoms only relieved by operation.

Dr. Adaline B. Church thinks physicians are liable to go to extremes in promising relief of reflex symptoms by operation. Oftentimes, the mere shock of telling a patient that an operation is necessary has cured neurasthenia. We have severe cases of bi-lateral laceration with extensive cicatricial plug causing grave reflex symptoms which can only be benefited by operation, but the accompanying endometritis may be almost as important a cause of trouble and should not be neglected.

Dr. Southwick thinks the dysmenorrhœa so frequently following operations on the cervix is usually due to the fact of the operation having been improperly performed by the inexperienced. It is not so simple an operation as many seem to suppose.

Dr. Elliott does not regard curetting as a simple operation either. His first curettement was followed immediately by salpyngitis and a little later by ovariotomy, and this when every antiseptic precaution had been observed. Thinks dilatation by means of graded sounds possesses many advantages over that by the dilators in common use. Reported a case of dysmenorrhœa and aggravated dyspepsia. The cervix was dilated under ether, uterine cavity found to be six and a half inches, curettement was effected and much membrane removed. Recovery was prompt and the reflex symptoms were removed.

Dr. Winn. Many cases come to the hospital with tubes in a somewhat inflamed condition, although not suppurative, and in these cases operation on cervix and curetting is advised as a means of subduing the inflammation, but the precaution is always taken of telling the patient that subsequent laparotomy may be necessary.

Dr. Newton has seen used many different methods of dilating the cervix, rapid dilatation and gradual dilatation, and it would seem to him that the Hagar's dilatation has the advantage of exerting uniform pressure on all parts of the cervical canal.

Dr. Elliott has seen many able gynæcologists use a sharp curette after gradual dilatation and has never seen harm result. Regards this as a method worthy of consideration.

Dr. Boothby regards the word "sharp," as applied to a curette, as a comparative term. All curettes are dull as compared with a knife blade. Described briefly, the dilator was used by him with the most satisfactory results.

Dr. Phillips after curettement packs the uterine cavity with gauze for the purpose, as much as anything, of exciting contraction of uterine tissue.

Dr. Powers reported the case of a woman who had borne several children and never in her life menstruated.

Dr. Boothby had seen one case where by reason of the separation of the uteri muscles the uterus was practically outside the abdominal cavity and we had practically a uterine hernia.

This closed the discussion, and it was voted to adjourn the fifty-fourth semi-annual meeting, one of the most satisfactory in the history of the Society. The abundant time afforded for discussion was fully utilized, and the attendance was excellent up to the time of adjournment.

FRANK C. RICHARDSON, *Sec'y.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, October, 4, 1894, Vice-President, A. Howard Powers in the chair.

The following physicians were elected to membershlp: Francis B. Carleton, M.D., of Dorchester and Wm. T. Hopkins, M.D., of Lynn.

Drs. Charles S. Abbott, of Boston; Newcomb L. Damon, of Dorchester; Daniel J. Hanlon, of Hyde Park; Charles R. Hunt, of New Bedford; Sara Johnson, of Boston; James S. Kennedy, of Boston; George A. Martin, of Hyde Park; Eugenie M. Phillips, of Somerville; Edith C. Varney, of Boston, and

Emma M. Woolley, of Boston, were proposed for membership.

SCIENTIFIC SESSION.

Dr. Wm. J. Winn presented five pathological specimens.

1. Two solid tumors of ovaries. Laparotomy was performed. Tumors were found to be without adhesions and removed. No drainage. Recovery.

2. An ovarian cyst weighing ten pounds. A patient thirty-two years of age. In this case there were also no adhesions and the patient made a good recovery.

3. Tubes and ovaries. The uterus and tubes were found in a mass in the posterior *cul-de-sac.* Drainage. Recovery.

4. Tubucular testicle.

5. Testicle. A postman injured himself while getting over a fence, which resulted in the sloughing of the scrotum. The testicle made its exit through the opening and became strangulated. It could not be replaced and consequently was removed

Dr. A. Howard Powers presented a simple local hypertrophy which he had removed from the uvlva; it had been treated for years by internal medication.

SECTION OF ELECTRO-THERAPEUTICS

E. A. Bruce, M.D., Chairman; E. B. Cahill, M.D., Secretary; F. L. Emerson, M.D., Treasurer.

1. "An Investigation of Inter-polar Action in Galvanic Currents," by Wm. L. Jackson, M.D., was not presented, the writer being too ill to attend.

2. "Electrical Notes. — Cases," By Emily A. Bruce, M.D.

3. "A Paper," By F. C. Richardson, M.D.

The discussion was participated in by Drs. F. C. Richardson and J. E. Briggs.

A nominating committee, composed of Drs. Mary E. Mosher, Rhoda A. Lawrence and F. C. Richardson, was appointed to nominate officers of this section for the ensuing year.

They reported the following nominations: F. L. Emerson, M.D., Chairman; Lucy Appleton, M.D., Secretary; Rhoda A. Lawrence, M.D., Treasurer; which were elected by the Society.

J. EMMONS BRIGGS, *Sec'y.*

THE NATIONAL SOCIETY OF ELECTRO-THERAPEUTISTS.

The National Society of Electro-Therapeutists held its second annual meeting in Berkeley Lyceum, New York City, September 20th and 21st.

President William Harvey King, M.D., called the members to order, and made an able address, earnestly impressing upon the

minds of his audience the necessity of electro-therapeutic teaching.

The following papers were read:

"An Investigation of Inter-polar Action in Galvanic Currents," by William L. Jackson, M.D., of Boston, Mass.

"Investigations regarding Use of Static Electricity," by Frank E. Caldwell, M.D., Brooklyn, N. Y.

"Some Observations on the Influence of Electricity on Muscular Development," by William H. King, M.D., New York City.

"Use of Electricity in Orificial Surgery," by C. A. Weirick, M.D., Chicago, Ill.

"Clinical Use of Electricity in Muscular Development." by William H. King, M.D., New York City.

"Radical Electrolysis," by F. M. Frazer, M.D., New York City.

"Hints on the Use of Electricity in Gynæcology," by Flora A. Brewster, M.D., Baltimore, Md.

"My experience in Regard to the Susceptibility of the Electrical Current," by Jennie W. Martine, M.D., New York City.

"The Physical Properties of the Sinusoidal Current," by J. W. Gladstone, M.D., New York City.

The Exhibition of an Apparatus for the Application of Heated Oxygen on Ozenized Oxygen by Electrical Propulsion, by Irving Townsend, M.D., New York City.

Exhibition of an Electrical Endoscope, Laryngoscope and Stethoscope, by M. Milton Weill, M.D., New York City.

"Diphtheritic Paralysis Treated by Electricity," by William L. Jackson, M.D., Boston, Mass.

"Brief Researches on the Action of Galvanic, Faradic and Franklinic Currents on Nervous Tissue," by Walter Y. Cowl, M.D., Berlin, Germany. Presented by J. T. O'Connor, M.D., New York City.

"Electrical Massage in the Treatment of Diseases of the Ear," by Thomas L. Shearer, M.B., C.M., Baltimore, Md.

"The Galvanic Current of High Amperage in the Diseases of the Liver," by Lorenzo J. Kohnstanm, M.D., New York City.

"Details in the Instrumentation in Diseases of the Ear," by Henry C. Houghton, M.D., New York City,

"Report of Clinical Cases," by M. Bonner Flynn, M.D., Worcester, Mass.

"A New Method of Treatment for Gouty Arthritics of the Fingers," by Frank A. Gardner, M.D., Washington, D. C.

"Electricity as a Therapeutic Means at River View Home," by W. S. Watson, M D, Fishkill, N. Y.

"Inter-Uterine Cataphoresis," by William H. King, M.D., New York City.

"Cicatrix or the Cervix Uteri Treated by the Negative Pole of the Galvanic Battery," by Alice B. Condict, M.D., Orange, N. J.

"The Electrical Treatment of Appendicitis," by W. N. Williams, M.D., San Jose, Cal.

"New Painless Method of Removing Facial Blemishes by Electrolysis," by H. E. Waite, M.D., New York City.

"An Electric Potpourri," by A. S. Baily, M.D., Atlantic City, N. J

"Electric Induction Cabinet and Some of Its Uses," by J. H. Woodward, M.D. Seward, Neb.

"How to Measure the Faradic Current," by Harry F. Waite, New York City.

"Clinical Reports of Electricity in Gynæcology," by Bessie P. Haines, M.D., St. Paul, Minn.

The papers read were intensely interesting and suggestive. Many of them were the product of original research, and the discussions following their reading were very instructive.

The Society owes to its retiring President, Dr. W. H. King, not only its existence, but most of the success and value of the meetings.

The following officers were elected for the ensuing term:

President, William L. Jackson, M.D., of Boston.

First Vice-President, E. S. Bailey, M.D., Washingten, D. C.

Treasurer, J. B. Garrison, M.D., New York City.

Secretary, Clara E. Gary, M.D., Boston, Mass,

W. H. King, M.D., New York City, and M. D. Youngman, M.D., of Atlantic City, were elected to act with the officers, as on executive committee.

The Society adjourned to meet next September, in Boston, Mass. CLARA E. GARY, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

AN INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS. By Horatio R. Bigelow, M.D. Philadelphia: F. A. Davis Co.

All who have been interested in the study of electro-therapeutics during the past decade have seen wondrous advances in the science, not only in its successful application to a vastly greater number of diseases, and its greatly improved methods and instruments, but in the marked development of its literature necessitated by this progress and by the wide-spread interest in the subject.

Only a few years ago there were but four well-known treatises on medical electricity, — Erb, de Watteville, Beard and Rock-

well, and Onimus. Although in their day these books were valuable, yet, when we now review their therapeutic suggestions, we can realize what a stride we have made in the practical application of this vital force. The fact is, no text-book on this subject can be fully up to date, for the developments are so rapid that a book could hardly be out of press before some new discovery would be announced. Bigelow's work has this advantage, that as it is the production of so many minds, it is more likely to contain all the latest ideas. The book is, indeed, an encyclopædia, for it contains all the minutiæ of the subject. Beginning with electro-physics, describing the characteristics of the various currents used in medicine, with chapters on electro-physiology and electro-diagnosis, by eminent authorities, the greater part of the book is reserved for articles on electro-therapeutics by a large number of men who have devoted their attention to special divisions of the subject. These articles contain a great amount of valuable and practical material for the practitioner, embodying, as they do, the very latest results of such scientists as Massey, Rockwell, Gœlet, Tripier, Martin, Parsons, Morton and Newman.

The encyclopædia is essentially an American production, for of the thirty-seven articles contained in it, twenty-nine are by United States authors, two by Canadians, two by Englishmen, and four by Frenchmen. This is a noteworthy fact, for it shows the extensive interest in this science in our country.

Dr. Bigelow has earned the appreciation of a large number of those who have long wished for a reliable compendium of electro-therapeutics, and no one who ventures to apply this wonderful and subtle remedy should fail to procure a copy of the work.

WILLIAM L. JACKSON, M.D.

A TEXT-BOOK ON DISEASES OF THE EYE. By Henry D. Noyes, A.M., M.D. New York: William Wood & Co. Second edition.

In reading the book one is impressed with the scientific and practical arrangement of the subjects, beginning in the first part with the general anatomy and physiology of the eye with its functional disorders, including in a thorough manner the latest methods employed in examining and correcting these various disorders.

In the second part at the beginning of each chapter is given the finer anatomy and physiology before discussing the inflammatory and pathological states, a feature that will be appreciated by the student.

In Chapter IV., on "The Ophthalmoscope," the author in describing the indirect method of examination omits placing a

plus two droptric lens back of the opening in the ophthalmoscope, an omission which would cause considerable confusion to the novice, forcing him to recede forty inches, or arm's length (not thirteen inches) from the objective lens, in order to obtain a clear image of the fundus.

Chapter X., on "Asthenopia," as a whole, is elaborate and conservative, but the author's statement that errors of refraction of two droptrics or less need not be corrected in making the measurements for muscular insufficiencies, as the findings as a rule are nearly the same, with and without correction, should be regarded as too broad, especially in hyperopia with esophoria, as the degree of insufficiency varies decidedly with and without correction of the hyperopia, in a sufficient number to break the rule: principally is this true in the lower degrees of insufficiency, the ones usually correctable with prisms.

Chapter XVIII., part second, on "The Optic Nerve," containing a complete description of the cerebral anatomy of the nerve, together with the deep anatomy of the motor nerves in part first, makes a valuable addition to the book. The many references given throughout the book is a feature of great value to all desiring to make further research, and is in itself worth more than the price of the volume.

The book throughout is thorough in method, concisely written, conservative and up to date, and should find a place in the library of the general practitioner, as well as the specialist, and is one that the student should not be without. G. A. S.

MISCELLANY.

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VINEGAR IN CHLOROFORM SICKNESS. — Warholm (*Hygiea*, October, 1893,) accidentally discovered that vinegar is an excellent remedy for the after-effects of chloroform. He has used it in thirty cases. Not only were the nausea and vomiting relieved, but also the distressing headache. Only in one case, that of an alcoholic patient who had had a large dose of chloroform, the vinegar had no effect. Ten patients had been under chloroform more than an hour; three of them had had chloroform previously, and had suffered greatly from after-effects. On the patient's being brought back to bed, and before he came round, a compress saturated with vinegar was placed over his nose, and left there till he came round, or longer, if necessary. A bottle of vinegar was placed at the bedside to be used by the patient as required. Some of the patients were able to drink, and even to take small quantities of food soon after recovering from the narcosis. — *Brit. Med. Jour.*

PERFORATION OF THE HEART, WITH CONTINUANCE OF LIFE FOR THIRTEEN HOURS — An unusual case of prolonged existence with a perforated heart is reported by Dr. Thompson, of San Bernardino, Cal. The man was a Mexican, twenty-nine years old, five feet seven inches in height, weighing 160 pounds. After the shooting he complained of internal pain over the abdomen and of great thirst. He was given morphia subcutaneously for the pain and shock, and was carried by wagon and train to San Bernardino, a distance of some length. He died a few moments after reaching the hospital, *thirteen hours* after being wounded.

The autopsy, four hours later, showed "a bullet-hole two-and-a-half inches in-

side and one third of an inch below the centre of the nipple line; size of wound at point of entrance, five-sixteenths of an inch, almost round. The bullet penetrated the cartilage of the sixth rib, near its juncture with the rib, breaking it, and chipping a small piece out of the upper part of the seventh rib. Entering the pleural cavity, the course of the ball was downwards and slightly inwards; this cavity was filled with blood. Passing through the right side of the pericardium, penetrating the right ventricle of heart, one-and-one-half inches from apex, it passed through the anterior wall, severing the right coronary artery. Leaving the heart, the ball passed directly downward, penetrating the diaphragm, entering and passing through the left lobe of the liver from above downward, entering the small intestines. The ball having perforated the wall of the intestines, followed them through their action, and was found about two inches up the rectum.—*Best. Med. and Surg. Journal.*

PERSONAL AND NEWS ITEMS.

—:o:—

DR. W. S. THOMPSON has removed from Hallowell to Augusta, Me.

NOBLE H. HILL, M.D., has removed to Hotel Huntington, Huntington Ave., Boston.

DR. W. A. DEWEY has removed from 170 West 54th St. to 52 West 25th St., New York City.

DR. LEVI T. HAYWARD has removed from 1 Norfolk St., Dorchester, to 123 Ashmont St., Dorchester.

DR. MARTHA S. MCQUITTY, class of '93 B. U. S. M., has changed her location from Carnegie, Pa., to 417 Larimer Ave., Pittsburgh.

DR. WALTER H. WHITE has removed from 192 Dartmouth St. to 222 Marlborough St., Boston. Office hours, 2 to 4 P. M.; mornings by appointment.

A PHYSICIAN wishing office hours in the city, in a good location near Copley Square, with another physician, can arrange for two or four days in the week.
Address "A. B. C.," care of Otis Clapp & Son, 10 Park Sq., Boston.

BELLEVIEW, Marion Co., Florida, is said to be one of the finest situations in Florida for a sanitarium. Any one desiring to know about the healthfulness, accessibility, and general desirability of the place, can obtain particulars by applying to Mr. D. R. Dana, Warren, R. I.

A RARE opportunity to acquire a practice in a rapidly growing city within six miles of Boston. To any one purchasing real estate, consisting of house of eleven rooms in good repair, with 8500 feet of land, will be transferred the good-will in a practice of seventeen years duration. The estate is a corner one on principal street, near steam and electric cars, and has been used as a physician's office and residence for the past fifteen years.
Address "X. Y. Z.," care Otis Clapp & Son, 10 Park Square, Boston.

OBITUARY.

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WILLIAM L. THOMPSON, M.D.

DR WILLIAM L. THOMPSON, one of the leading homœopathic physicians of Maine, died at his residence in Augusta, Sunday, Sept. 30, '94, of cancer. He was born in Newbury Vt., in 1823, educated at Francestown Academy, N. H., and taught four years at Newburyport. He was graduated from the Homœopathic College of Pennsylvania in 1837. He began practice at Dover, N. H., and in December, 1865, moved to Augusta. He was a charter member of the State Homœopathic Medical Society, and was its president twice.

JABEZ P. DAKE, M.D.

JABEZ P. DAKE, M.D., died at his home in Nashville, Tenn., of paralysis, on Sunday, at 12.25 A M., Oct. 28, 1894, aged 67 yrs., 6 mos.

Dr. Dake was one of the best known and most influential homœopathic physicians in this country. He belonged to a family of physicians, which included his father, two brothers and five sons (four of whom survive) all homœopathic physicians.

Dr. Jabez P., third son of Dr. Jabez Dake, a successful allopathic physician, who in later life adopted homœopathy, was born in Jamestown, N. Y., on April 22, 1827. He was graduated from Union College, Shenectady, N. Y., in 1894, studied medicine with Dr. Gustavus Reichhelm, at Pittsburg. Pa.; attended lectures at Geneva Medical College, and later at the Homœopathic Medical College of Pennsylvania, from which he received his medical degree in March, 1851. He at once began practice in Pittsburg, where he was associated with his former instructor, Dr. Reichhelm, and soon secured a large and lucrative practice. For two years he filled the chair of materia medica in the Homœopathic College, at Philadelphia. He became one of the editors, in 1852, of the *Philadelphia Journal of Homœopathy;* in 1860, of the *U. S. Journal of Homœopathy*, published at Chicago, and in 1863, of the *North American Journal of Homœopathy.*

In 1864, his health so completely gave way under his extensive practice and many duties, that he entirely relinquished practice and returned to his farm at Salem, Ohio. In 1869, he had regained his health, but his wife having shown symptoms of pulmonary disease he sought a milder climate and went to Nashville, Tenn., where he soon acquired a large practice which he retained till his death.

It is impossible in a brief obituary to do justice to such a man as Dr. Dake. As a physician he possessed in a high degree those qualities which gave him marked success and closely bound him to a large number of patients; as a teacher he was clear, forcible and comprehensive; as a speaker he had a pleasant voice, attractive manner, animated and effective delivery; as a writer his style was lucid, exact and forcible. He covered a wide range of professional subjects, among which as especially valuable were his essays on materia medica, on which he wrote much, and with Dr. Hughes edited the *Encyclopædia of Drug Pathogenesy*, *Medical Ethics* and *Medical Legislation.*

As a member of the American Institute of Homœopathy he was active and influential for forty-two consecutive years. In 1852, the year following his graduation, he became a member; in 1855, its General Secretary at Buffalo, N. Y.; in 1857, its Chairman at Chicago; in 1858, he delivered the annual address at Brooklyn, N. Y., on "Charity in Medicine." He has been on innumerable committees, always doing the work assigned him faithfully and well. He added dignity and efficiency to any work he undertook. As a member of the medical profession his influence has been wide and uplifting Spurning everything like charlatanry, deception, or false pretences, he has sought to eliminate all that was untrue or doubtful, and to establish on a firm basis all that was true and worthy in medical science. He was warmly esteemed by his professional associates.

At a meeting of the homœopathic and eclectic physicians, held at Nashville on the day of his death, the following resolutions were unanimously adopted:

WHEREAS, In the providence of Almighty God, our honored associate and friend, Dr. J. P. Dake, has been suddenly taken from our midst, we the members of the homœopathic and eclectic medical professions of the City of Nashville, *resolve*,

That in his death the homœopathic medical profession has sustained an irreparable loss, and science and art an enthusiastic votary.

That we who have known him most intimately feel our loss most profoundly, realizing that in his death we are deprived of a devoted friend and earnest coworker.

That in his death Nashville has lost one of her most enterprising and public-spirited citizens.

That our sincere and heartfelt sympathy be extended to the bereaved family in this their sad hour of trial.

That we attend the funeral services in a body.

That a copy of these resolutions be presented to the bereaved family and offered to the daily press for publication.

His active interest in all pertaining to the progress and welfare of the community in which he resided was deeply appreciated.

At a special meeting of the Chamber of Commerce of Nashville, held Monday, Oct. 29th, at 11 o'clock, at the Chamber of Commerce rooms, remarks on the death of Dr. Drake were made by Capt. A. J. Harris, Gen. G. P. Thruston, John J. McCann, John D. Anderson, Frank M. Cruzen and others.

A Committee on Resolutions was appointed and made the following report:

Mr. Chairman and Members of the Chamber of Commerce:— Your committee beg to report that we stand to-day in the shadow of a great mystery. Within four squares of us lies the form of one of our brethren locked in the awful stillness of death.

Dr. J. P. Dake is no more. The eyes which gleamed upon us are closed; the voice which captivated us is still; the presence which was an inspiration, and the influence which was a benediction, are gone; the counsel and advice which guided, comforted and cheered us, has been removed, and admiration is supplanted by that wonder which has shrouded the mind of man from the first death to the present time. Conjecture leaps unanswered on lawless wing as only echo faintly whispers of the unknown, while the gentle hand of faith waves us on and assures us that the wisdom of Him who occupies all space never makes a mistake.

The weeping elements above us, the words of eulogy from the public press, the sadness depicted upon each countenance here today, and the wail of his adopted city, convey to his relatives on unsoiled wings words of sympathy for the fallen.

A life so pure, a character so spotless, is seldom united with that public spirit which renders one poor for the benefit of his fellows.

With uncovered heads we bow to-day to that decree which has crushed expectation, and silenced a harp in the family circle, whose music gladdened and brightened his home, and whose widening tones even now are falling npon the cold ear of death, as it waits the call to listen for the invocation of art greater than his mind ever dreamed of on earth.

WHEREAS, In the dispensations of an over-ruling Providence it has pleased the Great Ruler of man's destiny to remove from our midst one who combined within himself all those higher elements of true manhood which endeared him to his fellowman, and whose loss creates the deepest regret and awakens the profoundest sorrow. Dr. J. P. Dake is dead! How much that announcement signifies each heart can feel, but no tongue may tell, for so interwoven with every good for our people was his life that the future alone can reveal its sad significance.

In all the varied positions of life as citizen, physician, friend, as parent and husband, his grand qualities of heart and mind stand pre-eminent. As a public-spirited and enterprising citizen, his clear conception of surrounding, his earnestness and devotion, his untiring energy, softened as they were by the modesty of a woman and a great love for humanity, renders his loss peculiarly significant to this body. Therefore, be it

Resolved, That in the death of Dr. Dake the Chamber of Commerce has lost one of her most active and valued members; that we tender to the bereaved family a sympathy that springs from a broken tie of friendship that has grown and strengthened with our years of association.

Resolved, That the Chamber of Commerce will attend the funeral to offer a last tribute of respect.

Resolved, That while we bow in sorrow and regret to the will of Providence, the life of our friend leads us to confidently believe that his disembodied spirit has been on angels' golden pinions in glorious convoy wafted to the paradise of God.

Resolved, That a copy of these resolutions be forwarded the family and the daily papers for publication. Respectfully,

JNO. J. MCCANN, *Chairman*,
G. P. THRUSTON,
JO. B. MORGAN,
JNO. D. ANDERSON,
A. W. WLLLS.

In the death of Dr. Dake homœopathy and the medical profession sustains a great loss, which can best be met if each of us will make his life an example of earnest, conscientious, self-sacrificing work to be faithfully followed. I. T. T.

THE

NEW-ENGLAND MEDICAL GAZETTE.

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

EDITORIAL.

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ADULTERATED FOODS AND DRUGS.

The recent crusade in Ohio against the sale of adulterated foods and drugs will doubtless be productive of widespread good, not only to the State of Ohio but to the inhabitants of other States, by drawing attention to a matter closely concerning the public health, happiness and general welfare. The publicity given to the aroused activities of the Food Commission of Ohio by *The New York Times* is commendable, and if by it the proper authorities in other States can be stimulated to follow the example of the Food Commission of Ohio, there might be inaugurated an era of compulsory honesty in food and drug traffic, which would last as long as the "eagle eye" of the law remained vigilant, and if this period could be sufficiently prolonged, it might result in the establishment of a universal habit of honest dealing which would eventually prove a great benefit to mankind.

Certain changes in the laws were made a year ago in Ohio, which greatly facilitated the work of, and infused new life into, the Food Commission. The result was the institution of an energetic campaign against the dishonesty and cupidity of manufacturers and retailers of, and dealers in, articles used as foods, beverages or medicines, with the laudable intention of enforcing the laws and protecting the people against adulterations. During the six months from May to October inclusive, prosecutions were brought against about ninety cases, in all of which the charges of the Commission were sustained and the prescribed penalties imposed. According to the *Times* the following articles were found

to be adulterated and furnished the basis for legal proceedings; vinegar, coffee, fruit-jellies, preserves, spices, lemonade, milk, grape-juice, Paskola, etc. It is interesting to note that one variety of "unfermented grape-juice" was found on analysis to contain 15 per cent. of alcohol, and another variety specially recommended as useful for children and nursing mothers contained a liberal quantity of salicylic acid. Such results testify convincingly to the necessity for just such a crusade, and are sure to enlist the hearty co-operation and sympathies of the people.

It is apropos of such agitations that one turns his thoughts and attention toward the condition of things near his own hearthstone, to see, if perchance, there exist any necessity for repairs.

It is some dozen years or so since Massachusetts was disturbed by discussions of this vital question, but the State Board of Health, to which august body is assigned the inspection of foods and drugs, has been doing quiet and effective work in the interim, as may be seen on reference to the "Twenty-Fifth Annual Report" of the Board. In this report it is stated that since the enactment of the general food and drug acts in 1882 to Sept. 30, 1893, or during a period of eleven years, no fewer than 53,573 samples of food and drugs have been examined, the greatest number for any one year being 6,409 for 1893. During the same entire period the total number of complaints entered in court was 949, of which number 91.1 per cent., or 865, are tabulated as "convictions." In 1893, there were examined 327 samples of drugs, of which number 228 were found to be "of good quality," and 99 "adulterated, as defined by the statutes." In 1893, the number of prosecutions conducted was 96, resulting in 92 convictions, and the amount of fines collected and paid into the local treasuries was $2,476. The following table, compiled from such statistics as are at the moment accessible, shows part of the work that has been done during the present year.

1894.	Total Examinations of Foods and Drugs.	Number Adulterated or Varying from Standard.	Complaints Entered.	Fines Imposed and Collected.
Jan.	417	108	4	$60
March	695	247	4	100
April	528	217	3	200
May	571	71	4	120
June	553	97	6	250
August	507	224	17	431

Some of the drugs found in these examinations to be adulterated were Ether, Chloroform, Solution of Magnesia Citrate and Syrup, Powdered Opium, Tincture of Opium, Chlorine Water, Chlorinated Lime, Spirits of Juniper, Tincture of Iodine, Extract of Licorice, Red Wine, Whiskey, White Wine, Stronger Ammonia Water, Acetic Acid, Carbolic Acid, Unfermented Grape Juice, Essence of Lemon, Oil of Bitter Almonds, Oil of Lavender, Oil of Lemon, Citrate of Iron and Quinine, Tincture of Nux Vomica.

This gives some idea of the work the Massachusetts Board of Health is doing in this direction. Until 1891, the sum of $10,000 only was appropriated annually for defraying the expenses of this important department of inspection of food and drugs, and three-fifths of this amount was expended, in accordance with statute, in the examination, etc., of milk. In 1891, the appropriation was raised to $11,500, a sum none too large for the purpose.

According to the Acts of 1882, 1884, an article shall be deemed adulterated

"(a) In the case of drugs, (1) If sold under or by a name recognized in the United States Pharmacopœia, it differs from the standard of strength, quality or purity laid down therein, unless the order calls for an article inferior to such standard, or unless such difference is made known or so appears to the purchaser at the time of such sale. (2) If when sold under or by a name not recognized in the United States Pharmacopœia, but which is found in some other pharmacopœia or standard work on Materia Medica, it differs materially from the standard of strength, quality or purity laid down in such work. (3) If its strength or purity falls below the professed standard under which it is sold.

(b) In case of food, (1) If any substance or substances have been mixed with it, so as to reduce or lower or injuriously affect its quality or strength. (2) If any inferior or cheaper substance or substances have been substituted wholly or in part for it. (3) If any valuable constituent has been wholly or in part abstracted from it. (4) If it is an imitation of or is sold under the name of another article. (5) If it consists wholly or in part of a diseased, decomposed, putrid or rotten animal or vegetable substance, whether manufactured or not, or in the case of milk, if it is the produce of a diseased animal. (6) If it is colored, coated, polished or powdered, whereby damage is concealed, or if it is made to appear of better or of greater value than it really is. (7) If it contains any added poisonous ingredient, or any ingredient which may render it injurious to the health of the person consuming it."

It may be interesting to residents of the Bay State to note that the total number of samples of foods and drugs examined in the State of New York during 1891 was 1,798 as against 5,294

in Massachusetts; during 1892, 2,971 were examined in New York as against 6,199 in Massachusetts.

The question, "Who are the guilty parties as far as the adulteration of drugs is concerned?" need not be answered at this time, but the opinion that the retail druggist differs as to his abilities, motives, etc., from the "big manufacturer" is somewhat amusingly put by a member of the Ohio Food Commission, as follows:

"The pharmacists who are now under arrest will not be affected, as far as their reputation goes, no matter how the present cases end. They were not arrested for selling any goods of their own make. The great trouble is that big manufacturers in the great Eastern cities have been imposing on the retail druggists all over the country. Pamphlets have been spread broadcast over the country to the physicians, stating that the pharmacists, as a rule, are not able to make the tablets and other products which are prescribed in the every-day practice of a doctor. For this reason they claim that they have put up their goods, which they desire the disciples of Esculapius to specify in prescribing. This has been going on for a decade or more. . . . . We hope in time to be able to wipe out such unscrupulous munufacturers, and thereby put the retail druggist back where he used to be years ago. The pharmacist has become a mere handler of merchandise. In the future it is hoped he will get back to where he belongs. The present crusade seems to be the only way of accomplishing such an end. If we can wipe out the bogus products put up by the big firms, then the retail druggist will be called upon to display his knowledge as he did years ago."

The danger to life of using impure or adulterated drugs, the interference with the usefulness of the physician whose prescriptions may be filled by unreliable preparations, the hindrance to the advancement of medical science due to drawing conclusions from experiments conducted with uncertain materials, these and similar phases of the subject might well receive consideration. A matter closely connected with this subject, however, is of such vital importance as to demand practical consideration and it might be claimed immediate legislation, *viz.*, the present inadequate law relating to

THE SALE OF POISONS,

which reads,

"Whoever sells arsenic (arsenious acid), atropia or any of its salts, chloral hydrate, chloroform, cotton root and its fluid extract, corrosive sublimate, cyanide of potassium, Donovan's solution, ergot and its fluid extract, Fowler's solution, laudanum, McMunn's elixir, morphia or any of its salts, oil of pennyroyal, oil of savin, oil of tansy, opium, Paris green, Parsons' vermin exterminator, phosphorus,

prussic acid, 'rough on rats,' strychnia or any of its salts, tartar emetic, tincture of aconite, tincture of belladonna, tincture of digitalis, tincture of nux vomica, tincture of veratrum viride, without the written prescription of a physician, shall keep a record of such sale, the name and amount of the article sold, and the name and residence of the person or persons to whom it was delivered, which record shall be made before the article is delivered, and shall at all times be open to inspection by the officers of the district police and by the police authorities and officers of cities and towns. Whoever neglects to keep or refuses to show to said officers, such record shall be punished by fine not exceeding fifty dollars. Whoever sells any of the poisonous articles named in this section, without the written prescription of a physician, shall affix to the bottle, box or wrapper containing the article sold, a label of red paper upon which shall be printed in large black lettters the word — Poison, and also the word — Antidote, and the name and place of business of the vendor. The name of an antidote, if there be any, for the poison sold shall also be upon the label. Every neglect to affix such label to such poisonous article before the delivery thereof to the purchaser, shall be punished by fine not exceeding fifty dollars. Whoever purchases poison as aforesaid and gives a false or fictitious name to the vendor shall be punished by fine not exceeding fifty dollars; *provided*, that nothing in this act shall be construed to apply to wholesale dealers and to manufacturing chemists in their sales to the retail trade."

If the object of the statute be simply the protection of the druggist no revision is needed. It is a notorious fact that a person can easily purchase large quantities of a powerful poison, such as $\frac{1}{8}$ ℥ of morphine, with the distinct, though perhaps not avowed intention of committing homicide or suicide, and can buy such poison without the knowledge or consent of friends or relatives or the prescription of a physician, and may even use the poison with suicidal or homicidal effect, and the druggist stands before the law an innocent man, provided he has observed the requirements of the statute. Here evidently is a weak place in our laws. The children of the Commonwealth who may be suffering from despondency, melancholia, vicious or homicidal proclivities, should be protected against themselves, and druggists, chemists, etc., with the exception of the wholesale to the retail trade, should be absolutely prohibited selling a poisonous quantity of any substance capable of seriously or fatally injuring a human being, except on a physician's written prescription. Were this the case there would be fewer suicides, and the slight inconvenience resulting from such prohibition would count as nothing in view of the good accomplished by it.

EDITORIAL NOTES AND COMMENTS.

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THAT HAHNEMANN WAS NOT AVERSE TO PUBLIC RECOGNITION of his services to humanity is easily susceptible of demonstration, but the following translation of a French letter written by Hahnemann is quite as clear on this point as anything need be. The GAZETTE is indebted to the Chairman of the Hahnemann Monument Committee of the American Institute of Homœopathy for this copy of the letter. Opposition to the erection of a monument to Hahnemann based upon the assumption that such a testimonial would be offensive to Hahnemann himself, seems to be but poorly supported by facts within our reach.

PARIS, 11th, December, 1841.

Dear Sir: — I have received all of your amiable letters for which I thank you most heartily, also for your good friendship, which I herewith return. Dr. Shubert, of Leipsic, has written me that Mr. Leaf and Mr. Arles Dufour intend to place an inscription on the house in which I was born, at Meissen. He sends me a copy of it so that I might correct anything I should judge improper.

While I appreciate the smallness of my personal value, I must claim in the name of Homœopathy that the entirely false expression of *emendatori* be changed into that of *conditori*. *One must break every alliance with untruth.* Mr. Shubert writes me to address this correction to you in order to lay it properly before Mr. Leaf, which I herewith do; embracing you,

I wish you good health and success,

SAMUEL HAHNEMANN.

(TRANSLATION OF THE LATIN INSCRIPTION).

To Chr. Fr. Samuel Hahnemann. The most celebrated and immortal founder and promoter of true medicine; the Author of Homœopathic Art of Healing and its first physician in the successful treatment of diseases; the most illustrious of his countrymen. This Monument has been erected in his father's house by the grateful and devoted disciples,

WILLIAM LEAF, of London.
FRANZ ARLES, of Lyons. 1842.

PROFESSIONAL ADVERTISING. — In an editorial which appeared in one of the earliest numbers of the GAZETTE, it was clearly set forth that all advertising by the physician should be limited to such means as would convey to the physician's patients knowledge of his locality and time when he could be consulted. Thus a simple door-plate, as indicative of his office,

or a card giving the location of such office, with office hours, was deemed perfectly proper. So, too, a card of removal which would inform those seeking the particular physician where to find him would not be out of character. But the multiplication of these door signs, the erection of those of unusual size or peculiar form or material for the purpose of attracting attention, or the distribution of cards in hotels or private dwellings, or allowing laudatory notices to be inserted in public journals, or factitious statements in regard to a physician, was considered offensive advertising, and derogatory to the character of the physician thus involved.

The question of how far a physician might allow himself to be advertised by a sanitarium with which he is connected came up at the last meeting of the American Institute of Homœopathy, and was referred to the Senate of Seniors, who after considering the matter, adopted unanimously the following report, which was also adopted unanimously by the Institute itself, and would seem to indicate very clearly the united opinion of the profession upon this point:

"The Senate of Seniors to which was referred the ethical question relating to sanitariums, calls the attention of the Institute to section three, article two of the Code of Ethics, which reads as follows:

"'The physician should not resort to public advertisements, or private cards, or hand bills inviting the attention of persons affected by particular diseases, or publically offering advice and medicine to the poor gratis, or promising radical cures. Neither should he publish cures or operations in the daily prints, nor invite laymen to be present at operations, nor solicit nor exhibit certificates of skill and success, nor perform any similar act.'

"In accordance with the above section no member of the Institute connected with a hospital, dispensary, or sanitarium can allow in a public advertisement of such institution, any laudatory mention of his professional qualifications or attainments."

By this it will be seen that while any sanitarium or hospital is allowed to mention the names of physicians connected with it, no member of the Institute should allow any laudatory mention either of his skill, ability or education to be associated with his name.

It is true that in the activity of press reporters not infrequently, and entirely without connivance on the part of the physician, laudatory notices may be published, but this occurs much less frequently now than formerly, since editors and reporters have come to know that such notices are not acceptable to the mass of the profession, and serve to injure rather than improve the professional standing of the subjects of them.

The profession relegates into the class of disreputable practitioners, to use no harsher phrase, those who, for purposes of temporary success, are willing to allow their names to appear in fulsome, laudatory or factitious advertisements. This subject has been touched upon afresh lest some callow physicians might be led astray, and think they were making an excellent investment if, by listening to promises of renown and glory, they allowed themselves to be written up as among the most distinguished members of the profession.

THE AMERICAN INSTITUTE OF HOMŒOPATHY and all its varied interests can always command the sympathetic support of the GAZETTE, and it is with pleasure that it offers to its readers the following bulletin giving facts of practical interest to all those who are looking forward — and who in the profession is not? — to the great meeting to be held in Newport next June.

BULLETIN NO. 2.

The several members of the Executive Committee for 1895, having signified their approval, the next session will be held in the First Baptist Meeting-House of Newport, R. I., commencing Thursday, June 20th, at 3 P. M., subject to a special contingency hereinafter to be indicated. On Friday evening, date subject to same contingency, a promenade concert and reception to the residents of Newport will be given at the Ocean House from 8 to 11. The music will be furnished by D. W. Reeves' famous American Band. Attendants upon the Institute may find satisfactory accommodations in some one of the following hostelries:

The New Cliffs Hotel, Louis P. Roberts, of the Mitchell House, Thomasville, Ga., proprietor. Rates, $5.00 per day; special for Institute session, $4.50 per day. This is the only hotel overlooking the ocean; it also commands the bathing-beach. It is the resort of the *crême de la crême* of Newport tourists. Though somewhat retired the electric cars which pass within a few steps of its portals, place its guests in a few minutes at the doors of the First Church and in close proximity to all other important points. It can furnish one hundred persons with elegant accommodations. It will open June 14.

The Ocean House, on Bellevue Avenue, with its two hundred and seventy-five rooms or more was conducted last year by Mr. Warren F. Leland. Who will have charge of it next year, and when it will open, I have not the slightest idea, but, unquestionably, some decent gentleman will hold its management. This uncertainty is somewhat bothersome to me, but need not trouble others. The headquarters of the Institute will be at this hotel. Regular rate, $5.00.

The Hotel Aquidneck, Thomas J. O'Neill, proprietor, has one hundred rooms and can readily accommodate one hundred and fifty persons. It is the home of the Governor and Legislature the last week in May of each year. It is quiet, cosy, well-shaded, and perhaps seven minutes' walk from the meeting-house. It is very centrally located and its table is good. Regular rate, $5.00, which may be shaded — say from $3.00 to $5.00 according to circumstances.

The Perry House, on Washington Square, is less than five minutes distant from the First Baptist Church, which is, in a sense, in the rear of the State House. This is open the entire year under the management of Wm. S. O'Brien, and can receive without difficulty one hundred members. Its bill of fare is ample and satisfactory. The hotel is headquarters for commercial travellers, which fact is ample endorsement. Rate, $3.00 per day.

During the month of March, 1895, a list of suitable boarding-houses will be compiled, and applicants for rooms therein will be provided for in the order of the receipt of their requests, which may be sent at any time from now until June 8th, and should specify the size and character of the party and the expected price. All communications should be addressed to the Secretary of the Local Committee of Arrangements.

GEO. B. PECK, M.D.

Providence, R. I.

COMMUNICATIONS.

:o:

SOME CASES TREATED AT THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF D. G. WOODVINE, M.D., ASSISTED BY F. P. BATCHELDER, M.D.
INTERNES, CHARLES S. ABBOTT, M.D., SARA JOHNSON M.D.,
JULY 1 TO OCT. 1, 1894.

Notwithstanding the fact that fewer patients usually seek admission to hospitals in the summer months, 104 patients were treated during the quarter, fully equalling the number treated in the winter term. There were six deaths, four of which were in cases more or less chronic in character.

A few of the cases are presented here, not because of brilliant cures, but rather with the hope that they may further somewhat our knowledge of disease in its varying aspects.

One feature in diagnosis, which has proven invaluable, was the careful examination of the blood in several cases, according to Ehrlich's methods of staining. Mr. F. F. Strong, in the absence of the pathologist, very kindly devoted considerable time

in this direction, and in each instance his report is embodied with the history and treatment of the case.

SUFFOCATION FROM ILLUMINATING GAS.

On the morning of Sept. 2, '94, Miss W——, age, twenty-eight years; occupation, domestic; was found in her room in an unconscious condition, door and window closed, former not locked; gas slightly turned on. As was subsequently ascertained, she was accustomed to sleep with window closed, and turned off the gas as usual, and retired the night preceding, about 10.30 o'clock.

Dr. Batchelder was summoned, and on his arrival found that the gas had been turned off at once and the door and window opened wide. Patient was breathing stertorously, thoroughly unconscious, frothing at the mouth; bed showed evidences of previous vomiting; face had a redder hue than is normal; pupils contracted but responding to light very slightly; pulse, 120 and of medium strength, muscles relaxed. Patient discovered about 8 A.M.

The stop-cock of the gas burner turned very easily, so much so that a slight tap or knock would turn it sufficiently to allow the escape of a small stream of gas.

Dr. J. E. Briggs was at once called in consultation for medico-legal reasons, and found the condition as above. He shared in the opinion that removal to the hospital was absolutely necessary, and this was effected with as little delay as possible. The administration of oxygen by inhalation was then at once instituted. Instead of the usual Walton mouth-piece, the face piece of a Packard etherated air inhaler was employed, with air valve wide open and the capacity of the bag reduced to the minimum. Into this the oxygen was slowly delivered and its flow could be readily regulated by the degree of bubbling in the water bottle. After its continuous use for a short time the pulse was found stronger, pupils reacting a little more to light. Ten fl. oz. of normal looking urine were withdrawn by catheter shortly after her admission, which on examination showed s. g. 1025, reaction acid; neither sugar, albumen nor casts were present.

12 M. Temperature axil. 100 1-5°; pulse, 100 and stronger in character. After 1 P.M. the inhalations were given at intervals of five or ten minutes and continued fifteen minutes each time. As improvement took place, the intervals were lengthened and about 3.30 P.M. inhalation was discontinued as she made so much resistance that it was felt that slight consciousness would appear, which occurred about 4 P.M. when she could intelligently answer "yes" or "no" to questions.

At 7 P.M. she was wholly conscious, and conversed a little

when interrogated, and drank a little water. Evening temperature, 100 4-5, pulse, 100. Diet, milk and elixir of beef every three hours.

Sept. 3, A.M., temperature and pulse normal; was very restless until midnight; slept nearly six hours; took nourishment well; has some headache, but it is not severe; talks freely; wishes to know where she is. Evening temperature normal; pulse strong and regular; feels hungry; urine passed naturally this P.M.; had a smoky hue, high colored; sugar and albumen absent. Only once during her stay in hospital was a faint trace of albumen found. The headache soon ceased and patient steadily gained in strength and was discharged Sept. 15.

During Sept. 2 and 3, Mr. Strong made three examinations of the blood. His report is as follows:

EXAMINATION NO. 1.

Sept. 2, '94, 11 A.M., twelve hours after poisoning. Blood taken from end of fore finger by puncture with triangular needle; slight reaction to the prick; blood bright red (as is characteristic in C O poisoning.) Several cover glass preparations were made and stained with Ehrlich's, No. 1 triple blood stain.

Red corpuscles apparently normal as to shape and rouleaux formation.

Leucocytes in general; about 100% above normal; as follows: —Poly-nuclear neutrophile cells increased in number, forming about 90% of total white cells. Neutrophile granules stain very deeply. In several cells large, yellowish refractive bodies were observed (in the protoplasm) apparently fragments of dead red cells undergoing phagocytic disintegration.

Lymphocytes, only the small variety present; forming about 10% of the white cells; appearance normal.

Eosin cells, transitory cells and large lymphocytes absent.

EXAMINATION NO. 2.

Twenty hours after inhalation of the gas; patient still unconscious; slight reaction to needle. Blood elements apparently but little changed in form or number from the first examination. A few large lymphocytes and transitory cells were present.

EXAMINATION NO. 3.

Forty-eight hours after inhalation of gas; patient conscious; nearly recovered from its effects; blood darker red than in previous examinations; red cells apparently normal; poly-nuclear neutrophile cells reduced to nearly normal proportion; large and small lymphocytes and transitory cells present in normal numbers. Eosin cells present in normal numbers.

In conclusion the evidence in this case was all in favor of accidental origin, and there was nothing to lead one to feel that it was intentional on the patient's part, as her last recollection was of turning off the gas just before retiring. To the very easy turning stop-cock must be probably attributed patient's subsequent condition.

Regarding carbonic oxide or CO, Dr. Wm. Woods in the GAZETTE of September, 1894, quotes analysis of Boston gas. Brookline gas contains practically the same per cent. of CO.

In conversation with the president of one of the companies named, I learned how essential CO was in making the gas of standard candle power, and still making $1 gas. Therefore it would seem that so long as cheaper gas is demanded by the public, so long must the deadly CO appear in its present or even larger per cent.

PERNICIOUS ANÆMIA.

Mrs. H——, age forty-six; housekeeper; was admitted to the hospital June 14, '94, during the service of Dr. Conrad Wesselhoeft.

At his request Mr. Strong made an examination of the blood late in June and diagnosed it a case of pernicious anæmia.

Eight years before entering hospital she had a severe fall and back was in some way injured, so that she did not walk for three years, and never regained her former strength.

A year or more after the fall, her skin began to be pale and that has persisted till now. Past three and one-half years of her life have been filled with excessive labor. Skin now presents extreme palor, lips very delicate pink color; no appetite; bowels regular; menopause at least three years previous to admission to hospital.

The treatment inaugurated by Dr. Wesselhoeft was continued. Ferrum proto-carb.

Mr. Strong made an examination of the blood on July 8, '94, and reported as follows: "Flow scanty from a deep puncture of tip of forefinger. Slides stained with Ehrlich's No. 1.

Red cells. Rouleaux formation poor; about 50% of the cells are of normal size and shape; of the balance 30% are poikilocytes and 20% micro and megalocytes. Several normoblasts and megaloblasts were noted. Lymphocytes, eosin cells and polynuclear neutrophiles present, but relatively decreased.

Another examination, made July 30, gave same result except there were fewer normoblasts and more phagocytes. From July 30 to August 10 patient was in a precarious condition, with elevation of temperature, some delirium and marked gastro-enteric symptoms resembling cholera morbus. Ars. or verat.

alb. were the most satisfactory remedies employed at this time.

On Aug. 17, ferrum proto-carb. was resumed and continued to the end of September.

Up to Sept. 10 there was very slight improvement, but not more than had been noticed several times before. Anæmic murmurs over heart and in jugular veins of neck, somewhat diminished. Decided efforts were made by patient to eat more nutritious food but with poor results. Sleep very poor, of short duration and unrestful.

At this time treatment with oxygen by inhalation was inaugurated, at first twice daily, of five minutes duration, and this increased to ten minutes and even longer if she bore it well.

Almost at once a change for the better was noticed, in that patient was more quiet and would soon fall asleep after taking the evening inhalation, and more sleep was obtained each night, of a restful character.

As the treatments were continued, the desire and ability to take food increased; more color appeared in the lips, finger-tips, etc. Anæmic murmurs diminished still more in intensity, and patient even would get a nap of from a few minutes to an hour, after the morning treatment, while in a somewhat noisy ward. Macroscopically the patient's appearance was improving and anæmic murmurs had nearly ceased.

At 10 A.M. Sept. 29, '94, Mr. Strong made another microscopical examination and reported as follows:

Blood flowed much more readily than in examinations one and two, and was of more nearly normal color and consistence.

Red corpuscles; rouleaux formation good: most of the cells were of normal size and shape; about 10% of microcytes and megalocytes; very few poikilocytes; normoblasts and megaloblasts absent.

Lymphocytes small and large; relatively normal.

Polynuclear neutrophile cells; relatively slightly increased; a few contained fragments of red cells.

Two eosin cells were noticed on one slide, and were of normal appearance.

Morphologically the blood appears to be nearly normal, as the elements are in proper ratio.

While it is not claimed that a cure would result in such cases by inhalations of oxygen, with proper adjuvants, it is apparent that much can be done, at least in some cases of pernicious anæmia, to decidedly palliate the serious condition. Observation of this case subsequently as it passed beyond the realm of hospital treatment, with a cessation of oxygen treatment, shows at least a partial return to the earlier condition.

Certain it is that a method of treatment so simple, easy of application and relatively inexpensive is worthy of more extended trial.

In passing it is of some significance that a niece of the above patient, by marriage, a young lady of seventeen years, presented herself at the hospital for treatment, Sept. 18, '94. Her skin had the characteristic hue of

CHLOROSIS.

History. Paternal grandmother died of tuberculosis. One or more of father's sisters had anæmia. Patient's two sisters each had chlorosis when of about her age. She began menstruating at fourteen years; always irregular; amenorrhœa for past three months; had malaria two years ago; never regained her vigor and strength; attended school regularly to July '94; sleep fair in character and duration; appetite good; bowels quite regular; examination of urine gave absolutely negative results.

Examination of blood by Ehrlich's method was made by Mr. Strong soon after her entrance to the hospital.

Report. "Blood flowed very freely from a shallow puncture in forefinger. Its color was light, semi-translucent and watery in appearance.

Red corpuscles. Rouleaux formation good; majority of cells of normal size and shape. Microcytes formed 20% of total red cells. Saw several genuine poikilocytes.

Leucocytes relatively about three times the normal number.

Of these the lymphocytes were normal in form and in ratio to total leucocytes.

Polynuclear neutrophiles absolutely much increased, but in normal ratio to total leucocytes.

Eosin cells absolutely and relatively increased; the granules in some cells were cylindrical and irregular instead of spherical."

This patient remained in the hospital for diagnosis and inauguration of treatment only a short time, and then carried on the same at her home.

The case stands out in striking contrast to the preceding one, and both give added testimony to the value of careful investigation by Ehrlich's method.

A CASE OF MULTIPLE ROUND-CELLED SARCOMA.

(Reported to the Massachusetts Homœopathic Medical Society, Oct. 9, 1894.)

Interest in this case is largely due to features both peculiar and infrequent.

Regarding the frequency of sarcomata of the skin, I will only cite Hyde on "Diseases of the Skin," second edition, revised, p. 575. "In a total of more than fifty thousand cases of dis-

ease of the skin reported to the American Dermatological Association up to 1882, only sixteen were sarcomatous, the actual percentage being 0.027."

This patient, Mr. P——, age forty-seven; American; occupation merchant, was admitted to the medical department of the Massachusetts Homœopathic Hospital, Sept. 6, '94; weight 118 pounds, formerly 150 pounds. Returned to his home, Sept. 21, '94.

History. Family. Mother died of tuberculosis, age, twenty-nine; father of paralysis; a paternal aunt and his maternal grandmother, each died of tuberculosis; paternal grandfather died of paralysis. Regarding malignant disease, family history is negative. Patient's previous history, excellent health; no trace of syphilis or other specific disease.

On March 1, '94, he first noticed a small wen-like bunch on left thigh towards buttock, which was but slightly tender; freely movable beneath the skin: which was normal in appearance.

Subsequently other similar bunches appeared at different points on body and still persist. Their growth has been slow with only occasional slight, dull pain. The skin over a portion of them has a reddish to purplish hue, and dilated capillary vessels are present in such areas.

Patient attended to his business during the Spring, but early in June found his appetite markedly decreasing, and all food seemed tasteless. Nausea and vomiting were occasionally present. Bowels moved naturally from one to three times in twenty-four hours. He continued taking as much simple nourishment as was possible, but strength and weight steadily decreased. His sleep was broken and unrestful; dreamed a great deal. Later in the summer a short trip by steamer was attempted, but without benefit.

During the three weeks immediately preceding admission to hospital, patient was obliged to remain in bed much of the time. He had some "neuralgic pain" in head and extremities; no decided pain elsewhere. Physical examination revealed heart's action apparently normal.

Lungs. Respiratory murmur weak; otherwise they seemed normal. Area of hepatic dulness conformed nearly to normal limits, accessible portion felt smooth. Area of splenic dulness markedly increased, but spleen did not extend as low as border of ribs at any point. The lesions beneath the skin were circumscribed, firm, apparently fibrous nodules, varying from ¼ to 1¼ inches in diameter, located in the sub-cutaneous cellular tissue. The more recent ones were freely movable, but those of longest duration were more or less adherent to deeper layers of skin.

The nodules were located as follows: One, the largest, on left thigh near buttock; two about three inches from left nipple near border of left pectoralis major muscle; one in right axilla; one in flexure of right elbow; one in left mammary line, on level with tip of ensiform appendix (later removed for microscopical examination); one over sixth rib, near right mammary line; two on right side of neck, near lower part anterior border of trapezius muscle; two small ones on left side of neck, a little above clavicle and near post border sterno-mastoid muscle; one near median line of back, level of crests of ilia; one near lower angle right scapula, and two or three quite small ones in suprapubic region.

Skin, generally pale and assuming a cachetic hue. Speech, memory and all movements of body were very sluggish.

Examination of Urine. Sp. gr. 1022. 24 hrs. amt., 44 fl. oz.; urea, 22.72 grams in 24 hours. Neither albumen nor sugar were present, and no casts or other renal débris were found.

The case was also seen at different times by the following members of the hospital staff: Drs. J. P. Sutherland, J. L. Coffin, E. P. Colby, W. J. Winn and D. G. Woodvine.

Dr. Coffin saw patient, Sept. 11th, and in addition to the nodules referred to, found a mass in or beyond abdominal wall, three inches long and half as broad, parallel with and some distance above left Poupart's ligament, probable same in character as nodules. He was unable to decide whether a similar condition was present in connection with digestive tract, but thought it probable.

Diagnosis, either multiple sarcoma, or moluscum fibrosum, probably the former. Advised removal of a nodule for microscopical examination.

Dr. Winn very kindly removed the one before referred to.

On microscopical examination it was found to be made up of a small amount of connective tissue and a large number of irregularly-shaped oval or rounded cells varying in size, a few containing two nuclei and most a single one. These were unquestionably of connective tissue origin, thus confirming the provisional diagnosis, — Multiple sarcoma (round-celled).

On Sept. 15, Dr. Colby saw patient and found no evidence of extension of the disease to brain or spinal cord. He thought the general mental sluggishness rather a result of general physical condition, and that neuritis was present to some extent in lower limbs particularly. Found patellar and cremasteric reflexes absent; vastus and abdominal reflexes all present; left plantar reflex slight; right one more marked; temperature sensation lessened in lower extremities; right parietal region slightly sensitive on percussion.

Several examinations of the blood were made very kindly by Mr. F. F. Strong, according to Ehrlich's methods. Tests were made both before and after meals, in order both to detect variations due to such influence, and also to guard against error. Mr. Strong has sketched an actual field of normal blood and one from patient's blood.

NORMAL BLOOD.

Average Ratio of Cells.

d. d. Red corpuscles, 650 to 1 white cell, or 99.8 per cent. of total corpuscles.

a. b. c. White corpuscles, 1 to 650 red cells, or .16 per cent. total blood cells.

a. a. Mono-nuclear leucocytes, 1 to 2,500 reds, or .038 per cent. of total blood cells.

b. b. Poly-nuclear neutrophile cells, 1 to 1,000 reds, or .1 per cent. of total blood cells.

c. c. Eosinophile Leucocytes, 1 to 13,000 reds, or .0077 per cent. of total blood cells.

BLOOD OF MR. P.

Average Ratio of Cells.

d. d. Reds 26 to 1 white cell, or 96.2 per cent. of total blood cells.

a. b. c. White cells, 1 to 26 reds or 3.8 per cent. of total blood cells.

a. a. Mono-nuclear leucocytes 1 to 113 reds or 9 per cent. of total blood cells.

b. b. Poly-nuclear neutrophile cells, 1 to 36 reds or 2.8 per cent. of total blood cells.

c. c. Eosinophiles, 1 to 500 reds or .2 per cent. of total blood cells.

e. Nucleated red corpuscles or normoblasts, not present in normal blood.

The patient's physician, Dr. Walter Tuttle, reports that death occurred, Oct. 11, 1894. He performed an autopsy Oct. 12, and has kindly forwarded the following report:

Autopsy twenty-three hours after death.

Lungs. Lower lobe of each lung congested; both lungs completely filled with sarcomatous nodules.

Chest wall. Numerous nodules scattered over lateral pleural surfaces.

Heart. Normal, except a single nodule, 1-4 to 3-8 inch in diameter on posterior aspect of apex.

Stomach. Pyloric end adherent to all adjacent structures, and containing deposits completely surrounding it; mass size of a small orange.

Liver. Weight, 6 3-4 pounds. Upper and under surfaces glistening and generally non-adherent.

Right lobe. Upper surface presented twenty-two nodules from 5-8 to 2 inches in diameter; color, yellow like adipose tissue; surface marked by radiating lines of delicate blood vessels; some of the nodules were distinctly umbilicated. On section they were firm, with a distinct border, light yellow to white in color, with a softer central portion, grey in color. Over 100 smaller deposits, from 1-16 to 1-2 inch in diameter, were seen on upper surface of this lobe. About 100 nodules or areas could be counted on upper surface of left lobe.

General invasion of whole organ.

Intestines and mesenteries. Nodules present in latter generally, along whole intestinal border, and frequently encroaching on calibre of gut.

Spleen. Weight, 1 3-4 pounds. On section through long diameter, cut surface was covered by seven large nodules 7-8 to 2 1-8 inch in diameter. Organ thoroughly invaded.

Kidneys. Right. Invaded largely by similar nodules, which were also present in peri-renal fat of both kidneys.

Left. Only a trace of invasion on section.

Attached to inner surface of left pubic bone was a large mass over 3 inches in greatest diameter, composed of many nodules, which had been discovered during life by palpation.

OBSERVATIONS ON THE USE OF SCOPOLAMINE HYDROBROMATE AS A MYDRIATIC TO DETERMINE ANOMALIES OF REFRACTION.

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

My attention was first called to this drug by an article that appeared in the March, 1894, number of the *American Journal of Ophthalmology*, by Thomas R. Pooley, M.D. In it he criticised the statements previously made by Raehlmann, and by L. Bellarminow in the *Russian Wratch*, Nov. 17, 1893. It is described as "an atropoid alkaloid derived from the roots of the scopolia atropoides, and which like atropine, hyoscine, etc., belongs to the pharmacological group of the tropëines," also that "scopolamine as well as hyoscine are contained in hyoscyamus without being identical with the latter." Their accounts of its usefulness are most glowing ones. They declare that as a mydriatic and antiphlogistic it "surpasses all other tropëines, including atropine;" that the toxical effects such as are so often observed after the use of atropine and hyoscine are almost never found under this drug, when used for a much more prolonged time than the others, and in the same per cent. solution; that dryness of the throat can only occur after very large doses, and that the quickening of the circulation, accompanied by flushed face, rapid pulse, nervous restlessness, etc., that are so frequently observed after atropine, are never present under scopolamine; that these symptoms are never produced even when the drug is used in a strength equivalent to a one per cent. solution of atropine; and that the drug acts five times as powerfully as atropine. Dr. Pooley used it in a one-fifth per cent. solution (1 to 500), divided drop doses, with most satisfactory results as far as its mydriatic, and cyclopegic effects were

concerned, but he cites several instances in which alarming toxic results occurred.

My experience with the drug dates from June last, and has been varied in its results. I first used it in a one-fifth per cent. solution of the hydrobromate, one drop at a time for four times at intervals of fifteen minutes, and found most satisfactory results as far as its effects upon the accommodation were concerned. Paralysis of the accommodation was complete at the end of one hour, and lasted in each instance from seventy-two to ninety-six hours, while the mydriasis lasted some twenty-four hours longer, but under this system in nearly every instance was exhibited toxic effects of unsteadiness of gait, paleness of face, numbness of head, and a top-heavy, dazed feeling, so that the patient needed the support of a chair in moving about. These symptoms subsided on sitting down, but were present during motion. So frequently were these symptoms produced, and so annoying were they to the patient, that I at length abandoned this method of usage, and substituted instead two applications of one drop each of the one-fifth solution of the hydrobromate, at intervals of one-half hour, examination being made one-half hour after the second application, with the most gratifying results. In one instance only has there been any suspicion of toxical symptoms, and that in the case of a very nervous and excitable youth, who complained of some dizziness, and of a decided flushing of the face, which, at the time, I ascribed more to an uneasiness of mind consequent on the rapid dilatation of his pupils and rapid blurring of vision for near range, than to any direct toxic influences. In each and every case a complete suspension of the accommodation has been apparently produced in one hour's time after the first application, so that I have been able to proceed with examination of the refraction by the various methods with confidence in its accuracy. Suspension of the accomodation has lasted from forty-eight to seventy-two hours, and mydriasis twenty-four hours longer.

In conclusion I will say that I believe that we have in scopolamine hydrobromate a most wonderful, powerful, and satisfactory mydriatic, which will eventually, when its usefulness has become fully recognized and tested, entirely supersede the use of all other drugs in the determination of errors of refraction. Its desirable features are rapidity, thoroughness, accuracy, and short duration of action. Its one undesirable feature is its possible toxical effect when used in too strong a dilution and without moderation, rendering it unfit for use by the patient himself, and only to be entrusted to the experienced judgment of the oculist.

THERAPEUTICS OF NEURASTHENIA.

BY CONRAD WESSELHOEFT, M.D.

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

In the Transactions of the "World's Congress of Homœopathic Physicians and Surgeons," I presented a paper on "Some Observations on Neurasthenia and Its Treatment," (See also same article in N. E MEDICAL GAZETTE of July, 1893, p. 300). In this article it was stated, among other things, that among the prodromal symptoms of neurasthenia there is often found in the second stage an unusual display of mental and physical energy, without subsequent fatigue, often mistaken for a sign of unusually good health. In corroboration of this statement instances were cited from practice.

At the end of the article there was appended the following list of drugs, mentioned only by name, their relation to neurasthenia having been deferred to another time, as several of these medicines have rarely, if ever, been coupled with that disease. The inference implied was that the list was one rather for future study than one ready for immediate use.

The umbelliferæ furnish the most important group, which if not botanically, is at least medically lead by *conium maculatum*; next in order follows *cuta virosa*; *c. maculata* and *phellandrium aquaticum*. The *helleborinæ*, in their order of *ranuncalaceæ*, include *helleborus niger*, *pulsatilla*, etc.; in another order *aconitum napellus* (a much more important "nervine" than is generally supposed); also *hydrastis* and *actæa racemosa* or *cimicifuga*. Among the *menisperms*, *cocculus* is of great promise, as is also *agaricus*, among the *cryptogams*. Among the *loganiaceæ*, *nux vomica* and *ignatia* are old acquaintances which, together with the above, shall form a study, the results of which are as yet uncompleted.

In relation to this article there appeared a commentary in the *Gazette of the Berlin Society of Homœopathic Physicians*, (Jan., 1894), wherein the commentator, Dr. H. Goullon, of Weimar, raises the following questions:

First: Is it not possible that our honored Boston colleague is confounding cause and effect? Evidently neurasthenia cannot be present at a time when excessive mental and bodily exertions are being made. These simply lead up to nerve-prostration, *i. e.*, to neurasthenia.

Second: With regard to the group of medicines above enumerated, the commentator places a point of interrogation after cicuta virosa, phellandrium, helleborus and agaricus.

With regard to the first or pathological question, I would say that ordinarily speaking a person is not weak or prostrate while

able to make or endure excessive physical or mental exertion; but pathologically speaking, the absence of consciousness of fatigue during or after each exertion is a symptom of disease, a morbid condition very far removed from ordinary health, and according to my observation in several cases, watched for many months through all their phases, it is a condition likely to prevail after the first lighter prodromal symptoms have begun to merge into the second stage.

In this I am supported by the evidence offered by Dr. Edward Cowles in his "Shattuck Lectures" (*Boston Medical and Surgical Journal*, number of Aug. 20, 1891, p. 181). He says, "The other special condition (of neurasthenia) is that of anæsthesia of the nerves of fatigue. It results from altered organic sensations; and the truth as to the bodily state is obscured by the change or absence of certain data of sensations that go to make up a man's judgment of himself. The indications are paradoxical and misleading. . . . Then a strange phenomenon might happen; the patient, who has before complained of his fatigue, now says he does not feel tired, that there is nothing the matter, etc. This is one of the commonest of all symptoms and often appears early and in slight degrees. . . . The patient, previously guided by the sense of fatigue in desisting from effort, has now lost his guide — his actual feeling, etc." This will suffice to illustrate my meaning, and I think that it will find support in the observations of those who have made a close study of neurasthenia, in regard to which I beg permission to add another observation of my own for the sake of comparing my experience with that of others.

It has frequently struck me in the cases mentioned in my report, as well as in others, that, in advanced cases of this kind, we are dealing with a form of insanity, rather than of bodily weakness. There is somewhere outside of the motor-sphere a disability which does not arise from muscular or so-called physical weakness, but from a weakness or entire absence of will-power. All neurasthenic patients, however various may be their special symptoms, all agree in one point, namely, complete exhaustion after the least mental or physical exertion — that is, they all suffer from chronic tiredness, unrelieved by any amount of rest. This tiredness or exhaustion has gradually impressed itself so firmly on the mind of the patient that she has finally succumbed to it, and has ceased to know or has ceased to be conscious that she can move her body or exert her mind. She cannot do it because she does not realize or has ceased to realize that she can. This mental state is often so inveterate that it forcibly reminds one of the case of chronic

mania in a patient who thought himself a glass rod, and could not stir for fear of breaking.

The experience detailed in my published cases that patients, by sudden changes in their circumstances, have learned to use their long dormant functions again, stands in proof of my opinion that chronic cases of neurasthenia are closely allied to a certain kind of chronic mania, and are very difficult to reach, if at all, with medicine alone.

It must here be premised that the medicines mentioned above were not named because they had all proved curative in neurasthenia, but they simply constituted a list of promising objects from which much useful information might, on careful study, be obtained. Unfortunately the study of these subjects has not been exhaustive, but not without care.

Nux vomica, ignatia, cocculus, pulsatilla, aconite were not questioned by my critic as remedies in neurasthenia, although they are by no means so well adapted to this disease as their long use would imply. Nux vomica and ignatia are exceptions, being often of the greatest therapeutic use, although their pathogenesy rather contradicts their practical value. It is on account of the desirability of enlarging the group of medicines applicable to the standard indicative symptoms of neurasthenia that the attempt is here made to exhibit the points of similitude of a few other remedies, to which still a larger number might be added after due investigation, such as gelsemium belonging to the same class with nux vom. and ignatia. *Calabar* is another drug well worth the study of its provings with reference to neurasthenia.

As *cicuta virosa* and *maculata* were mentioned with phellandrium aquaticum, it is proper to premise that the reason for naming them was their relationship to conium maculatum which, by its toxic effects on provers, as well as in cases of poisoning, exhibits traits which point to the fundamental symptoms of neurasthenia — *tiredness on slight exertion.*

Briefly stated, conium m. produces great prostration, general paralysis and death usually without convulsions. General excessive debility with inclination to cough [Jahr, from Hahnemann]. Distinct impairment of motive power, especially after walking half a milé. Then violent vertigo, unsteady gait, less on shutting the eyes; general muscular lethargy with heavy lids and dilated pupils; decided weakness of the legs on walking.

The latter symptom is repeated over and over again in cases of proving, voluntary as well as involuntary. It bears the character of muscular (motor) paralysis, outwardly resembling the weakness of neurasthenia; yet neurasthenic weakness and inability or disinclination to move or think, is not paralytic, as is

easily to be demonstrated in each case, the reflexes and strength being normal, and motion unimpaired; still, in many cases, the simile would be easily found in the congruence of phraseology and general appearance; yet the true pathological concordance is not there, and hence failure to relieve or cure.

Cicuta virosa differs from conium in this that it produces violent epileptiform convulsions and death, while conium produces death without such convulsions, but with gradually increasing weakness and prostration.

It may be argued that we do not require such violent and extreme results of the toxic effect of a drug, because we cannot utilize them in practice. My answer would be that the violent drug effects map out the general trend of a drug-effect, and form a standard by which to estimate the often too numerous minor effects described after the test of very attenuated or small doses. These in their characteristics should admit of the same pathological interpretation as the coarser effects, or else they should be adjudged non-concordant in pathological *i. e.* in pathogenetic significance, and useless under s. s. c.

If a drug causes convulsions and death, it affects different nerve centres differently from a drug which produces death without such convulsions; the one exerting its influence mostly on certain cerebral ganglia, while the other acts directly on those regulating the respiratory and heart's action.

But to return to cicuta; this, among other effects bearing upon neurasthenia, produces great weariness after slight exertion; weakness in knees and dorsal muscles after standing a short time; or, its opposite, when walking, easy movements and elasticity of muscles; again, great weakness of the legs; tensive feeling in the lower part of calves and tearing in lower part of extensors of left leg; cold feeling streams through legs, with burning in the toes; oppressed feeling in chest and deep breathing; painful weakness in muscles of lower part of left leg and left upper arm; jerking and drawing in posterior part of right leg; suddenly, great weakness in left thigh on rising up; great weak feeling in ankles; constant painful tearing in tendons of instep when walking and standing; also at other times lightness and firmness of movements, though only transient. Whether transient or not, such effects were produced by doses varying from ten drops to a teaspoonful of the tincture, they are, therefore, sufficiently trustworthy; and secondly, they cover the symptoms previously spoken of, the morbid failing of strength and vigor as a precursor of neurasthenic weakness; after profound sleep, great weak feeling; aching and weary in the legs; sensation from occiput to lower extremities, as after a long, tiresome

walk; alternate light and heavy feeling in legs and arms is repeatedly mentioned.

Phellandrium aquaticum was properly questioned by my critic, because it has a very meagre proving by a well meaning but not very reliable prover, Henning. The reason for mentioning this drug here was to encourage further provings of the same, as it belongs to a family of drugs all of which are potent. It is not difficult to maintain that drugs of one family resemble each other in their general characteristic effects, so that in studying them I have urged that knowledge of one already yields a certain amount of information concerning other members of the same family, as is easy to see in the belladonna group, in the nux vomica group, etc. Hence it is also right to infer that tests of untried members of a group will be likely to yield effects as potent and significant as those of members already proved. For further elaboration of this principle see my three lectures on "How To Study Materia Medica." (Otis Clapp & Son. 1883).

Helleborus niger. This also belongs to a group which comprises botanically pulsatilla, aconite, hydrastis, actæa racemosa or cimicifuga. Hellebore is a cerebral poison, and as such deserves attention in neurotic diseases. When we follow out its course of action, this becomes very apparent. Beginning with the lighter effects and ending with the most severe, we have a chain of symptoms about as follows: Flickering before the eyes; great heat in the face; quick pulse; head heavy, confused; violent, cutting pain in abdomen; weakness, pallor, swollen features, unsteady gait; cerebral symptoms are never absent in its records; headache in forehead and sinciput; vertigo; drowsiness, and either deep sleep or restless sleep, disturbed by dreams or coma vigil, face and head being sometimes hot, sometimes cold; death ensues amid vomiting, raving, violent twitching; extreme cold feeling.

A general review of the symptoms of helleborus causes us to recognize it as a brain-poison, exerting its chief effects upon the cerebral membranes, and differing in this respect from conium and cicuta, as these differ from each other. The indications are also that the latter are more frequently called for in neurasthenic affections than hellebore, whose symptom of somnolence and torpor alone seem well to constitute the basis of its action.

Agaricus muscarius is the last drug concerning which my critic desires an explanation. If the preceding drugs are chiefly applicable in the spinal forms of neurasthenia, agaricus like hellebore, as far as we can judge by its recorded effects, is indicated in the cerebral forms associated with introspective hypochondriasis. The effects of agaricus arranged approximately in their

order of accession, exhibit, first, a stage of mental excitement, delirium in many provers and persons voluntarily intoxicated by it; gayety, leaping, dancing, volubility of speech, and increase of physical strength, followed by a state of great prostration, depression of spirits, discouragement and melancholy; also associated with anxeity, hypochondriacal introspection; disinclination to work and indisposition to think.

Like those of the other drugs here mentioned, the symptoms of agaricus point to an acute attack, which only exceptionally occurs in neurasthenia, mostly running an exceedingly chronic course. Still the analogy is sufficiently marked.

The head-symptoms of agaricus are not only very numerous, but among them may be found those peculiar to neurasthenia which are commonly characterized by heaviness and dull pressing pain or distress; these among the symptoms of agaricus are numerous and marked in the forehead, extending to the eyes; palpitation and irregular action of the heart are also frequently recorded; likewise, prostration of all the limbs and painful lassitude in arms and legs, and easy going to sleep of the extremities; the various painful sensations of neurasthenia are all peculiar to agaricus. The weakness and prostration of the lower limbs is very characteristic of agaricus; the weakness being extreme, compelling the prover to lie down, and the limbs easily "go to sleep." Finally, excessive loss of strength in all parts of the body—*prostration and weakness on least motion, with frequent palpitation of the heart.* The latter symptom is frequently repeated and corroborated, and would alone be sufficient to lead to the selection of agaricus as a medicine in neurasthenia, to the characteristic symptom of which it seems to be quite analogous, especially as it is supported and strengthened by the numerous other effects quoted before.

It is proper to state in this place that no one should expect to cure a case of neurasthenia with one of these remedies alone, if, indeed, it is curable by medicine at all. The dietetic and mental treatment are of first importance, and should be considered before seeking for medicine.

Neither does this brief list exhaust the medicines applicable in a very complicated disease like neurasthenia, in which, indeed, the drugs here named may possibly play a subordinate part; for none of them will be likely to compete with *nux vomica* in the hypochondriacal form of neurasthenia characterized by morning aggravation, cheerfulness and excitability and sleeplessness in the evening, and chronic constipation or slow digestion which patients and too many doctors almost invariably consider as the cause of the disease. Neither may the four drugs chiefly treated of here, compete with *ignatia* in those hys-

terical forms of neurasthenia in which the patient loses self-control, weeps and faints from a state of hysterical agitation.

No remedy probably will ever cover the whole case, but only parts of it, presenting themselves in prominent and permanent groups of symptoms, to which the medicine must be adapted; and here I would again emphasize the importance of adapting a medicine, not by congruity of phraseology, but by pathogenetic concordance — by the spirit and pathological meaning — in order to achieve a homœopathic cure.

For a complete and exhaustive study I would unhesitatingly recommend the narrative form of Dr. Hughes' Cyclopædia of Drug Pathogenesy, from which the above short descriptions were culled; any drug pathogenesy will do, provided discrimination is used in its construction regarding the validity of provings, to which the recorded effects are to be attributed.

AGARICUS MUSCARIUS IN MENINGITIS.

BY J. HEBER SMITH. M.D., BOSTON.

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

Numerous species of the mushroom, which have already received forty-four generic names, are alike suspected, under varrying conditions of age and growth, to contain more or less of a poisonous alkaloid called muscarine which renders the A. muscarius so deadly. The most striking features of the action of this poisonous principle exhibit it clearly as a unique vascular depressant, acting apparently on both the inhibitory centre and the cardiac excito-motory apparatus and the myocardium itself.

Victims of accidental poisoning showed many symptoms somewhat closely resembling epidemic meningitis, and especially the more virulent conditions that caused earlier practitioners to call the disease "spotted fever" at the beginning of this century. It has been noted repeatedly that victims of poisoning by A. muscarius showed anxiety, a sense of suffocation, frequent fainting; the pulse became small and irregular; the body bedewed with cold sweat; the nose and lips acquired a violet tint; the extremities after a few hours became livid and, finally, the body in general. The blood was changed from its normal fluidity, even flowing after death from the natural orifices. The lungs were found gorged, the liver excessively enlarged, and the vessels of the brain very turgid. In a case related by Dr. Beck, where death was occasioned in seven hours by an infusion of A. muscarius in milk, the necropsy showed the sinuses of the dura mater, as well as the arteries, were enormously distended with blood; the arachnoid and pia mater were

scarlet, the vessels of the membranes between the convolutions, together with the plexus choroides, were excessively gorged, and the substance of the brain red.

The reprovings of A. muscarius by the Vienna Society, published in 1869 by Zlaterowitch, were evidently undertaken with courage and conducted with such intelligent observation that they form, with the poisonings, a sufficiently trustworthy basis for a more frequent practical use of this powerful remedy.

It acts with energy upon the motor centres, producing tremors and choreiform twitchings, and convulsions of epileptiform type. Certain symptoms appear to indicate that it can profoundly influence the spinal cord, *e. g.*, formication; pain in the lumbo-sacral region; paralytic weakness of the sphincters; lassitude and trembling of the lower extremeties with continual trembling of the lower extremities; twitching of the muscles; and, perhaps most characteristic of all, a sense of coldness in the back and over the general surface, as from a cool current of air.

On the sensorium it produces a species of vertiginous drunkeness, reaching delirious excitement, usually with increased muscular force, and exaggeration of function similar to the influence of cannabis indica and opium. It resembles these likewise, in its power to excite venous plethora and blood stasis.

Agaricus is indicated in meningeal fever when delirium is constant, attended with sudden attempts to get out of bed, with exertion and great power; the limbs flexed at first unresistingly, then trembling violently; the tremor often becoming general, as in the conditions calling for cocculus. There may be frenzy, or simple loquacity; tremulous propulsion of the tongue, and convulsive twitching of the facial and cervical muscles. Compare bell., hyos., stram. and opium.

Agaricus should be thought of in meningitis beginning with violent headache; tendency to coma,; sense of contraction of the muscles about the jaws and neck; slight lividity, twitchings and grimaces of face; and the head constantly drawn backward as though by a weight on the occiput. This sense of drawing in the occipital muscle has served as a valued indication for the use of this remedy in chronic, as well as in acute, meningitis. The expression of the agaricus patient in acute cases is frenzied or vacant; the pupils are commonly dilated.

But it is in chronic meningeal inflammation, especially of the spinal cord that agaricus is oftenest found peculiarly serviceable. Here the symptoms found particularly characteristic of this remedy are: insomnia, almost to madness; cramp of the muscle of the back; painfulness to touch along the spine, as if bruised, worse on stooping; burning pains in the back; aching in the

back and legs; sensation of coldness, as of ice on the dorsal and cervical regions; formication along the spine; jerking and trembling of the lower extremities, and sense of weight in the legs. Compare arg. nit., phos., strych., and zinc.

Agaricus has proved curative in irritation of the genital centre of the cord, arising from excessive venery, or surgical shock in operations upon the reproductive organs, when the symptoms, probably more or less hysterical, somewhat resemble those of posterior spinal sclerosis.

Administration: The 3x and 6x have proved very satisfactory in most chronic or semi-acute cases, but drop doses of the tincture are advised to calm excessive violence, in meningeal fever, repeated until relief is obtained.

CALCAREA PHOSPHORICA IN MENINGITIS.

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

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

There are few diseased conditions for which the remedies prescribed should be of more indubitable value than they are in meningitis. Equally true is it that there are few remedies as to whose medicinal virtues there is a greater divergence of opinion than in the case of Calc. Phos. Stillé thus summarily dismisses its availibility in practice: "On purely theoretical grounds the combinations of phosphorus with lime have been supposed to possess a power of stimulating and regenerating the nervous system and those tissues which contain lime and phosphorus . . . The evidence of the efficacy of these preparations, independently of other and more efficient medicines and hygienic influences, is too slender to be seriously entertained."

Brunton, appreciating more fully the importance of the salt in the human economy, says: "It is useful in chronic diarrhœa, rapid growth or deficient repair in growing children, anæmia and debility from over-work, child-bearing, suckling, or diseases such as chronic abscess, diarrhœa, leucorrhœa, bronchitis and phthisis. It is frequently given in rickets with considerable benefit."

Ringer only emphasizes the importance of the medicine in small doses, one grain three or four times daily in much the same conditions.

To Bencké more than any other man are the believers in the physiological or cellular action of the drug indebted for a clear, explicit statement of its uses. Reasoning from the value of this salt of lime in vegetable and animal life and marking the results of insufficient cell growth if not supplied in sufficient

quantity, he inferred that in scrofulous and tubercular disorders in man this same phosphate of lime should fulfil an equally important office. You may, if you wish, read the many cases of scrofulous ulcers, of marasmus, of diarrhœa, of phthisis, in which he proved its worth, but for our present purpose I shall only quote his summary:

"1. In like manner, as in the vegetable kingdom and the lower order of animals, the dependence of the process of cell formation upon the presence of the phosphate of lime has been established, so also is it a pre-requisite for the formation of cells in the human organism.

2. The phosphate of lime employed as a remedy in superficial scrofulous ulcerations has manifested the power of promoting the renovation of tissue and cicatrization.

3. Phosphate of lime has proved itself useful in cases of atrophy in children and its frequent accompaniment, diarrhœa, especially during the period of dentition.

4. It is not improbable that this salt may stand in some peculiar relation to the scrofulous dyscrasia."

All these conclusions are, you see, singularly in accord with those of Schüssler, and yet, as a tissue remedy, he recommends its use in doses infinitesimal as compared to those used in the physiological school. But what of its pathogenesis as revealed in its proving by Hering, Cate, Jones and others? Certainly a wonderful congruity of symptoms pertaining to the head, mental condition, gastric and intestinal regions and systemic effects. Headache was present in all the provers, and the pains were dull or severe, aggravated by movement, and accompanied with ill humor or indolence and mental apathy. The desire for food was lost or diminished, and constipation followed by diarrhœa offensive in character, was a constant symptom. The weakness and prostration were physical as well as mental, and in many cases loss of flesh was noted by provers. In two cases, cited by Bencké, pain in the bowels was so great as to necessitate stopping its administration.

But now you ask wherefore this long introduction and the answer is not far to seek. Three questions always arise in my own mind when considering any remedy, and these are best and most tersely expressed by the three interrogatives, Why? When? How? It was, then, to answer why calc. phos. should be useful in tubercular meningitis that I have attempted to show that for scrofulous or tubercular difficulties or manifestations there was abundant proof of its value.

Jacobi believes that tubercular meningitis has three stages: 1st. Hyperæmia of pia mater and irritation. 2nd. Symptoms of

exudative pressure and consecutive anæmia. 3rd. Extinction of the functions of the centres.

"The first signs of a diseased condition are of a very indefinite nature. Many of the children have a previous history of pallor and debility, diarrhœa and vomiting, colds, bronchitis, eczema and lymphadenitis. They emaciate, are pale, lose their appetite, become quiet, unwilling to play, pout, cry a good deal or appear perfectly listless. Many, indeed, sleep badly, complain of headache, avoid the light and hold the head in the hands; the tongue is furred and there are occasional vomiting spells."

It is in this stage of the disease where the symptoms are so nearly paralleled by those of the provers, and where the pathological or physiological conditions likewise indicate this remedy that you will use it. You may possibly be familiar with an article on "Meningitis Bacillaris in Children," which was published in the *U. S. Medical and Surgical Journal*, in 1866. In that most excellent monograph, you find no mention of calc. phos. or any other drug in the beginning of this dread disease, but most clear and convincing are his indications for glonoine and apis mellifica in the second and third stages.

Last, but not least, is the question, How? Verdi, in the *British Journal of Homœopathy*, for 1872, presents an exceedingly interesting series of cases, corroborative of the value of calc. phos. in the lower decimal triturations for various scrofulous disorders and in brain disturbances. But Neidhard's case of meningitis cured with calc. phos. 3x is much more in evidence. The symptomatic treatment of tubercular meningitis, the vain attempts to alleviate the headache, the nausea and vomiting, the diarrhœa, the disturbed sleep, are sure to bring disaster and death. Every physician must recall some case or cases of difficult dentition and persistent vomiting, intractable diarrhœa which eventuated in meningitis, and then we wondered that we had not been more careful in our diagnosis. Give calc. phos., then, in this early stage, and I care not whether in the preparation above cited, or, as Schüssler recommends, or even in the more appreciable doses of Ringer and you will surely gain results as satisfactory as this same drug has afforded you in less serious diseases.

A CANADIAN newspaper calls attention to a nursing bottle advertisement which concludes with the words: "When the baby is done drinking it must be unscrewed and laid in a cool place under a tap. If the baby does not thrive on fresh milk, it should be boiled." — *Exchange.*

So far as the number of students is concerned, Philadelphia is the medical center of the United States. There are 2,400 students, of which 875 are in the University of Pennsylvania; 700 in Jefferson; 325 in Hahnemann; 300 Medico-Chirurgical; 200 women. — *N. Y. Med. Times.*

SOME REMARKS ON HYSTERECTOMY.

BY ALONZO BOOTHBY, M.D., BOSTON, MASS.

[*Read before the American Institute of Homœopathy.*]

The removal of the uterus is an operation that is frequently made, and it is recognized as one of the most important and difficult in the field of gynæcology. Owing to the severity of this operation, it is necessary that any one who under takes it should be thoroughly familiar with his subject, and a surgeon of experience. For the benefit of those who do not operate but are having cases that may require the removal of the uterus, it is proposed to present some of the conditions that are recognized as those in which favorable results may be expected from the operation.

Malignant disease of the uterus is the bane of the gynæcologist. If seen when it first begins it does not seem such a terrible thing, and the medical attendant is very apt to shut his eyes to the result that is impending. Probably the patient is told that there is some ulceration and thickening of the neck of the womb, which it is hoped may be cured in a short time. There may be slight hemorrhage between the menstrual periods or an excessive flow during menstruation, and if the patient is between forty and fifty it is quite likely to be attributed to the "change of life," and it is hoped will be corrected when that change is completed. It is a fact that there is a general belief among the laity, which is carelessly adopted by many physicians of limited knowledge and experience in these matters, that various troubles are to be expected at this period of life, and only require time to correct them. Unfortunately, these symptoms which are supposed to occur at this epoch are those that are present, and oftentimes the only ones present, in the earlier stages of cancer. Severe pain or marked disturbance of any other kind is not always or generally present until the later stages of this disease. This accounts for the fact that so many cases are not discovered until they have reached an alarming stage of progress. If the disease is a local one at first, its complete removal at this time promises a cure.

It is of the utmost importance that this critical period in the life of so many women should be watched with the greatest care, and when the suspected menopause is accompanied with much disturbance the cause should be carefully sought, and if on examination there is found diseased tissue in the neck or any other part of the womb that is accessible to the scissors or curette, the microscope should be made use of to aid skilled inspection and touch in making the diagnosis. In every case where the diagnosis of malignant disease is reasonably sure,

very radical measures must be adopted. Complete removal of cancer of any part of the uterus can be assured only by total extirpation of that organ.

Another condition of the uterus frequently demanding total extirpation is the existence of one or more fibroid tumors growing in or upon some part of its substance. Fortunately, this is a non-malignant disease, and while the mortality from it, directly and indirectly, is considerable, much greater than is generally supposed, still it is slight in comparison with cancer.

In a large majority of the cases of uterine fibroids there is a chronic inflammatory condition with hypertrophy of the endometrium, which produces suffering, oftentimes making life a burden, and severe hemorrhage which may manifest itself in an excessive menstruation, or as inter-menstrual bleeding, till the patient is almost exsanguinated. In the larger tumors, the disturbance from pressure in its various forms often becomes a serious matter. Septic inflammation of the tumor is liable to occur with degeneration, and the formation of pus with resulting peritonitis.

The menopause plays a deceptive rôle in this disease, as well as in cancer, although it is not so likely to obscure diagnosis as it is to mislead in regard to prognosis. Many patients and physicians have the idea that the "change of life" is likely to bring great relief, that the tumor will stop growing and the hemorrhage and pains cease.

Careful observation does not confirm this idea to the extent that has been generally supposed. On the contrary, a patient suffering from uterine fibroids, and, especially, the sub-mucous and interstitial varieties, is liable to increased troubles and danger at the climacteric period. The menses or a somewhat irregular periodical flow are liable to be continued much beyond the usual period. This drain, with other disturbances, may exhaust the patient and finally destroy life. There is accumulating evidence that the danger from uterine fibroids is much greater than was formerly supposed. Their treatment will depend in great measure upon the amount of disability and the danger to life. Many cases will demand the removal of the tumor, and the operation will be determined by the variety and attachments of the growth.

There are a large number of tumors that cannot be removed without the removal of the uterus with them. In order to determine whether a hysterectomy should be performed or not it is necessary to consider the danger of the operation as compared with the danger and suffering of the patient without the operation. In making this comparison it must not be forgotten that the danger, on the one hand, from the operation is more

immediate, and on the other, that the suffering may be such as to make life a burden.

There are cases of procedentia which can be cured only by removal of the uterus. A persistent chronic inflammation of the uterus with enlargement that has resisted all other treatment for a long time, and, especially, where there are recurrent adenoid growths from its cavity which may not be malignant, will demand removal of the offending organ.

Since the new method of removing the entire uterus through the abdomen has been adopted, with improved technique, some have advocated the removal of this organ in all cases where it is necessary to remove diseased ovaries and tubes. This question is an important one, and demands careful consideration.

The first question to be answered is, are the results better where there is a severe salpingitis with thickening and adhesion of the tubes, which may or may not be of gonorrhœal origin, to remove the uterus along with its appendages? In favor of this course, it is maintained that there is always an accompanying metritis and endometritis. This is probably true, at least it is true in many cases, but is there no other way of treating these troubles of the uterus with favorable results? We find where the ovaries and tubes are not involved that we can effect a cure by dilating the cervix and thoroughly curetting and carefully cleansing the cavity.

The evidence is conclusive, to my mind, that the curetting and washing out of the uterine cavity, at the same time that the ovaries and tubes are removed by a celiotomy, can be done without adding to the risk of the operation, and should always be done where it is called for if there has not been an involvement of the appendages. But it is urged that by this method there is a short portion of the tube from the uterine cavity to where it is tied and cut away which is still diseased and has not been reached by the operative measures. While this is true theoretically, it is a fact that the cases recover with a large degree of certainty. The recovery, so far as the general health of the patient is concerned, is quite as complete and permanent as it would be if the more radical operation had been performed.

If this position is correct, then the only remaining question is whether there is more danger in making a more extensive dissection in the pelvis and a longer incision through the abdominal wall, with a longer exposure of the patient to the necessary manipulations and the influence of the anæsthetic, than there would be in simply tying off and cutting away the ovaries and tubes. We should expect the danger would be increased, and clinical experience proves that this is true.

This very radical operation will not be justifiable except in

extreme cases where the uterus is diseased to such an extent that there is no prospect of permanent benefit from other measures, which will be found, as a rule, to depend upon an incipient malignancy or the existence of fibroids. Even where there are accompanying fibroids it is not always necessary to make an operation unless the symptoms indicate that the trouble is largely in the uterus itself. It is a positive fact that the removal of the ovaries and tubes has a marked effect in controlling the growth of uterine fibroids, quite as much so as has the menopause, and the annoying symptoms are relieved, and in many cases the tumor diminishes in size or altogether disappears.

Having briefly considered some of the conditions which demand the removal of the uterus, we have now to discuss the different methods of performing this operation.

There are three methods which require special consideration, vaginal, supra-vaginal and abdominal hysterectomy. In many cases, the method of operating will be determined by the location of the disease, the size of growth, or some condition of the parts. In general, we believe that vaginal hysterectomy is the safest and most satisfactory for the cases that will permit of its being carried out. This can be done in most cases of cancer of the cervix and for all conditions where the uterus is not so large as to prevent its being easily brought down through the pelvis. Sometimes, however, it is rendered very difficult on account of a senile condition of the vagina or a virginal lack of development of the parts, when it may be necessary or expedient to operate through the abdomen, although there is little enlargement of the parts to be removed. It is not my intention to describe any method in detail, as this is done in every text-book, but shall call your attention to some of the points in connection with the different methods of operating that seem to me to be of the most importance.

As the operation will be performed most frequently for cancer of the uterus, it is essential that all of the diseased tissue be removed. It is a well-recognized rule when operating for a malignant growth in any part of the body, that whenever possible the incision should continue some distance beyond the apparently healthy tissue, and when an organ or gland is involved it should be removed entire. It is on this account that there is less liability of a return of the disease from total extirpation than from partial extirpation. The same objection can and should be made to the method of dissecting the uterus out so as to leave the uterine arteries and, of a necessity, the peritoneum and connective tissue in which this vessel is found. The danger from leaving the whole of the broad ligament with its covering of

serous membrane and the large vessel running up through it to anastomose with the ovarian artery, is far greater than any advantage that can be gained in making the operation. Every one must have remarked the absence of late years of any effort of the surgeon to consider the vessels as modifying his operation, unless it be a vessel large enough to endanger the part which it supplies or drains. It is in this very tissue that the disease frequently extends and which it might have already invaded without being detected, but if left would soon show itself to the destruction of the patient, even though the operator had made claim to great skill in having removed the uterus without tying a single vessel. By all means, when operating for malignant disease, tie the uterine and ovarian arteries, thereby cutting off the blood supply from that source, and allowing the removal of doubtful tissue.

In suitable cases, to one competent to make the operation, it can be done with reasonable expedition and the vessels all tied by aseptic absorbable ligatures, with the vaginal wall stitched to the peritoneal surface and closed so as to have the parts in apposition in such a way as to have the stump of the broad ligament project into the vagina, or at least project below the united surfaces of the peritoneum, while the rest of the denuded surface will be covered by mucous membrane or peritoneum, and the abdominal cavity entirely closed in. There seems to me to be no good reason in theory or practice why denuded surfaces should not be brought together here as well as elsewhere, and there is no reason why it cannot be done. Clamps may be used and no trouble follow if there is no septic matter in the neighborhood, but if such material is where it can come in contact with the part, then the clamp will, in the very nature of things add to the danger, because it leaves exposed a large absorbing surface.

Next to vaginal hysterectomy, as giving the lowest mortality in suitable cases, (that is, where there is not too large a pedicle), is the operation through the abdomen with the stump treated externally, — supra-vaginal hysterectomy, — incomplete abdominal. Theoretically, this is not an ideal operation, but practically the mortality is very low, lower probably than by any other method, so that there is good reason for continuing it when circumstances will permit. The principal objection to this method is that for the first day or two the suffering is considerable, on account of constricting so large a pedicle and the pressure required to hold the parts in an unnatural position. Then, owing to the fact that the opening in the abdominal wall cannot be entirely closed, there is liable to follow a ventral hernia. With these objections it ought still to hold a prominent place on ac-

count of its safety, and when properly performed the objections can be obviated in great measure.

There are a few details in making this operation that should be emphasized. After the ligature has been adjusted, the integument and peritoneum at the lower angle of the wound should be stitched together for a distance sufficient to enclose the pedicle, then the peritoneum below the ligature to the parietal layer so as to entirely cut off the abdominal cavity from the stump. The union will be more rapid and complete if the surfaces are scarified before they are brought together. In this way the cavity is protected from infection by the decaying tissue. Care is necessary in order to protect the pins which hold the stump externally so as not to press into the skin, thereby producing severe suffering, and which may result in cutting through the integument and causing extensive ulceration.

It is desirable that the constricted parts should be cut away as close to the needles as possible, without danger of their cutting out and letting the stump drop down. It is also important that the part be kept from taking on an active putrefactive process. This can be done by the use of strong antiseptics. At the end of a week the dead tissue may be cut away and the pins removed, for if the peritoneum below the ligature was thoroughly fastened to the abdominal wall, it will then be strong enough to protect the abdominal cavity. If stitches of silkworm gut have been inserted through the abdominal wall by the side of the pedicle at the time of operation, the opening may be closed by drawing the parts together and tying these sutures.

Instead of leaving such a quantity of dead tissue as is necessary in treating the pedicle in this way, it would seem much better to make an amputation of the body of the uterus about at the internal os, then unite the peritoneal edge of this stump to the parietal peritoneum at the lower angle of the wound. This stump should then be held up in an opening left for the purpose by strong silk or silkworm threads tied over a bar laid over the abdomen, and serving the purpose of the pins inserted through the stump in the other method. This would keep the severed uterine tissue external to the abdominal cavity where hemorrhage could be controlled, but would have none of the danger and inconveniences of a mass of dead tissue. The method seems feasible, but the writer cannot speak from experience.

The abdominal is the ideal method of removing the uterus. It makes an operation which allows of complete closure of the peritoneal cavity, and with no part of it exposed to lacerated or constricted tissue except when the ovaries are tied off, and in many cases this pedicle can be brought down so as to be en-

tirely covered in from above and only project through the mucous membrane into the vagina.

So far, however, the mortality is greater than by vaginal or supra-vaginal hysterectomy. This is possibly due to the fact that the cases are largely those that could not be operated upon in any other way, and are on the whole much more unfavorable for any operation.

But in the present stage of experience with a method that requires extensive dissection in the pelvis, with a long abdominal incision, with the whole of the abdominal contents exposed for some time to the air, and the necessary manipulations, make it necessary for the surgeon to hesitate to adopt it unless he is obliged to.

Undoubtedly, the advantage that the operation through the vagina has over the abdominal is freedom from exposure of the bowels and less wounding of parts in no way related to the removal of the disease. There are circumstances, however, that will render it necessary to go through the abdominal wall and then down into the vagina in order to take away the offending growth.

All abdominal operations involving the pelvic organs are more readily performed by putting the patient in the Trendelenberg position. The elevation of the hips is especially necessary when the dissection has to be carried down into the vagina, and the incline may advantageously be nearly at an angle of 45°. Reference has already been made to the necessity of a long abdominal incision. It is required for the purpose of giving room in which to work, as well as, in many cases, to allow of the delivery through it of a large tumor.

The next step is to remove the ovaries, which should be tied separately instead of with the tube as is done when only the appendages are to be removed. Then the tube is cut away by beginning at its extremity and cutting just beneath it to the body of the uterus, and then the two layers of the broad ligament are to be united by a continuous suture or a ligature may be inserted first by using a shoemaker's stitch, the thread being carried through by fine-pointed forceps made for such purpose.

If the disease is not malignant, a portion of the peritoneum on each side can be left and the dissection carried down close against the uterine tissue, so as to keep inside of the vessels and avoid the necessity of ligaturing at the upper part of the broad ligament. The peritoneum in front should be incised about a half an inch above its reflection from the bladder, and behind far enough up to leave a long flap. The most important and difficult part of the operation consists in separating the cer-

vix from the bladder and the ureters, so as to avoid wounding these important organs.

If the broad ligament has been cut away so as to leave the edges separated, these must be brought together and then the vaginal mucous membrane united with the peritoneum, leaving separation enough for drainage from each side. The anterior and posterior layers of peritoneum are then united so as to entirely close the abdominal cavity and leave all denuded surfaces below it. A rubber drainage-tube may be put in just below where these surfaces are united. It should be held in place by a catgut suture, which will hold as long as drainage of this kind is needed, and extend down into the vagina, care being taken that it does not extend outside.

Considerable discussion has been made over the amount and kind of drainage. An operation made as has been suggested, will leave the peritoneal cavity entirely free from denuded surfaces, except possibly where the ovaries have been removed, and it can be perfectly cleansed and closed without danger of hemorrhage or any need of drainage more than would be in a simple ovariotomy. Drainage is required only where the dissection has been made in the pelvis, and can all be done quite as well without extending above the united edges of the peritoneum.

We must take occasion to condemn the use of iodoform gauze or any kind of gauze for drainage, here or in any other place. If it is where it will be kept moist, so as to allow fluids to drain out, it will allow them to pass in and then becomes a source of great danger. To be convinced of its utter unreliability in ordinary cases on the surface, one needs only to notice how it has become dry and effectually closed the opening in which it was inserted, and how the fluid beneath gushes out on its removal.

A brief recapitulation would bring before you these points: Hysterectomy should be resorted to in cancer, in fibroids which present symptoms seriously undermining the general health, and in some other conditions which do not yield to other measures. So far, vaginal hysterectomy has given the best results, but it is limited to a certain class of cases. In certain other conditions, the supra-vaginal method is available and is a safe method, with certain objections. Abdominal hysterectomy is the only method that can be adopted in large tumors extending down into the pelvis and where the disease is inaccessible from below on account of contracted vagina. But the operation is accompanied with considerable danger, and should not be resorted to where the ovaries and tubes are the seat of the principal difficulty.

SOCIETIES.

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MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

A special meeting in memory of Dr. Denton G. Woodvine was held by the Massachusetts Homœopathic Medical Society, at the College building, East Concord Street, Monday noon, Nov. 26, 1894.

The meeting was called to order by the President, John P. Sutherland, M.D., who said,

Members of the Massachusetts Homœopathic Medical Society: — It is a sad event that has called us together to-day. A highly esteemed member of our Society, Dr. Denton G. Woodvine, is no longer with us. He died somewhat suddenly on Friday last, Nov. 23rd. It is appropriate that we should, under the circumstances, pause a moment in the hurried rush of life, and, withdrawing from the turmoil, spend a quiet hour in reminiscence; in telling one another without affectation that our friend and colleague was dear to us; in reciting some of the good deeds of his life; in recalling his unselfish and generous motives, and in holding a simple memorial service for the purpose of paying a final tribute of fraternal respect to the memory of one who for years was an inspiring and earnest co-laborer. Let us then without restraint speak of our colleague before we plunge once more into the seething current in which we spend the greater part of our lives.

He then introduced Dr. H. C. Clapp, who as Dr. Woodvine's friend and physician, was able to give a few facts connected with his illness and previous habits of life elsehow not obtainable.

Dr. Clapp said in abstract, Dr. Woodvine's sickness was Bright's disease, although the immediate cause of death was a dilated heart. Although his confinement to the house was short, yet he had been suffering more or less for many months with languor, shortness of breath, palpitation, drowsiness, œdema, etc., etc. In the summer he had had a palmar abscess which healed very slowly on account of his condition. Several years ago he had sugar in his urine, but this subsequently entirely disappeared and was replaced by albumen and casts. He had known his real condition for quite a while, but was very reticent about it, speaking of it only to a very few.

Dr. Woodvine's strongest characteristics, it seems to me, were his stalwart honesty, his integrity, his conscientiousness, his fidelity to every duty imposed upon him. You always knew just where to find him. His word was as good as his bond. In these days of trickery, misrepresentation and intrigue, when so

much of the old-time, formerly prized New England strict sense of integrity has disappeared, it is refreshing to commemorate one in whom it was so conspicuous.

Dr. Woodvine was always an extremely busy man, improving his time to the best of his ability. He gave a very large amount of time to his duties at the Dispensary, at the Hospital, and at the Medical School. No one at any of these institutions performed his duties with greater regularity or conscientiousness than he. He also devoted a large share of his time to his religious duties in connnection with his Church, Sunday school, Bible class, Young Men's Christian Association, Committee of 100, and other organizations. All this was in addition to his private practice. Many of you know these facts, but perhaps many of you do not know that he spent many industrious hours when other folks were in bed, studying Greek, Latin, German and other branches, which he had no opportunity of acquiring in his youth. In fact, he made himself *too* busy. His unremitting attention to work was carried to an extreme. He denied himself proper rest and recreation, took no vacation for many years, and subjected himself to so much constant wear and tear that he died at sixty, when with his naturally very tough constitution he ought to have lived to be eighty. His life and example should be an incentive to us all.

Dr. I. T. Talbot then gave a biographical sketch of Dr. Woodvine's life as follows: —

Denton George Woodvine, M.D., died of Bright's disease, in Boston, Nov. 23, 1894, aged sixty years and six months. He was born in Little Meadley, England, on May 3, 1834, and with his father and mother came to this country while still an infant. His mother died not long after. His youth was passed in Albany and some of the smaller towns in its vicinity, and when eighteen years old he went to Springfield, Mass. Here he made the acquaintance of Dr. George W. Swazey and Dr. Henry A. Collins, both of whom recognized the sterling qualities which he possessed, and encouraged the strong desire he had to study medicine. Destitute of the necessary means, after studying with the physicians named, he went to Philadelphia, took a course of lectures in the Homœopathic Medical College of Pennsylvania and also in the Eclectic Medical College of that city, and from the latter school received a diploma in 1858.

He entered upon practice but was not satisfied either with the diploma which he held or the education he had attained, and subsequently attended a course of lectures at Burlington, Vt., and afterwards at the University of Pennsylvania, from which he received the medical degree in 1866. From this time

we may date his professional life in Boston, which to the time of his death was one of great activity and usefulness. He was faithful and untiring in his care of his patients, always struggling for greater knowledge and the most faithful performance of his duties.

For several years he has been a Trustee of the Homœopathic Medical Dispensary, and one of its Executive Committee. For more than twenty years he has been physician to diseases of the throat in this institution, and has taken care gratuitously of upwards of six thousand patients.

He was a Trustee of the Massachusetts Homœopathic Hospital, for several years was Secretary of the Corporation and Trustees, for more than ten years has been a member of its Executive Committee, and was also an efficient member of its last Building Committee. He was likewise attending physician to the Hospital and member of its medical staff.

As one of the original members of the faculty of Boston University School of Medicine, he has served as Lecturer and Professor of Diseases of the Throat. He was a member of the Executive Committee of the School, which owes much to his faithful care.

Notwithstanding his extensive practice and arduous duties there was scarcely a meeting of the numerous boards of trustees and executive and other committees at which Dr. Woodvine was not present promptly, and he gave to its affairs earnest and watchful attention.

His clinics at the Dispensary, twice a week the year round, almost never lacked his presence, and the same faithfulness marked his work in the hospital and college.

In 1867 he was elected a member of the Massachusetts Homœopathic Medical Society, of which he was its vice-president in 1886–7. In 1868 he joined the American Institute of Homœopathy, and of both of these societies he was at the time of his death a senior member, having for twenty-five consecutive years faithfully performed his duties of membership.

He wrote numerous papers especially connected with diseases of the throat, and made several valuable improvements in professional instruments.

Naturally of a deeply religious nature he was never too busy or too tired to participate in the devotional exercises and charitable work of his church in which he took a leading and active part. For nearly thirty years he was a member of the Tremont Street Methodist Episcopal Church. He was a class leader and for twelve years Superintendent of its Sunday school, and when he relinquished the work as Superintendent, he organized an adult Bible class, which increased to more than one hundred

members, and over which he presided the Sunday preceding his death.

He was a member of the Methodist Social Union and many other religious organizations. He was Vice-President of the Boston Young Men's Christian Association, and in that capacity laid the corner stone of its present building.

Dr. Woodvine was a man of great physical endurance and was unceasing in his attention to his duties. For seventeen years he never allowed himself a day's vacation from his work. Such constant strain could but undermine a constitution however strong, and, some years ago, an apoplectiform attack suddenly prostrated him. He rallied and in a few weeks resumed, so far as he could, his former labors, though he never fully regained his strength. Some months ago serious symptoms of Bright's disease developed, but up to the very day of his death he persisted in his work. His mind was perfectly clear, and almost the last act of his life was to prescribe for a patient. He literally "died in the professional harness."

Dr. Woodvine married Caroline, daughter of Hiram Hull, of Westfield, and sister of the late Hon. Liverus Hull, of Charlestown; she and four children survive him. In him were combined a devoted husband, an affectionate father, a warm friend, a good physician, an earnest teacher, a faithful citizen, an upright man, — a Christian.

Dr. Powers spoke at some length, and in the highest terms of the beneficent services which Dr. Woodvine had rendered at the Homœopathic Dispensary in treating upwards of 6,000 patients gratuitously. He made a special point of his faithful attendance and extreme punctuality at his clinics, in spite of his arduous professional duties.

Dr. T. M. Strong was the next speaker. He said, "when I came to Boston a stranger no one received me with more cordiality, and no member of the hospital staff did more to assist me in familiarizing myself with the details of the hospital management than did Dr. Woodvine. He was a constant and faithful attendant at the various board meetings and always showed great interest in the affairs of the Hospital."

A motion was then made by Dr. Powers that a committee of three be appointed by the Chair to draw up appropriate resolutions. The chair appointed Drs. H. C. Clapp, I. T. Talbot, and J. Heber Smith. The following resolutions were presented to and adopted by the Society: —

The earthly life of our colleague, Denton G. Woodvine, M.D., has recently come to an end, and by his death the Massachusetts Homœopathic Medical Society has lost an active, useful and valued associate.

As members of the Massachusetts Homœopathic Medical Society we sincerely deplore the death of our colleague who, for twenty-seven (27) years, faithfully performed all the duties devolving upon him as member of the Society, and who, by his constant attendance at and active participation in its meetings, and by his firm adherence to high ethical principles and his earnest endeavors to advance the cause of medicine, aided materially in the successful growth of the Society.

We thus record our deep appreciation of the sterling qualities of his character, his uprightness, his reliability, his devotion to duty, his honesty, his generous and cheerful disposition; qualities which won for him cordial respect and unbounded confidence; therefore

Resolved, That we give expression to our heartfelt sorrow in the death of our colleague; that we most heartily sympathize with those near and dear to him through family ties, in the great bereavement that has fallen upon them; and that this expression of our grief and sympathy be inscribed in the records of the Society.

H. C. CLAPP,
I. T. TALBOT,
J. HEBER SMITH.
Committee.

The Faculty of Boston University School of Medicine presented the following resolutions which were adopted:

WHEREAS, It has pleased Divine Providence to take home one of our associates, Denton G. Woodvine, M.D.

Resolved, That as Lecturer and subsequently as Professor in the department of Diseases of the Throat in this school throughout the whole period of its existence, and as member of our Executive Committee for many years, he has gained our highest respect for his many noble qualities, and especially for his unremitting attention to his work, and his faithful and unflinching performance of his duties with the greatest regularity, often at great personal sacrifice and inconvenience.

Resolved, That we shall greatly feel his loss and shall miss his support, and hereby also desire to express to the members of his family our heartfelt sympathy in their bereavement.

Resolved, That these resolutions be placed upon our records and that a copy of them be sent to his family.

Resolutions representing the Dispensary Staff were also framed and adopted.

WHEREAS, The Almighty has removed from among us one of our co-laborers, Denton G. Woodvine, M.D., a man faithful in the discharge of his duties, and of sterling integrity.

Resolved, We members of the Staff of the Homœopathic Medical Dispensary do deplore the loss occasioned by the death of our worthy member.

Resolved, That we tender our sympathies to the bereaved family, and that a copy of these resolutions be sent to the family.

A. A. KLEIN,
A. H. POWERS,
M. E. MOSHER.
Committee.

Dr. J. Heber Smith, supporting the resolutions, said, "As officers and fellows of the Massachusetts Homœopathic Medical Society, we are met to pay the last tributes of love and respect to our long-time associate and esteemed colleague, Denton G. Woodvine, M.D. His many valued qualities we have proven for more than a quarter of a century, in labors that, in our published annals for that term, will continue to illustrate the devotion to his chosen profession even better than the inadequate words of this hour of sorrow.

Do we not recall with a sense of almost personal loss that sturdy and familiar presence in our meetings? As his intimate associate for many years, I feel sure you will sustain me in saying that he was in a rare way eminently trustworthy, never shrinking from duties imposed; suggestive and frank in deliberative matters; loyal to principle; distinguished for promptness, that virtue of princes; kindly and sincere in opposition, and able and practical in the details of co-operation.

Such a life as his speaks to us appealingly for most dutiful remembrance from all. It has often proved that his nature was most kindly, though in outward seeming he was judged by some stern and austere. But his bitterness, if any chanced to appear, was often discovered wholesome and corrective. Unformed in youth by the classical moulds of learning, he had not been taught to be self-repressive or flexible, and after his early struggle against adverse fortune, he stood among his fellows like an oak, strongly rooted, resistant, perhaps even stringent, but holding, in his simple faith, to eternal foundations. He stood among us for many years the observed figure of a man never to be quite forgotten for his rugged virtues.

At the last meeting of this Society, only a month ago, his voice was heard by many of us for the last time, as he read his paper on a valued and original means of arresting nasal hemorrhage. But a few hours ago, and he was a devoted and sympathetic ministrant to the sick, himself a greater sufferer perchance, than they. Few, if any, were permitted to know his

true state, or to read the summons hidden behind that placid, unalterable face. At the last death gave its stroke of grace through a true heart, and the end of unresting toils was immediate.

As a man amongst men, fulfilling all, he was striving to attain and to achieve, with a spirit of strong faith. Could the silence into which he has passed speak to us today, who may divine what loving message he would send? Perchance like that of one who died at Azan;

"Be ye stout of heart, and come
Bravely onward to your home."

Dr. L. D. Packard spoke especially of Dr. Woodvine's Christian character, and his labors in the church with which he was connected.

Dr. Benj. H. West said the life of Dr. Woodvine stood out as a light in the world, a faithful and a conscientious man. In summing up the life of the Doctor he would gladly say to the younger members of the profession, "go, and dó thou likewise."

Dr. N. R. Morse said, no man among us is more conscientious and faithful in the discharge of his duties, professional, public and private than was Dr. Woodvine, and he hoped that his example might be followed.

Dr. Conrad Wesselhœft spoke in the highest terms of Dr. Woodvine's conscientiousness and faithfulness. He had had the pleasure of meeting him publicly and in his private life, had always found him interested in the advance of medical science.

J. Emmons Briggs,
Secretary pro tem.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The Worcester County Homœopathic Medical Society held its twenty-eighth annual meeting in Wallace Hall, Fitchburg, on the 14th of Nov. There was a large and very enthusiastic gathering and another red-letter day is marked for this Society.

The business session was called at 9.30 A. M., the records of the last meeting were read and approved, after which followed the election of officers: President, G. A. Slocomb, of Millbury; First Vice-President, Carl Crisand, of Worcester; Second Vice-President, W. H. Bennett, of Fitchburg; Secretary and Treasurer, Amanda C. Bray, of Worcester; Librarian, E. A. Fisher, of Worcester; Censors, C. L. Nichols, J. P. Rand, of Worcester, D. B. Whittier, of Fitchburg.

The Bureau of Surgery presented through its chairman, Dr. Carl Crisand, an interesting programme.

As Dr. Bothfeld was unable to be present, Dr. Adams, of Westboro, kindly read his paper, which was a most excellent one upon "Septic Wounds of the Extremities;" dwelling especially upon free incision and drainage, the use of curette for removing all pyogenic membrane, necrosed tissue and dèbris with strict antiseptic precautions.

Dr. Nathaniel W. Emerson, of Boston, followed with a very interesting paper on "The Radical Cure of Hydrocele," based upon his experience in a number of cases, in which he advocated incision and the trimming of a portion of the tunica vaginalis instead of the older methods by injection of iodine, etc. The paper brought out a general discussion.

Dr. F. W. Halsey, of Boston, presented in a clear, concise paper his arguments against the "American Operation," pointing out many unfortunate sequelæ that are liable to follow.

The operation is being strongly advocated by some enthusiastic surgeons, who claim for it the panacea for all conditions of mind and body.

Dr. L. A. Phillips was present and addressed the meeting, previous to the arrival of Dr. Halsey, upon the subject of the American Operation, presenting his arguments for the operation which he has performed many times.

The next paper was given by Dr. J. K. Warren, the report of an interesting case of "Membranous Dysmenorrhœa Helped by Electricity."

Dr. E. A. Clarke read a carefully written paper upon "The Early Correction of Errors of Refraction."

Drs. Stephenson and Hincks followed with papers which were full of interest.

At one o'clock the Society adjourned to the banquet-hall where dinner was served to the fifty-six persons present.

Rev. Mr. Dight invoked the divine blessing, after which the "mental dessert" was served by Dr. J. P. Rand, of Worcester, who acted as toast-master. His introductions were full of wit and good feeling, peal after peal of laughter followed his telling points, and each soon wondered what rod the doctor had in pickle for his own especial case. It is quite safe to affirm that as a toast-master Dr. Rand has no peer; the spirit of the hour was contagious, and his happy introductions brought forth responses bubbling with mirth and pertinent to the topic.

Dr. W. H. Bennett, of Fitchburg, was introduced as a physician, the son of a physician, and it was to be hoped, the father of many physicians. The doctor's toast was "The Home Guard," and he welcomed the company in behalf of the five local physicians of the homœopathic school. He referred to the Burbank Hospital and the fact that the physicians of his

school had been omitted from the staff. He felt that this meeting might awaken a sentiment in the community which might result in giving this school a representative on the medical staff.

Dr. E. D. Fitch, the retiring president, made the annual address, touching upon points in the prevention of disease in the practice of medicine.

The greetings of Rhode Island were brought by Dr. E. H. Kingsbury, of Woonsocket, who congratulated the Society upon its enterprise, wishing it long life and all possible success.

Dr. J. P. Sutherland, of Boston, was introduced as one of the men who runs the "winnowing machine," by which the chaff of the materia medica is winnowed out, and responded to the toast "The State Society." He reviewed its history, starting with its four members, now numbering its hundreds, the vast amount of hard work done by its inaugurators, and the still greater amount of hard work to be done by its present members to sustain its proportionately enlarged responsibilities.

Dr. C. L. Nichols, of Worcester, briefly outlined "The Future of Homœopathy."

"Free Masonry in Medicine," was answered for and explained in a perfectly lawful manner by Dr. G. M. Wilkins, of Palmer.

Dr. J. Heber Smith, of Boston, was happily introduced as the one who distributes the bunches of materia medica forget-me-nots from "The Professor's Chair." He responded in his usual felicitous manner, having a story to illustrate his point and telling it as only Dr. Smith could.

Senator Joel D. Miller, of Leominster, answered for "The Press," as the thinker behind the machine.

Rev. Alexander Dight, of West Fitchburg, was called upon to reply to the toast "The Clergy."

Dr. Holt, of Lowell, brought the greetings of Middlesex County.

Dr. D. B. Whittier was the last speaker, and responded for "The Guardianship of the State" under the sentiment of "God Save the Common-health of Massachusetts."

The meeting adjourned at 5 P. M., all agreeing that it was the best meeting yet held by the Society and feeling well repaid for attending. AMANDA C. BRAY, *Sec'y.*

LOWELL HAHNEMANN CLUB.

September meeting of Lowell Hahnemann Club was adjourned from the 18th to the 25th, to allow our members to attend the Foxboro' meeting on the former date. Drs. B. S. and N. W. Stephenson, of Littleton, who have opened offices in Lowell, recently, were proposed for membership. Dr. Packer

was appointed to have charge of the October meeting. Ipecacuanha was then taken up for study, and the salient points were brought out and thoroughly discussed.

A very interesting paper was read by Dr. E. H. Packer, reporting a case of gangrene of the lung cured by ipec. 200 alone. This paper was by a vote sent to the N. E. GAZETTE for publication.

Members present, Drs. Packer, Hunter, Warner, Leland, Holt, Martin and Stephenson.

OCTOBER MEETING.

At Dr. Martin's office, Tuesday, Oct. 16th, Drs. B. S. and N. W. Stephenson were elected to membership. Drs. H. M. Hunter and F. A. Warner were appointed a committee to arrange our list of journals for the coming year and report at the next meeting. Belladonna was then taken up for study, the different sections having been assigned to different members for review, after which the discussion was general.

Dr. Hunter considered it one of our best proven drugs.

Dr. Leland had found it a valuable drug in those cases of pulmonary arterial engorgements amounting almost to "pulmonary apoplexy."

Dr. Warner had repeatedly verified the symptom "< lying down, > standing up" in bell. in uterine cases. Reported a case of typhlitis, with distinct tumor, recently cured by bell., although he was ready at any moment to call a surgeon.

Dr. Martin thought that the poisoning cases and the symptoms which they had developed under belladonna, furnished a valuable argument for the retention of toxicological cases in making up our symptomatologies. Certainly these severe and often fatal symptoms, developed by persons who had been poisoned by bell., have often been of great use to us in prescribing. Yet, we would hardly expect our provers to push their experiments to that extreme.

Dr. Packer had had opportunities to verify the quick, antidotal effect of bell. against poisoning by copper.

Present: Drs Page, Hunter, Warner, Leland, Hill, Packer and Martin.

NOVEMBER MEETING.

Held at Dr. Warner's office, Tuesday, Nov. 20th. The committee on journals thought it best to omit the journals next year, as the members individually took nearly all that the club took. Report adopted. The general topic for the meeting was "Surgical Therapeutics," Dr. Martin in charge. The following papers were presented and discussed:

"The Homœopathic Applicability to Surgical Cases of Arnica," by Dr. Leland.

"The Homœopathic Applicability to Surgical Cases of Calendula," by Dr. Warner.

"The Homœopathic Applicability to Surgical Cases of Hamamelis," by Dr. Page.

"The Homœopathic Applicability to Surgical Cases of Hepar and Silica," by Dr. Packer.

"The Homœopathic Applicability to Surgical Cases of Symphytum," by Dr. Hunter.

"The Homœopathic Applicability to Surgical Cases of Hypericum," by Dr. Martin.

"The Homœopathic Therapeutics of Boils and Abscesses," by Dr. Holt.

"Superficial Injuries to the Eye, and Treatment," by Dr. Stephenson.

The next meeting was assigned to Dr. Hill.

G. FORREST MARTIN, *Sec'y.*

THE HAHNEMANN ASSOCIATION.

This new Society, whose object is to perpetuate the memory of a grand epoch in medicine, to do honor to the memory of Samuel Hahnemann, and to promote a more genial intercourse and good fellowship among his followers, was organized on the evening of Nov. 15th, with 322 charter members.

This is purely a social organization, meeting in New York, in November, of each year. Its membership is open to all homœopathic physicians, either ladies or gentlemen, and from all parts of the country. Applications for membership should be accompanied by the initiation fee of one dollar and forwarded to Dr. Alton G. Warner, 194 Schermerhorn St., Brooklyn, N. Y.

The first annual gathering and dinner was unanimously considered a grand success. After a most enjoyable social hour in the parlors, members and guests sat down to an elaborate dinner in Jaeger's large banqueting-hall.

The post-prandial part of the programme was opened by Introductory Remarks by the President of the Association, Dr. A. B. Norton, and was followed by an able tribute, *In Memoriam* of Samuel Hahnemann, by the toast-master, Dr. Geo. G. Shelton.

The toasts of the evening were exceptionally well responded to and were as follows:

"In Days of Yore," E. M. Kellogg, M.D.

"The Doctor in Politics," Henry M. Smith, M.D.

"Harmony," a Poem, Wm. Tod Helmuth, M.D.

"The Doctor and the Dominie," Rev. Chas. H. Eaton.

"As Others See Us," Hon. Melbert B. Cary.

"Our Lady Guests," Selden H. Talcott, M.D.

Introduction of the President-Elect, J Lester Keep, M.D.

A parting Ode, words by Dr. Helmuth, was t. en sung by all present, accompanied by the Royal Hungarian Orchestra, who discoursed their sweet music the entire evening.

The officers elected for the ensuing year were: President, Dr. J. Lester Keep, of Brooklyn; 1st Vice-President, Dr. Martin Deschere, New York; 2nd Vice-President, Dr. J. B. G. Custis, Washington, D. C.; 3rd Vice-President, Dr. Chas. F. Adams, Hackensack, N. J.; Recording Secretary, Dr. Chas. H. Helfrich, New York; Corresponding Secretary, Dr. H. D. Schench, Brooklyn; Treasurer, Dr. A. G

Warner, Brooklyn; Member Executive Committee, Dr. A. B. Norton, New York.

Among those present were Dr. and Mrs. Helmuth, Dr. and Mrs. St. Clair Smith, Dr. and Mrs. Houghton, Dr. and Mrs. Shelton, Dr. and Mrs. Wilcox, Dr. and Mrs. Boynton, Drs. Doughty, Keatinge, Brown and White of New York; Drs. Keep, Willis, Chapin, Winchell and Muncie of Brooklyn; Dr. and Mrs. Phillips of Boston; Dr. and Mrs. Custis of Wahington; Dr. and Mrs. Butler, Dr. and Mrs. Adams, Dr. and Mrs. DeBaum, Drs. Dennis, Church and Mandeville of New Jersey; Dr. and Mrs. Hoag, and Dr. Sanford of Bridgeport, Conn, and over two hundred others.

This first gathering of the Association proved such an extremely pleasant occasion to all who were present that the success of the Association is assured, and next year it will be difficult to find a banqueting-hall large enough to accommodate the numbers who will desire to attend, because the ladies enjoyed it so much they are all anxious for its repetition.

The credit of such a pronounced success of a new organization is due to the active personal work of each officer of the Association.

MISSOURI VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. D. A. Foote presided at the birth of the Missouri Valley Homœopathic Medical Association, at Omaha. Neb., on Nov. 21st, 1894. The following named physicians as charter members became sponsors for the active life of the infant, which is proof positive that it will thrive, live long, and be one of the most influential in promulgating the truths of homœopathy of all the homœopathic societies.

Members: W. A. Kitchen, New Market, Ia.; F. H. Hudson, Kansas City; C. F. Minninger, Topeka, Kan.; W. H. Humphrey, Plattsmouth; A. H. Dorris and Benj. F. Bailey, Lincoln; G. H. Neal, Falls City; A. P. Hanchett, P. J. Montgomery, N. B. Snyder, Council Bluffs; S. Stoads, Essex, Ia.; P. H. Dassler, Meriden, Ia.; and D. A. Foote, C. G. Sprague, H. P. Holmes, Freeda M. Lankton, W. H. Hanchett, J. E. Mann, Nettie H. Mann, P. C. Moriarty, O. S. Wood, S. J. Quimby, R. W. Connell, Mary Breckenridge, G. H. Parsell, E. L. Alexander, A. V. Sweetland, Amelia Burroughs and Sumner Davis of Omaha.

The following papers were read and the discussions animated and to the point, suggesting the need of more frequent meetings where an interchange of opinions may be had.

1. "Address of Welcome," Sumner Davis, M.D., Omaha, Neb.
2. "Response," F. H. Hudson, Kansas City, Mo.
3. "What Shall We Do with It?" G. H. Neal, Falls City, Neb.
4. "The Prevailing Fevers of the Missouri Valley," W. A. Humphrey, M.D., Plattsmouth, Neb.
5. "Method of Presenting the Truths of Homœopathy to the People," F. H. Hudson, Kansas City, Mo.
6. "Anti-toxine Treatment of Diphtheria," A. H. Dorris, M.D., Lincoln, Neb.
7. "Homœopathy and Bacteriology," Benj. F. Bailey, Lincoln, Neb.
8. "Shall We Vaccinate? If not, Why not?" Freeda M. Lankton, Omaha, Neb
9. "Vaccination, and Why?" S. J. Quimby, Omaha, Neb.
10. "Ocular Manifestation of General Disease," P. C. Moriarty, M.D., Omaha, Neb.
11. "Homœopathy's Relation to Surgical Antisepsis," C. W. Eaton, M.D., Des Moines, Ia.
12. "One of the Needs of Homœopathy," J. E. Mann, M.D., Omaha, Neb.

The permanent organization was completed by the adoption of constitution and by-laws and election of the following officers and committees for the ensuing year:

President, D. A. Foote, of Omaha; Vice-President, F. H. Hudson, of Kansas City; Secretary, W. H. Humphrey, of Plattsmouth; Treasurer, C. F. Minninger, of Topeka; Censors, A. H. Dorris, of Lincoln, H. P. Holmes, of Omaha, and P. J. Montgomery, of Council Bluffs; Legislative Committee, W. H. Hanchett, of Omaha, B. F. Bailey, of Lincoln, A. P. Hanchett, of Council Bluffs.

The Association will meet annually in October. The place of next meeting is Kansas City, Mo.

J. E. MANN, M.D.

GLEANINGS AND TRANSLATIONS.

OUR MEDICAL STUDENTS. — England has but 552 medical students; there are 8,000 in the Germany universities, but the United States has 13,000. We could loan England a few thousand and have plenty to spare. — *Ex.*

ANOTHER PROPOSED ADDITION TO THE MEDICAL CURRICULUM. — The Medical Council of the Province of Brandenburg, whose headquarters is in Berlin, recently addressed to the Prussian Government a petition asking that arrangements may be made for the supply of instruction to medical students on all that concerns insurance against sickness, accident, old age and infirmity. It is urged that such instruction should be practical as well as theoretical. The Cultus-Minister has accordingly sent a circular letter to the presidents of the other provinces of Prussia, asking them to obtain an authorized expression of opinion on the subject from all the medical councils in the kingdom. — *Brit. Med. Jour.*

CHICAGO MEDICAL COLLEGES UNITE. — An alliance offensive and defensive will probably soon be entered into by the Northwestern University Medical School, Rush Medical College and the College of Physicians and Surgeons, whereby there shall be between these institutions absolute uniformity in respect to entrance regulations, and also in respect to the methods of recording conditions of admission of each member of the class. The primary object of such an arrangement is that each party to the agreement shall promptly inform the other parties of any candidate for admission to the class, so that the other parties shall be protected against accepting rejected candidates. A similar agreement is in a fair way to be consummated between the homœopathic medical colleges of the city. — *Chicago Med. Rec.*

THE PRACTICE OF MEDICINE BY WOMEN IN 1572. — In an address before the Yorkshire Branch of the British Medical Association this summer, Mr. W. H. Jalland stated that York seems to have been ahead of most places in countenancing the practice of medicine by women. In closing his address (*Quarterly Medical Journal*) he says: "I find on reference to the Corporation Minutes dated 1572, Elizabeth XIV, the following entry: 'And for as much as it appeareth that Isabel Warrick hath skill in the science of surgery and hath done good therein, it is, therefore, agreed by these presents that she upon her good behavior shall use the same science within this City without let of any of the surgeons of the same.'" — *Boston M. and S. Jour.*

REVIEWS AND NOTICES OF BOOKS.

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A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers Da Costa, M.D. 188 illustrations in the text, and 13 full-page plates. Price, $2.50. Phila.: W. B. Saunders.

One familiar with that excellent work, "The American Text-Book of Surgery," will remember that the author of the book now under review is mentioned in the preface by the editors, with special thanks for his valuable aid. This in itself is a recommendation to careful perusal of the volume.

Dr. DaCosta has, in the main, carried out his declaration expressed in the preface, *i. e.* to present in concise form the fundamental principles, chief operations and accepted methods of modern surgery, and the exclusion of obsolete and unessential methods. Ophthalmology, Gynæcology, Rhinology, Otology and Laryngology have very properly been excluded, simply because these do not belong with general surgery, and adequate consideration of these specialties calls for separate treatises by specialists.

It is very refreshing to the reviewer to read a surgical manual so well written, devoid of theorizing, and containing in short, *ex cathedra* style just the knowledge which the student wants, as well as valuable hints which the general practitioner needs in refreshing his memory. Here and there are especial sections deserving of the highest commendation. Diseases and Injuries of the Bones and Joints occupy 208 pages, a little over one-fourth of the entire volume. The suspicion would arise that the author may have had special opportunities for familiarity in this branch of surgery, from his devoting so large a portion to this subject, while Diseases and Injuries of the Abdomen occupy but 48 pages. One is a little surprised on page 262, with the avowed purpose of the author in mind to exclude obsolete methods and operations, to read of Phlebotomy and Venesection. On page 50, fairly explicit directions are also given for the use of leeches. The reviewer must beg to declare that the two above-mentioned procedures are about as obsolete as anything that has heretofore existed in surgery.

It is also somewhat surprising that no mention is made of the removal of the Gasserian ganglion for inveterate Tic Douloureux. It is somewhat encouraging to the progressive school of therapeutics to find aconite recommended "in small doses, never in large amounts;" "one drop of the tincture in a little water is given every half hour until its effect is manifest on the pulse when it may be given every two or three hours." Similar direc-

tions are also given for veratrum viride, gelsemium and tartar emetic. All in all, the book is a credit to the author, and is to be highly recommended as a compact manual for student and practitioner.

A Synopsis of the Practice of Medicine for Practitioners and Students. By William Blair Stewart, A.M., M.D. New York: E. B. Treat. 434 pages, cloth, $2.75.

It is hard to see the place which this little work will fill in medical literature. It may be of value in introducing the medical student to the very difficult study of that large class of diseases which come under the observation of the general practitioner. The information contained in the work on each separate disease is condensed to such an extent that it is rendered meagre. The author's effort to be concise is so labored that his style becomes uninteresting. The book possesses no original features. The author says in his preface, "The action of organic extracts and nuclein in pathological conditions has not been considered, as this subject is still under investigation." The writer omits to mention the tetanus anti-toxine in his treatment of that subject.

A Manual of the Practice of Medicine Prepared Especially for Students. By A. A. Stevens, A.M., M.D. Third Edition, 502 pages. Price, $2.50. Philadelphia: W. B. Saunders. 1894.

The author in his "Preface to the First Edition" quotes the saying of Pope that "Half of our knowledge we must snatch, not take"; then he says, "If this be true of general knowledge, it is certainly true of the knowledge of medicine as it is taught in the schools of to-day. In review of this fact there seems to be a real need for books which present their subject in an assimilable form."

The fact that this work has reached its third edition within two years is the best evidence of its real merit. Its clinical descriptions are clear and concise, and the student who masters all the information contained in it will, indeed, have laid a splendid foundation for broader and more extensive reading.

The Physician's Visiting-List for 1895. Philadelphia: P. Blakiston, Son & Co.

A most convenient little "Visiting List" that has been before the profession for over forty years, this being its forty-fourth appearance. It is certainly a perennial, and it contains all the necessary departments for memoranda, and the many reference-tables shown to be useful during its unusual experience of service to two generations of physicians.

OTIS CLAPP & SON'S VISITING-LIST AND PRESCRIPTION RECORD is so well suited to its purpose and has so nearly reached perfection as a "Visiting-List" that no changes have been made in it for the ensuing year. It is undated and is, therefore, good for any year. It has an extra column for the record of the prescription. It has certain useful, and not too many, reference tables. It is of convenient size, and its make-up is of excellent quality throughout.

"Athletics for City Girls," "Responsibility in Crime from the Medical Standpoint," "The Need of Educated Men," "The University as a Scientific Workshop," "The Chemistry of Sleep" are the titles of a few of the articles in the December issue of the POPULAR SCIENCE MONTHLY, which appeal to those who are interested in things medical, educational, hygienic, scientific. New York: D. Appleton & Co.

PERSONAL AND NEWS ITEMS.

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DR. HARRIETT E. REEVES, M.D., has located at 163 Huntington Avenue, Boston, Mass.

DR. W. W. NUTTING has removed from Shawmut Avenue., to No. 7 Cambridge Street, Boston.

DR. AUGUSTINE C. HAUB, class of '93, B. U. S. M., has located at No. 130 Huntington Avenue., Boston.

DR. IDA DUDLEY CLAPP, class of '77, B. U. S. M., has opened an office at 599 Dudley Street, Roxbury.

THOSE who have not registered in accordance with the new law should do so before the first of January. See the GAZETTE for July.

A HOMŒOPATHIC physician is wanted at Sturbridge, Mass., a town of 2,200 inhababitants. Address, John F. Hibbard, Supt. Snell Mfg. Co., Fiskdale, Mass.

DR. J. WILKINSON CLAPP has gone abroad for a few months' much-needed rest. Kind thoughts and best wishes of many friends follow him on his journey.

DR. NATHANIEL W. EMERSON has removed his office to 601 Boylston Street Copley Square, Boston, where he will give exclusive attention to general and gynecological surgery.

A PHYSICIAN wanting office hours in a good location in the city near Copley Square, with another physician, can arrange for two or four days in the week. Address "A. B. C.," care Otis Clapp & Son, 10 Park Square, Boston.

THE initial number of *The Denver Journal of Homœopathy* announces the advent of another aspirant for journalistic glory. It is a modest representative of the energy and ability characteristic of its birth-place, and makes what must prove a successful appeal for a sympathetic reception, kindly criticism, and cordial support.

A RARE opportunity to acquire a practice in a rapidly growing city within six miles of Boston. To any one purchasing real estate, consisting of house of eleven rooms, in good repair, with 8,500 feet of land, will be transferred the good will in a practice of seventeen year's duration. The estate is a corner one on principal street, near steam and electric cars and has been used as a physician's office and residence for the past fifteen years. Address "X Y. Z.," care Otis Clapp & Son, 10 Park Square, Boston.

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