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THE
NEW ENGLAND
MEDICAL GAZETTE.

A MONTHLY JOURNAL

OF

HOMOEOPATHIC MEDICINE.

A. TEMPLE LOVERING,

EDITOR.

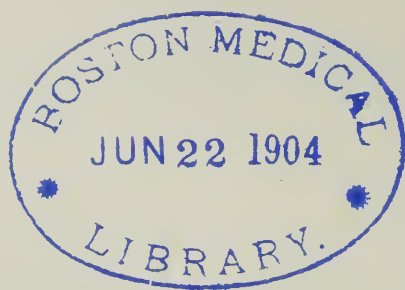
“Die milde Macht ist gross.”

VOLUME XXXVIII.

BOSTON:

OTIS CLAPP & SON, 10 PARK SQUARE,

1903.



INDEX.

ORIGINAL COMMUNICATIONS.

Abortion: When and How. By Henry Edwin Spalding, M.D.	1
Angioneurotic Edema of the Larynx—Tracheotomy. By N. H. Houghton, M.D.	541
Appendicitis: A Supplementary Report. By Nathaniel W. Emerson, M.D.	49
Clinical Significance of Certain Defects in Voice and Speech, The. By George B. Rice, M.D.	193
Diagnosis of Typhoid Fever. By John P. Sutherland, M.D.	241
Drug Agents and Drugging. By John J. Shaw, M.D.	153
Early Diagnosis of Pulmonary Tuberculosis, The. By David P. Butler, M.D.	502
Final Results in Operations for Myomata Uteri and Fibro-Myomata Uteri. By Nathaniel W. Emerson, M.D.	441
Fracture About the Hip. By Charles T. Howard, M.D.	546
Hydrotherapy in Typhoid. By Henry Edwin Spalding, M.D.	394
Infantile Scurvy. By Elmer H. Copeland, M.D.	359
Laryngeal Tuberculosis. By T. M. Strong, M.D.	97
Letters from Europe. By Horace Packard, M.D.	351, 406
Long-Continued Vomiting in Hysteria. By Edward W. Wiswall, M.D.	114
Medical Results of State Hospitals in 1902. By Arthur Blakeslee,	312
Mental Training of the Feeble-Minded. By Edward P. Colby, M.D.	248
Open Letter, An. By C. P. Holden, M.D.	510
Optic Nerve Atrophy, Preceded by So-Called Nervous Exhaustion. By Fred'k W. Payne, M.D.	67
Physician and the Public Schools, The. By Clarence P. Holden, M.D.	308
Post Operative Neurasthenia. By Frank C. Richardson, M.D.	254
Prognosis of Inoperable Malignant Diseases under Treatment by the X-Rays. By George R. Southwick, M.D.	145
Prostatectomy: Its Present Position and Outlook. By James B. Bell, M.D.	489
Psychopathic Hospital, The: Its Sphere and Location. By Ellen L. Keith, M.D.	201
Puerperal Infection. By J. Emmons Briggs, M.D.	303
Relation of the General Practitioner to the Specialist, The. By George B. Rice, M.D.	109
Report of a Case of Fracture of the Radius and Ulna. By J. Emmons Briggs, M.D.	505

Simple but Successful Method of Treatment for Tubercular Laryngitis, A. By E. R. Johnson, M.D.	448
Some Aspects of Tertiary Syphilis. By John L. Coffin, M.D.	150
Some Cases of Prostatic Surgery. By Horace Packard, M.D.	257
Some Remarks upon Recent Provings. By Edwin P. Colby, M.D.	537
Therapeutic Hints in Typhoid Fever. By William P. Defriez, M.D. 297, 345	
Three Clinical Cases Treated by the X-Ray. By E. A. Jones, M.D.	453
Treatment of Flat Foot, The. By George H. Earl, M.D.	209
Treatment of Lateral Curvature of the Spine, The. By George H. Earl, M.D.	13
Treatment of Spinal Curvature by Medical Gymnastics, The. By Otto R. Lofstedt,	16
Tubercular Adenitis. By Carl Crisand, M.D.	402
Use of Iron in Disease, The. By Duncan Macdougall, M.D.	61

EDITORIALLY SPEAKING.

Abuse of Public Office, The.	458
Announcement	18
Belated Journal, A	73
Benefit of Attending the Institute Meetings, The	214
Boston Floating Hospital, The	315
Conditions of Equality, The	552
Congenital Dislocation of the Hip	70
Importance of Oral Hygiene, The	511
Investments	369
Needed Restrictions of the Sale of Poisonous Drugs	268
Nurses in Public Schools	71
On Advertising as a Specialist	217
On Verifying Verifiable Beliefs	157
Reports from State Hospitals for the Insane	317
Retrospect and a Report, A.	367
Temperance versus "Temperance"	155
Unity That Makes for Strength, The	265
Vaccination Question, The	118
Writing for Publication	410

SOCIETIES.

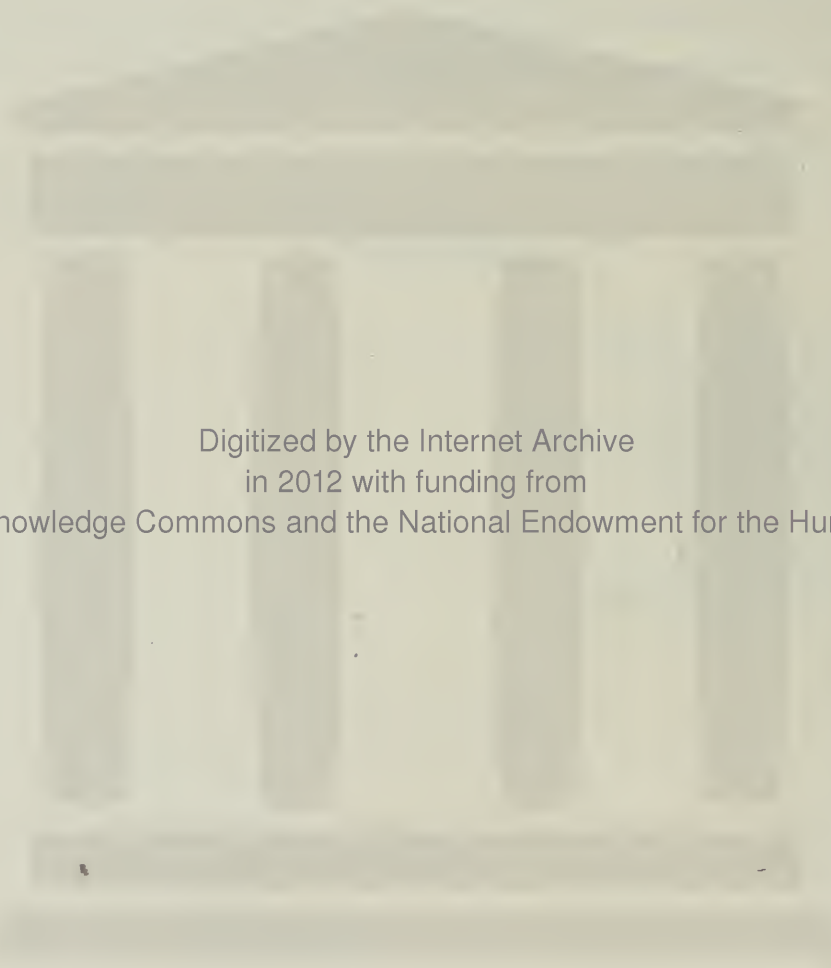
American Congress on Tuberculosis for the Prevention of Conusmp- tion, The	375
American Institute of Homœopathy	128, 164, 278, 373
Boston Homœopathic Medical Society, 19, 74, 121, 159, 221, 272, 320, 514, 556	
Connecticut Homœopathic Medical Society	325

Essex County Homœopathic Medical Society	325, 555
Massachusetts Homœopathic Medical Society	520
Twentieth Century Medical Club	30
Worcester County Homœopathic Medical Society	277, 462, 557

Books and Reading	31, 75, 130, 167, 227, 283, 327, 377, 415, 464, 523, 558
The Specialist	37, 81, 136, 173, 233, 287, 331, 381, 424, 470, 529, 563
Abstracts from Books and Journals	86, 177, 339, 389, 432, 477, 570
College, Hospital and Laboratory Notes	42, 90, 141, 187, 237, 293, 340, 436, 485, 579
Personal and General Items	47, 94, 143, 190, 239, 294, 342, 390, 438, 487, 535, 580

OBITUARY.

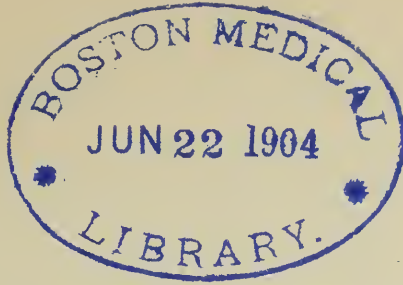
Dr Timothy Field Allen	45
Dr. Franklin A. Gardner	142
Dr. Egbert Guernsey	487
Dr. Bushrod Washington James	93
Dr. Julius H. Jones	239
Dr. Frederick W. Payne	437
Dr. L. A. Stewart	487
Dr. Augustin Thompson	342
Dr. Mary K. Gale-Warren	437



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THE NEW ENGLAND MEDICAL GAZETTE

No. 1.

JANUARY, 1903.

Vol. XXXVIII.

ORIGINAL COMMUNICATIONS.

ABORTION: WHEN AND HOW.

BY HENRY EDWIN SPALDING, M.D., BOSTON, MASS.

From reading the advertisements in the public press one may readily learn that procuring abortions is an established, although illegal, business. Why this open defiance of the law is permitted by our officials, whose duty it is to see that laws are obeyed, is explainable by the fact that those who avail themselves of the advertised services, being partners in crime, not only will not enter complaints, but will resort to all available means to conceal it. Even though brought to the point of death it is seldom that the victim will betray her destroyer. Abortionists not only have this safeguard but doubtless are sometimes protected by willing or unwilling members of the medical profession. When anything goes wrong with the patient the abortionist immediately becomes an "unknown quantity." The family physician, or some other who will be "discreet," is called to the case. This physician having had no part in, or foreknowledge of, the crime finds his duty to be the relief of suffering and the saving of life. Although the public good demands that the

guilty be discovered and placed in the hands of the law, his relationship to the patient, especially if he be the family physician, naturally leads him to attend to the duty before him without going into the past other than may be necessary for the correct understanding of the case. His sympathy is with his patient, and he is unwilling to expose her to the un pitying shafts of public scandal, especially if she be one of those unfortunates less a sinner than sinned against.

It is not, however, the unmarried but the married who furnish most employment to the abortionists. It is not the sympathy of the physician only that shields his patient from having her crime exposed. A nice legal point presents itself. No physician may divulge secrets derogatory to the character and well being of his patient, that are obtained in the performance of his professional duties. In case of sudden death the case properly goes from his hands to the medical examiner, and his responsibility in the case ceases. Under any circumstances it is the physician's right, and it may be his duty to himself and the profession he represents, to demand counsel, in order that the responsibility may be divided, and he be shielded from accusation or suspicion of having been a participant in the crime. This should be the physician's stand in cases to which he is called after the act. Foreknowledge, or a possible understanding, either direct or indirect, with the abortionist that he is not unwilling to give the after treatment makes him morally and legally a partner in the crime. That reputable physicians will lend themselves to this service I am unwilling to believe. And yet a notorious abortionist once had the effrontery to propose, through a third party, that I assume the after care of such of her patients as were accustomed to homœopathic treatment, declaring that there were several physicians of high repute, of the other school, to whom she sent patients for after care. I do not believe her statement, for surely no physician however lacking in honor and reckless of reputation would sell himself as she claimed.

Perhaps no more momentous question presents itself to the obstetrician than the one of justifiable abortion. It is a question of life or death. It usually means the sacrifice of one that another may live, or at least may have a better chance of living. To decide this conscientiously and wisely he must first obtain a full knowledge of the woman's past and present condition; must, as a pathologist, thoroughly understand what these conditions indicate and the dangers attending them; and he must know the various and best means for averting the threatened disaster, or if one of two disasters is inevitable to wisely select the lesser. He must study each individual case; be exact in diagnosis; conservative, yet fearless, in treatment. The careless observer of symptoms, the unlearned in pathology, and the dilatory in applying remedial measures have no legitimate place in the field of obstetrics.

To divide the responsibility and to shield himself from unjust criticism the considerate physician will always call for counsel, unless urgency of symptoms forbids the incidental delay.

One may of his own volition jeopardize, or even sacrifice, his life that another may live, but when he is called upon to destroy one life that another may live, a responsibility heavy with morality and justice is placed upon him. Were the two under consideration equally independent beings and the conditions attending their lives such as to give them equal "life expectancy" no one would have the right to destroy one that the other might live. In the case of the mother and her unborn child we have on the one hand a life that is *uncertain* and has not yet attained an independent existence; on the other a life that is *assured* and is already exercising all the functions of independent vitality. Here, if it is certain that the life of the unborn child or that of the mother must be sacrificed, there seems to be no doubt that the child should be destroyed for the saving of the mother. Indeed, in a case of such gravity that the mother must be seriously endangered in order that

the child may live, the life of the child will be placed in such extreme hazard that probably both will be lost in the attempt to save one, and that the weaker. We must not at the same time forget that forcing an abortion is an element of added danger to the mother. Should she succumb to the operation then again both lives will be lost. Here is an opportunity for the careful exercise of judgment based on a complete knowledge of the attending pathological conditions, and the prognosis that personal and recorded professional experience warrants. With absolute certainty that the mother must die if gestation continue quite or nearly to term, I cannot imagine it possible that an abortion will not give added chance for life, and the possibility of the child reaching a stage of viability if gestation be allowed to continue should not prejudice our action. To what degree the mother's life may be endangered before abortion is justifiable is a question of the utmost importance. Aside from her physical condition, which will be considered later, her circumstances in life must be taken into account. Can she have the prolonged care and attention that her increasing disability will demand? Can the patient have skilled nursing, and the obstetrician needed assistance as well or better at a later day than if an abortion be induced immediately? Is her desire to have a living child so great as to induce her to willingly assume the greater danger and suffering? These and other like questions demand consideration.

The conditions imperatively demanding an abortion, beyond question, are few. We may, for convenience, divide these indications into two classes — positive and probable.

POSITIVE INDICATIONS.

1. Stenosis. (a) From a narrow pelvis, the conjugate being not more than $2\frac{1}{2}$ inches. (b) From pelvic tumors or exudates.
2. Uncontrollable vomiting.
3. Irreducible displacement of the uterus.

4. Progressive and pernicious anemia.
5. Death of the fetus.
6. Inoperable carcinoma.

PROBABLE INDICATIONS.

1. Chorea.
2. Pulmonary tuberculosis.
3. Nephritis.
4. Chronic heart disease, or aortic aneurism.
5. Insanity.
6. Ventral fixation.

Stenosis to a degree of absolute obstruction of the pelvic canal from deformity, or tumors or exudates, ordinarily demands that the uterus be emptied before the fetus has attained a size that will prevent its delivery via naturalis, or that gestation be allowed to proceed to term and delivery be accomplished by Cæsarean section. When we consider the relative danger attending the two operations, abortion and Cæsarean section, there can be but little doubt that abortion is called for in ordinary circumstances. There may be cases, however, where the mother is ready to assume the extra hazard in order that she may bear a living child. Assured that she and her husband fully comprehend the gravity of the case, if she is in good physical and mental vigor, in these days of improved surgical methods pregnancy should be allowed to continue to term.

Uncontrollable Vomiting. — This is not the place to discuss the causes and methods of treating this unfortunate complication of pregnancy. Assuming that every known means of relief has been tried and found ineffectual; if emaciation is marked and rapidly progressive; if the fever, and perhaps, delirium of inanition are becoming manifest; if there is no reasonable probability that she can, unrelieved, survive to the period of fetal viability, abortion is imperatively demanded. These extreme cases are fortunately rare.

Irreducible Displacement. — A gravid uterus impacted

below the promontory of the sacrum cannot be classed as irreducible, unless there are firm adhesions binding it in its abnormal position. In most cases reduction can be accomplished by placing the patient in the knee-chest position, the bladder having been first evacuated, and with a tenaculum drawing the cervix down while upward pressure is applied to the fundus. Anesthesia should aid in this procedure if necessary. All efforts at reduction having proved unavailing, it is better to force an abortion, and thus escape serious bladder and rectal complications, rather than wait for it to come spontaneously, as it quite surely will.

Progressive and Pernicious Anemia. — This is a rare complication of pregnancy, for the reason that conception seldom takes place when the system is in this depraved condition, the ovaries being usually inactive. Should, however, pregnancy supervene and the anemia grow worse, rather than better, under treatment, then abortion should be forced rather than allow the condition to be aggravated to, perhaps, fatality, only to obtain a fetus incapable of sustaining extra-uterine life

Inoperable Carcinoma of the cervix and adjoining tissue demands an early termination of pregnancy to escape severe hemorrhages and other complications that would attend the later months of gestation and delivery.

Death of the Fetus, which is usually attended by an offensive discharge from the vagina, or symptoms of systemic poisoning, unquestionably demands an immediate emptying of the uterus.

Probable conditions calling for abortion are such as are usually amenable to treatment, either to perfect cure, or to such relief as may allow the gestation to continue through the term, or to fetal age of viability, when premature labor may be induced.

Chorea may be seriously aggravated by gestation, or appear as a resultant complication. In the former instance remedies will usually hold it sufficiently under control as to

allow pregnancy to continue. In the latter, experience shows that it is likely to baffle all treatment, and abortion is called for.

Pulmonary Tuberculosis as an accompaniment of pregnancy may well occasion much apprehension, but to demand forced abortion there must be other complications. I presume my experience has not been exceptional, in having seen women with all the symptoms of deep-seated tuberculosis go through gestation and delivery without incident, and in fact to have apparently gained a new lease of life thereby. Neither does it follow that the offspring will be feeble and unable to long survive. I know of young men and women whose mothers were ill with tuberculosis when they were born, and subsequently fell victims to it, who have an average degree of vigor and good health. Sometimes the child is feeble and does not survive early childhood. Personally, I have never seen a case of pulmonary consumption that required an abortion.

Nephritis is not only one of the most serious complications of pregnancy, but is, perhaps, one of the most common. The danger is not alone from the eclampsia that is likely to supervene if gestation is allowed to continue, but that the kidneys may become so impaired, from the extra burden put upon them, as to materially shorten her life should she survive delivery. Fortunately, in most cases, if the condition is early recognized, and active, persistent treatment be adopted, the disease can at least be held in control. When, however, the functions of the kidneys become more and more impaired, as shown by decreased secretion of urine, scanty urea, increasing albumen and casts, together with gastric disturbance, lancinating pains in the head and other parts of the body, and especially if there is visual disturbance and muscular spasms, it is imperative that the uterus be emptied without delay.

Chronic Heart Disease, alone or accompanied by other abnormalities, occasionally calls for an abortion. This more

particularly if there is pulmonary emphysema, and excessive general edema. Frequently, however, a woman with serious heart lesions goes to term and through delivery without special difficulty. In many of these instances the physiological hypertrophy of pregnancy, doubtless, acts as a compensating factor. While all cases of severe cardiac disease give occasion for anxiety, abortion is called for only when dilatation is marked and increasing, there is great edema, or other complications.

Insanity caused or aggravated by gestation sometimes calls for an abortion. Unfortunately, however, this often fails to "cure the mind diseased."

Ventro-fixation as frequently done to correct uterine displacements must now be a recognized factor in making abortion advisable. In about one-third of the cases of pregnancy following ventro-fixation, the normal process of gestation has been seriously interfered with. In many instances spontaneous abortion has resulted. It is probable that this will happen in every case where the adhesions are such as will seriously interfere with uterine enlargement. Of course forced abortion will here be uncalled for.

Later and improved methods of operating produce a ventral suspension rather than ventral fixation. This promises less interference with gestation, in that the uterus is not anteflexed, but is in a normal position, its enlargement is less interfered with, and the retaining band of peritoneal tissue, like a pedicle, either elongates to meet the needs of the enlarging uterus or gives way entirely.

Methods. — A detailed review of methods and recorded cases would be interesting, but too voluminous for this occasion. Some of the most remarkable cases are those where the operation has been performed by the patient herself. While she has often accomplished her purpose without serious results, not infrequently, through ignorance of the anatomy of the parts, severe traumatisms have been caused. The knitting needle seems to be the favorite instrument

with women for producing abortion on themselves. Instead of that hair pins, hat pins, the spindle of a spinning wheel, umbrella ribs, wooden spits, glass rods and other like articles have been called to the service. Their purpose usually is to pass the instrument through the os uteri and rupture the sack. Frequently, however, it is passed through the cervical tissue, or, by way of Douglass's cul de sac, through the lower segment of the uterus, and sometimes it is made to traverse the uterine cavity, puncture the opposite wall and enter the peritoneal cavity. This traumatism may be immediately attended by serious complications in the shape of hemorrhage, or acute inflammation, or, a little later, by septic infection. Occasionally the entire instrument has passed through the wounded uterus and found lodgment in the abdominal cavity. It has been known to remain here for a long time without immediately causing serious symptoms, finally to be discovered as the cause of a pelvic abscess or other like trouble. In some instances the vaginal route has been ignored and the puncture made through the abdominal wall. The umbilicus has also been the chosen site of puncture. Creeping or sliding down stairs head foremost are common, and usually ineffectual, means tried. Many domestic drugs, like aloes and rum, logwood and rum, pennyroyal and tansy are used. In the neighborhood of cellar holes, which mark the locations of former New England homes, are found the inevitable tansy beds. Their annually recurring fragrance is laden with the story of blasted hopes and fruitless effort, for around those now moss-covered hearthstones there once gathered large families of children.

Most abortionists depend upon rupturing the sack with a probe, although some insert catheters or inject fluids between the membranes and the uterine walls. They almost universally use drugs either alone or as an adjuvant to operative measures. Several years ago I was called to see a servant of one of my families, whom I found dead. I

learned that she complained of being ill and a Boston physician came to treat her. He had been in her room but a short time when he called for warm water. The servant who carried it to him said that with an ordinary bulb syringe he was preparing to give her a douche. Shortly afterward he came hurriedly from the room and told them that the patient had suddenly died of heart disease, and immediately left the house. A carefully conducted autopsy by the medical examiner showed that the woman was about four months pregnant. There was no severe traumatism. The membranes were unruptured but partially detached from the uterine walls. Evidently water had been injected into the uterus and with it air, which had found its way, through an open sinus, into the circulation and, as sometimes happens, caused instant death. This abortionist was a physician druggist who did this line of business in a quiet way. He ended his days in prison.

For the production of an abortion when it is found necessary there are many recognized means.

The use of drugs we can pass by as being altogether too uncertain and causing needless systemic disturbances. The electric current is also uncertain, except when used at a high power, and then it has no advantages over other procedures.

Injection of water or irritating fluids into the uterine cavity is dangerous. Glycerine, in one ounce quantities, has been injected between the membranes and the uterine walls, sometimes effectually with no reported fatalities. The use of tents for dilating the cervix is unsafe, because it is quite impossible to make them aseptic, and sepsis is the great and ever-present danger in these operations.

Passing a flexible bougie or male catheter into the uterus and leaving it there for twenty-four hours, and repeating the procedure if necessary, usually excites uterine contractions, but not always. Following this method sepsis has been of such frequent occurrence as to lead to the conclusion that septic matter is carried on the instrument from the cervix into the uterine cavity.

Puncturing the sack with a sound, quill or metal catheter, allowing the water to drain away is usually effectual, but less reliable than when used in more advanced pregnancy for the induction of premature labor.

Whatever method is used aseptic and antiseptic precautions should be strictly observed. Then the urgency of the symptoms will lead to the selection of the proper methods. If the conditions are not such as to demand the immediate emptying of the uterus, packing the cervix with borated or iodoform gauze, which is made more effective by being soaked in glycerine, and tamponing the vagina, will often alone bring about an abortion, or if not will produce a relaxation of the cervix, thus facilitating delivery through other means. The packing should be removed daily, a hot antiseptic douche given, and a fresh pack inserted. To be effectual this packing must be more than a strip of gauze passed through the os. It must be firm and solid, and fill not only the cervix but also the lower segment of the uterus. If the os is sufficiently dilated, or dilatable, for the introduction of a finger, matters may be expedited by the use of Champetier de Ribes's bag. This is the best soft rubber dilator. When filled with water it is cone shaped, thus when in place it forms a perfect artificial bag of water. Barnes's long-known fiddle-shaped, and Tarnier's more recent spherical soft rubber dilators are open to the objection of fragility. While de Ribes's bag is sufficiently strong that some tractions may be made upon it, the others often explode while being distended or from the pressure of the first uterine contraction.

Forcibly throwing a stream of water, as hot as can be borne, against the cervix for a few minutes and repeating the procedure at intervals of an hour or less sometimes promotes dilatation and uterine contraction. Personally I prefer the tampon as being more effectual, less annoying to the patient and requiring less constant attention of the physician.

A large proportion of cases are attended by conditions so critical as to demand immediate delivery. In that case the dilatation must be rapid and forced, which is to be avoided, if possible, on account of the traumatism of the cervix, to some degree unavoidable. In most cases an initiatory treatment of a few hours or even days may be given with the cervical tampon, when dilatation can be accomplished without serious difficulty.

Immediate abortion being imperative there is no alternative from forced and rapid dilatation. Then the patient being anesthetized and made surgically clean, one finger should, if possible, be passed through the os to be followed by another and another until the entire hand is within the uterus. Then the closed fist forms a most perfect dilating plug, which being gradually withdrawn dilates the cervix sufficiently for emptying the uterus without difficulty. Often, however, the cervix is so rigid that the fingers can not be thus easily introduced. It may then be necessary to first use the ordinary Goodell's dilator, and follow this with hard round dilators, like Hegar's, in graduated sizes, then de Ribes's bag and finally the hand. This is supposing that pregnancy has advanced so far as to require this degree of dilatation in order that the fetus may escape. Of course during the earliest months of pregnancy dilatation to the extent of admitting the hand will not be required. The cervix being sufficiently dilated, we can now proceed to empty the uterus. There is no instrument quite equal to the aseptic finger for this work. It is sensitive and there is little danger of doing injury through undue violence.

The left hand grasping the fundus, and pressing the uterus into the pelvic cavity as far as possible, the right hand in the vagina, the forefinger enters the uterus and carefully separates the ovum from the uterine walls. Then with ovum forceps the ovum is brought away entire or in pieces. If the latter, the finger should be introduced to be assured that no portions of the ovum remain. The uterine cavity

should be douched with hot sterile water, or formalin solution, and loosely packed with sterile gauze. The gauze stimulates uterine contraction and promotes drainage. The packing should be removed at the end of twenty-four hours. If there is any appreciable rise in temperature, or other suspicious symptoms, the packing should be repeated for another twenty-four hours, and continue with intrauterine douching until all septic symptoms subside. Seldom, however, will a second packing be necessary. Occasionally, especially during the fourth month of pregnancy, the finger will be found inadequate for loosening the membranes. Then a dull curette, or the closed ovum forceps, may be used, care being taken to separate the membranes from the uterine walls with as little violence as possible. The free hand grasping the fundus will aid materially in directing the process with safety. After the ovum has been removed a digital examination should be made, and any remaining placental or other tissue should be removed with the finger nail or curette. This should be followed by a copious hot antiseptic douche. The gauze packing is here sometimes advisable, but ordinarily the os is so widely open as to insure free drainage without the gauze.

THE TREATMENT OF LATERAL CURVATURE OF THE SPINE.

BY GEORGE H. EARL, M. D., BOSTON, MASS.

Cases of lateral curvature of the spine may be divided, for the purpose of treatment, according to the age of the patient and the cause of the deformity; but the general principles of treatment are the same in all cases. They are, first to overcome any resistance to correction, to train the muscular system to maintain the correction, and to furnish artificial support toward maintaining the correct position of the trunk.

Lateral curvature, due to rachitis, would not require forcible correction, and training of the muscles would be secondary in importance to the mechanical support. Lateral curvature due to paralysis, or collapse of only half of the chest following empyema would properly be treated without forcible correction, but with a combination of such training and support. The larger proportion, however, of cases occur in girls between the ages of twelve and eighteen years, and are due probably to a combination of causes, among which may be mentioned faulty positions in standing and sitting, particularly the latter, and deficient muscular development. It is this class of cases which particularly interest the general practitioner, and which are to be considered in this paper.

A flexible back, i.e., one which can be made to assume a normal outline by manual pressure, combined with voluntary effort by the patient, is the one best suited to treatment by gymnastics alone. A more or less rigid back, which can not upon examination be made to correct, is one in which forcible correction must be made, and it is more particularly this class of cases which is to be here considered. The treatment consists in the application at intervals of a fixed jacket, forcing and holding at each sitting, as much correction of the curvature of the spine as the patient can bear. After securing complete or nearly complete correction, the fixed jacket is replaced by a removable one, made on a corrected cast, and the process of correction goes on. At this stage the treatment by jacket is supplemented by gymnastics.

There is a pretty general feeling against the use of the plaster jacket which is absolutely unwarranted. It is charged with interfering seriously with respiration and with making injurious pressure upon the muscles. The jacket properly applied finds its support, and makes the greatest pressure upon the crests of the ilia. It absolutely prevents any compression or constriction of the trunk at the waist

line, and its pressure upon the chest is over the prominent portions of the chest not covered by muscular structure, and by correcting the contour of the chest actually increases the lung capacity. The application, if made in a recumbent position, is not attended by discomfort on the part of the patient, and the degree of correction at each sitting is only limited by the skill and strength of the operator.

The removable jacket combines with these advantages, the fact that it can be removed at night, and that by means of an elastic lacing, the amount of pressure at prominent places can be regulated at will. In the majority of cases, the ideal treatment is daily forcible manual correction, combined with gymnastics and massage. The difficulty lies in the fact that class work is impossible, and that therefore the expense of this treatment makes it prohibitive in many cases.

In the accompanying plate figures three and four represent a case in which treatment by plaster jackets was carried on a few months, followed by the straight removable jacket. As an indication of the benefit to her general health, and as refuting the charge of discomfort, it may be mentioned that this girl gained fifteen pounds while wearing the first jacket, during a period of five weeks. Later, after a severe attack of typhoid fever, she suffered a relapse and was treated with gymnastics during two months, followed by another removable jacket.

Figures one and two represent a case of flexible curvature treated two months with gymnastics and then with a jacket to maintain the correct position. As a rule patients gain in height, weight, and general health during treatment.

In the accompanying article the technique of gymnastic treatment is given.

I am indebted to my friend, Dr. Thomas E. Chandler for the excellent photographs, from which these illustrations are made.

THE TREATMENT OF SPINAL CURVATURE BY MEDICAL GYMNASTICS.

BY OTTO R. LOFSTEDT, MEDICAL GYMNAST.

Spinal curvature is most common among school children. It is caused, among other things, by carelessness in standing, general physical weakness from poor nutrition, or by a cramped position when writing or sewing. It is far more frequent among girls than boys. In lateral curvature, where the muscles on the convex side are weakened and pathologically changed, it is evident that the weakened muscles should be strengthened and developed. Spinal curvature is sometimes inherited; in such cases orthopedic appliances may be used in infancy, but after the age of five years it is perfectly safe to employ medical gymnastics to develop atrophied or weak muscles. Experience has proved that the first stages of curvature may be cured by this treatment. The second stage may be arrested and improved, but the third stage can be only symptomatically treated.

The object of medical gymnastics is to make the spine more flexible, to straighten and stretch the spine, to rectify abnormal conditions of the chest, and to strengthen the whole system. This is accomplished by means of "passive" and "active" movements. According to Dr. F. J. Hartelius, and restoration of pathologically changed muscles can not be produced by mechanical extension, but only by muscular exercises and electricity. But for the restoration of a curved spine he says extension is necessary. The question, therefore, is whether or not all this may be affected by the organism's own remedies. This is easy enough to prove. In mild cases of curvature where there is not yet any deformity of the vertebræ, the spine is strengthened at each extension of the back.

In forward trunk flexion and extension, the patient stands with the thighs pressed against a bar; the hands on the hips or neck, i.e., "hips firm" or "neck firm" according to the



FIG. 1.



FIG. 2.

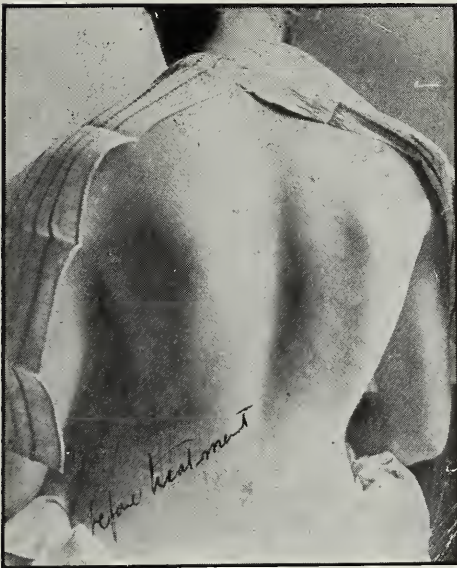


FIG. 3.

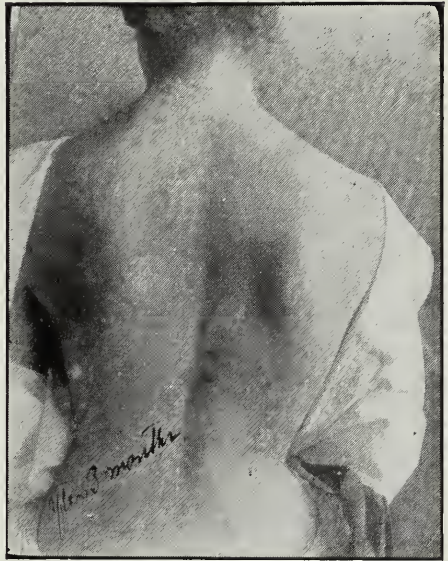


FIG. 4.

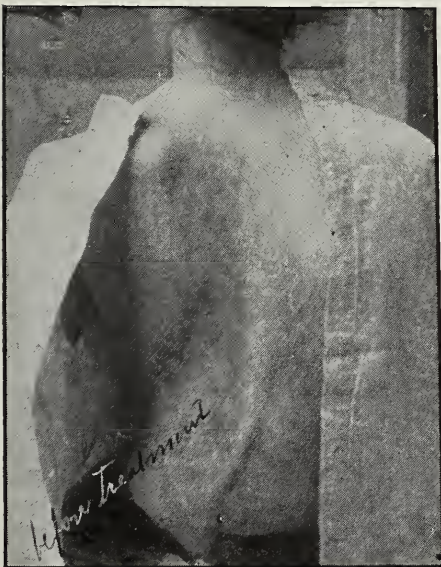


FIG. 5.

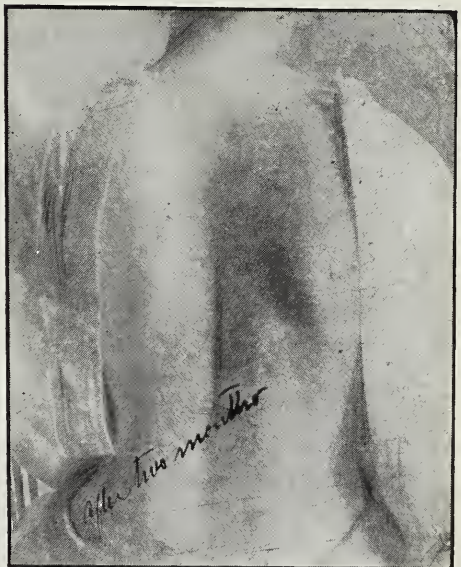


FIG. 6

deformity of the shoulder. The patient bends forward; when he raises himself the gymnast resists him by hand-pressure on the prominent shoulder and on the neck. In backward trunk flexion the patient lies on a plinth which supports the front of the patient's legs the trunk being free. The gymnast takes a firm hold of the patient's legs just above the ankles in order to hold them still while the patient raises the back upward and backward.

Another effective movement for the spine is to have the patient in a relaxed sitting position on a stool with "hips firm;" the gymnast places his hand on the crown of the patient's head and resists when the patient raises the trunk to an upright position. These and a few other active and resistive movements, can, better than any other mechanical remedy, straighten a curved spine.

In a one-sided curvature with the convexity to the left, lateral trunk flexion to the left may be given. The gymnast places his hand on the highest point of the curve and resists the patient when he bends down. This may be done with the patient either sitting or standing, or lying on his right side, the last one being very powerful. Several other movements may also be given, and should be used according to the strength of the patient and the particular shape of the deformity.

The figures three and four, and five and six, on inset plate illustrate two cases of lateral curvature before and after treatment by medical gymnastics.

EDITORIALLY SPEAKING.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be *typewritten if possible*. To obtain insertion the following month reports of societies and personal items *must be received by the 10th of the month preceding*.

ANNOUNCEMENT.

It is with great regret that we announce to our readers the withdrawal from editorial work of Dr. John L. Coffin who has been so many years connected with the GAZETTE, originally as associate editor, and later as editor-in-chief.

His associates in his labors have ever been his warm personal friends, appreciative of his kindness, courtesy, and consideration. We know that the loss the GAZETTE sustains through his resignation will be felt not only by those who have worked with him, but also by all who are interested in the GAZETTE.

Our sincere good wishes and cordial appreciation are his, and our recognition of all he has done in past years to forward professional work, and to place medical journalism upon the high plane it should occupy.

It will be our aim to continue this wise editorial policy, to the end that the GAZETTE may maintain the enviable position it has long held. We, therefore, ask from our readers a continuance of that kindly interest and practical co-operation which alone make possible the successful maintenance and extension of the world's work in all departments. We ask of each one that good and timely word of commendation which will materially aid in increasing the circle of our friends. We wish, also, to prefer a request for reports of interesting and profitable cases and experiences; for items of personal news; for brief notices of society meetings; for letters from those visiting hospitals or attending clinics, either here or abroad. Original papers or communications upon professional topics will be especially welcome.

This fraternal co-operation we shall endeavor to repay, as fully as may be, by an earnest and sustained effort to give to our readers the best of current medical literature, a knowledge of all advances in medicine, practical assistance in the prevention of disease and in its general medical and surgical treatment. Above all else we shall try to aid them in obtaining a wider and more accurate acquaintance with homœopathic materia medica, and the application of remedial agents in accordance with that well proven law of cure to which the Homœopathic School to-day owes all its signal success, and its well earned pre-eminence in the practice of medicine.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the Society was held at the Boston University School of Medicine, Thursday evening, Dec. 4, 1902, at 8 o'clock, the President, Frank E. Allard, M.D., in the chair.

The following physicians were proposed for membership: Walter H. Flanders, 22 Hillside Ave., Melrose; George H. Wilkins, 306 Centre St., Newtonville, and A. S. Briggs, Massachusetts Homœopathic Hospital

The resignations of C. E. McGovern, M.D., Providence; Carl Crisand, M.D., Worcester; F. W. Payne, M.D., and A. F. Booth, M.D., both of Boston, were accepted.

SCIENTIFIC SESSION.

Dr. W. H. Watters exhibited several pathological specimens, and said:

"Mr. President, at an autopsy held a few days ago a quite unusual condition was found. The patient had for some

months been suffering from hematuria, the source of which was supposed to be the kidney. At the autopsy a papillary adenoma of the kidney and a carcinoma of the bladder were found, the specimens of which are before you. The peculiarity is that two tumors of different varieties should be found in the same case, either of which might have been fatal. As a second case I have divided an anencephalic child longitudinally in order to show the internal arrangement of the cranium, etc. Still another case is a large cyst which represents the left kidney of a woman operated on by Dr. J. E. Briggs. The cyst was caused by impaction of a stone in the ureter, accumulation of urine, destruction of the renal pelvis, and finally disappearance of the entire kidney by pressure atrophy."

Dr. Edwin W. Smith: The case which I am about to report presents some very interesting pathological specimens, which, by courtesy of Dr. Watters, I am able to demonstrate.

The patient, one H. M., aged 19, was admitted to the hospital in the service of Drs. Percy and Thomas, June 27. Tall, thin, and dark complexioned. Metal stamper by trade. Family history negative.

Patient had always been in good health previous to entrance to hospital, with exception of a few rheumatic twinges. No history of venereal disease obtained.

Two weeks previous to admission present illness began with severe headaches and pain in right lumbar region. Became unconscious for a space of about two hours. Following this, every morning, usually between the hours of six and seven, had well marked chills, followed by fever, headache, and perspiration.

June 28 and 29—Physical examination negative, heart sounds normal, lungs normal. Urine contained a trace of albumen and a good many leucocytes. No symptoms referable to bladder or urethra; no pain or unusual frequency in urination. No plasmodii malarie found in blood by repeated examinations.

As a diagnostic measure quinine sulph. 1 grain every two

hours was prescribed. Had one chill June 29. July 1, case transferred to service of Drs. Sutherland and Allen. Lungs again examined and found normal in spite of some cough with considerable expectoration now present.

Examination of sputum showed presence of bacillus lanceolatus ; no bacilli tuberculosis found.

Third examination of the blood showed no plasmodii malariae.

July 2. Arsenicum iod. 2x, cod liver oil prescribed. Following this gradual improvement was evident, temperature reaching normal July 5.

Appetite fairly good and only an occasional chill with no marked periodicity.

July 7, urine became scanty and patient began vomiting of dirty greenish fluid. Severe headaches. A diagnosis of acute uremia was made at this time and every effort made to increase amount of urine by injection of large amount of water, but nothing was retained.

July 8, vomiting continued all day. Ipecac prescribed, and on account of sub-normal temperature stimulation with brandy was begun. Vomiting continued all day July 9, and death occurred July 10, no convulsions. Cracked ice with champagne and apomorphia were used July 9, without any effect upon nausea. At no time were there any symptoms of bladder or urethral irritation, and on account of blind symptoms of the case an autopsy was performed.

The following is part of the official report :

Lungs : lower lobes somewhat congested, otherwise negative.

Liver : 1650 Grams. Contained some light yellow, irregular areas.

Spleen : 240 Grams. Very soft.

Kidneys : capsule adherent. Both kidneys are small, markedly lobulated and studded with hundreds of punctate white areas, from the larger of which a creamy fluid can be forced.

There is no demarcation between cortex and medulla.

The pelves are enlarged and lead into dilated ureters of 1.5 c.m. diameter. At the entrance of the ureters to the bladder are large pouchings which on the right side amounts to a receptacle of 5.6 c.m. diameter. A catheter can readily be passed through both ureters.

Bladder : Walls are as much thickened, so that in situ it somewhat resembles a uterus.

From the mucosa project numerous soft, congested growths into the lumen, which is practically obliterated.

The diagnosis is easily made, the changes in the kidney being those of pyelo-nephritis.

It is in the bladder and ureters that the most interest centres. The bladder, as seen, is practically only an extension of the urethra, its thickened walls resembling the muscular uterine walls. As a reservoir for urine, there is no evidence that it has ever acted.

The right ureter serves the purpose of a bladder, holding nearly a pint, and the peculiar feature of the case being the entire absence of all bladder symptoms, the urine voided without inconvenience and apparently in normal quantity.

REPORT OF THE MEDICO-LEGAL SECTION.

Edw. H. Wiswall, M.D., Chairman ; O. B. Sanders, M.D., Secretary ; Grace E. Cross, M.D., Treasurer.

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. N. M. Wood, A. G. Howard, and Ellen Hutchinson-Gay. The committee reported as follows: Chairman, Frank C. Richardson, M.D.; Secretary Mary M. Pearson, M.D.; Treasurer, N. H. Perkins, M.D., who were duly elected.

PROGRAMME.

1. "Liability of the Practising Physician toward His Patient or the State." W. Rodman Peabody, Esq., lecturer on Criminal Law, Harvard Law School.

Mr. Peabody closed his interesting paper with the suggestion that when legal difficulties arise in a physician's

practice he consult a lawyer rather than works on medical jurisprudence The paper was not discussed.

REPORT OF THE SECTION OF SANITARY SCIENCE AND PUBLIC HEALTH.

David W. Wells, M.D., Chairman; L. G. Haskill, M.D., Secretary; Maud G. Furniss, M.D., Treasurer.

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. Everett Jones, F. A. Davis and Marion Coon. The committee reported as follows: Chairman, Chas. H. Thomas, M.D.; Secretary, Mary R. Lakeman, M.D.; Treasurer, Wesley T. Lee, M.D., who were duly elected.

PROGRAMME.

2. "Boston Municipal Gymnasiums." Mr. Robert A. Woods, Head of the South End House. General Discussion.

3. "The Danger of Waste Gas." A. H. Powers, M.D. Discussion by Prof. E. E. Calder, Boston University School of Medicine.

The Chairman, Dr. Wells, in introducing Mr. Woods, stated that the South End House is a college settlement, established in 1892, and he is not only its head but shoulders as well. This settlement represents a broad type of the work, and that Mr. Woods and his associates had made themselves citizens of the ward in which it is located and have entered into everything that tends to the welfare of their fellow citizens. I think we should look upon such men as public benefactors.

Mr. Woods said in part; "Boston has a considerable number of open air play grounds and at four of these play grounds (East Boston, North End, Charlesbank and Columbus Avenue) there are gymnasia. These open air play grounds are of very great use in summer. I shall speak tonight of the indoor play grounds.

"The municipal indoor gymnasium is a peculiarity of Boston, no other city in the United States having anything of

this kind. Birmingham is the only English city maintaining a gymnasium and there are a few on the Continent.

“The municipal gymnasium had its origin in a very interesting way. Hon. Josiah Quincy, when he was mayor, became very much interested in public baths, and began to develop the public bath system, the best piece of work he did in the way of education. Since the establishment of the Dover Street bath house three hundred thousand baths have been taken yearly. In connection with this public bathing system it was suggested that the city also provide public gymnasia. In East Boston there was an old skating rink, which had been used a good deal during the skating craze, but was now unused. Some public spirited gentlemen formed an organization and persuaded a public-spirited lady to buy the building for a gymnasium. After conducting the gymnasium for two or three years it was found very difficult to maintain such an enterprise, and the men conceived the idea of the city taking this property. The lady who bought the building was asked if she would give the property to the city if the same plan would be carried out. Some of us were interested in this offer of the lady. We were very glad that East Boston should have a gymnasium, but we thought if the city supported a gymnasium in East Boston it would be called upon to furnish it in other parts of the city, as the different wards are rather jealous of each other and want to have what the others have, and if East Boston had one the other wards would want to know why they should not have one. They began to agitate the matter this end of the city with the result that a disused chapel, a few blocks below this point, has been bought.

“In connection with a park and play ground on the new flats of South Boston, it was proposed that an entirely new gymnasium be erected. This building is the best of the city gymnasia, open on four sides, 100 x 100 ft., and said to have the best gymnasium floor in the country; is fully equipped with baths, dressing rooms, apparatus, and stands as the typical, the standard gymnasium for future development in

this direction. The city has a gymnasium on Tyler Street, where the old Boston and Albany railroad station used to be, and another in Ward 14, beyond Roxbury Crossing. A new gymnasium is being built on Columbia Road, and an appropriation has been made for a gymnasium on North Bennett Street, thus we see within a few years a very complete scheme of municipal gymnasia has been mapped out by the city. Five men and two women compose the Board of Managers, who give their services out of interest in gymnasia and baths. A skilled instructor is in charge at each gymnasium, where classes meet every evening and afternoon; two afternoons and evenings are reserved for girls and women. The classes are full to overflowing, the attendance this winter being larger than at any previous time, and the enthusiasm shown by the young people, as well as adults, is very encouraging. In three gymnasia the mothers meet in the morning. The instruction is in charge of a man who has had varied experience in athletic and gymnasium work and has the endorsement of Dr. Sargent, of Harvard. Aside from the class work the gymnasia are open at other times for persons who wish to take special exercises. The most interesting work is that of training some of the city's future citizens. Some of the young men desire to secure positions in the fire department or on the police force, and the gymnastic training acquired at the city gymnasia enables them to meet the requirements of such positions. Since the city gymnasia came into existence, four or five years ago, the standard for such applicants has risen by 10 per cent. or 15 per cent. Before the gymnasium was established 65 per cent was required, now it is 80 per cent., in other words, in the important departments of city service the type of man has risen through the influence of the city gymnasium.

“Another important aspect is that of having the gymnasium serve as a definite part of the school system. In South Boston a certain class of children are sent during school hours to receive careful physical training, which is important. We hope this will be done in all the schools. In pleading this

cause and urging the establishment of these gymnasia aside from philanthropic and humane instruction it is nothing but far-sighted policy and the best policy. The city is under great expense to maintain institutions for the lame and the crippled ; \$1000 a day at the City Hospital ; \$600 a day for the maintenance of prisons and enormous sums for almshouses, charitable institutions and for the police force. Now we believe the time is coming and, perhaps, is not so very far distant, when this system has been properly organized it will be possible to show, by statistics, that these gymnasia are doing a great deal to head off the moral degeneracy that is shown by these institutions. The more satisfactory view is to consider that the welfare and good of the community lies in this physical and mental training, and one of the surest ways that the city can accomplish it is in developing along that line, by increasing physical health among the mass of people, whose surroundings are against moral and physical stamina. We hear a great deal of interest expressed in deepening the harbor in order that commerce may be increased, that is, of course, of great importance to all, but for the sake of pure economy, if for no other reason, it is necessary that we should do things to deepen the channel of life for the masses, and we believe that the gymnasium will do this."

Dr. A. G. Howard: We hear the city officials severely criticized for the so-called waste of money expended in maintaining gymnasia. These short-sighted views are held by those who are not posted. Physicians should be interested in all things that work along the line of good health, good morals, and good citizenship. Those who live in the congested districts have no opportunities for getting fresh air, except from play grounds, where there are sand banks for children, games, etc., for their enjoyment. Very little instruction is given and much more might be done. The benefits that are to be derived when the municipal gymnasia are established are many. There is a vast difference between the physical work conducted in private gymnasia by Dr. Sar-

gent and at the Posse Gymnasium, on the one hand, and that of the Y. M. C. A. and those provided by the city. One of the first qualities in the instructor of the Y. M. C. A. gymnasium is to draw, and if he does not he loses his position ; he must draw to get young men for religious and social work. The private gymnasias fits pupils for instructors. These pupils pay well for the privilege of the gymnasium with the expectation of becoming instructors. I think we are inclined to expect those who have looked into this subject to do all the work, and are a little sleepy ourselves. It would pay us to look into this matter and consider how many persons are cooped up in workrooms and shops, riding home in crowded elevated trains and electric cars. We shall soon have certain sections of our city composed of inferior classes of people, much inferior to those now occupying those districts. There is much being done, but so great is the demand that what is being done is but a drop in the bucket. The reason some of us have good health is because we were brought up in the country and had plenty of air to breathe, that was worth breathing, and plenty of ground to run on. A man has to live long, and do all sorts of things, and eat all sorts of things, before he gets a chronic case of dyspepsia, and it is hard work to be an invalid and easy to keep well by proper hygiene and proper eating. Fewer people would go to Westboro and private sanatoria if proper precautions were taken. A month's vacation once a year, if the laws of health are observed the rest of the time, ought to keep a person in health. Physicians ought to encourage the management of public and private gymnasias. You would be surprised to learn how many there are doing good work in this direction, more than are generally known, and an interest should be taken in this work by every physician to spread it through the different departments of the city.

Dr. Shaw : I am very much interested in the exercises of the evening and move that a vote of thanks be extended to Mr. Woods for the manner in which he has presented the matter. Carried.

Dr. Wells: I want to call attention to Mr. Woods' book, "The City Wilderness." It is especially valuable to those who are doing dispensary work.

3. "The Dangers of Waste Gas."

Dr. Calder: We live in a peculiar age and under strange conditions. Our tea contains copper, milk and butter are adulterated, and alum is used in our bread. To-night we are told that our streets are full of gas, that millions of feet of gas are escaping every day and trying to get into our houses and attack the innocent. There is no fun in living.

I think the question of leakage of gas can not be disputed, it does escape, but the amount escaping does not prove that it goes into our houses. There are two kinds of gas. The original illuminating gas, made of common mineral coal, is a complicated thing. Now water gas is simply hydrogen gas charged with naphtha, estimated to contain 30 per cent CO, but what difference does it make, if 6 per cent kills, whether it contains 40 per cent or 60 per cent, we can not kill a dead man. A small amount is more dangerous than a large amount. Chronic poisoning is not produced by large doses, and it is the small dose which kills. Therefore, when it contains 3 per cent it is worse than 30 per cent. Illuminating gas is not intended to be breathed, but to be burned. If we do breathe it we die, no matter by what process made. All are equally poisonous, if breathed. I am not willing to assume that the gas that leaks actually comes into our houses. I do not know anything about the peculiar system of diagnosis that says "illuminating gas" because we do not know what to say. What is the condition in carbon dioxide? Lassitude, weakness. There are other things that cause these systems. I have not seen a sample of illuminating gas or water gas that did not smell. There is a danger of leakage of gas which I think is important. In a Providence building, the engineer thought one morning he discovered a leakage of gas, and he did what all people do, tried to find it with a lighted match, and there was work for the surgeon, fire department, and insurance man.

The leakage may come from the sewer but sewer gas

comes from decomposition of organic matter. Now I want to say a few words about a remedy. I may assume anything, the house is full of gas, the street mains are full. What is the remedy for that particular state of things? I do not consider that any change need be made in the storage of gas, or in the meter; changing the gas plant would not remedy the leakage, it comes along the main, you can not keep it out. There may be, perhaps, a system of inspection, which might be of value. There is more gas gets into the house through imperfect burners than any other way. Some meters are made to consume gas and they do it. The inspection should begin in the construction of the burners themselves. This is a period of contract work, houses are built to-day, and inhabited to-morrow. The piping is inside the partition. In one Providence building it was made of small pieces. If the joints are perfectly tight, burners inspected, and the building properly ventilated there will be no trouble from leakage of gas.

A very peculiar case occurred in Providence a few years ago. Servants were sent to the city residence to build fires, put up storm doors and outside windows and get the house ready for the family. This they did without ventilation, and extra screws were put in the double windows. Soon after the return of the family the children began to cough and seem sick. It was thought there was arsenic in the paper and off it must come, though it did not contain any more than a small trace of arsenic, not enough to do any harm, but it had a purpose. The mechanics came, took off the double windows and let fresh air into the house, which had been closed for several months, and the children got well. If you will ventilate your houses there will not be any trouble from waste gas.

Dr. Powers: I want to make one remark. A man, who thought he knew about gas, said a person ought to die that did not recognize coal gas. Afterward he became unconscious in his room, and has since said that even an expert may be mistaken. The sewer gas is not coal gas, is not illu-

minating gas. Every little while we have explosions from sewer gas and that is almost always because the coal gas has filtered in. Seven per cent. of carbon dioxide must be present to become explosive and that would make a pretty big explosion.

Adjourned at 9.50 o'clock.

H. O. SPALDING, *Secretary.*

TWENTIETH CENTURY MEDICAL CLUB.

The first meeting of the season was held October 22, in Dr. Mann's office, Dr. S. S. Windsor presiding.

One new member was elected and five others made application for membership.

The club voted to devote the meetings for this year to the study of materia medica.

Dr. Clara E. Gary read a paper on "The Importance of Remedies in Chronic Cases," and Dr. Eliza T. Ransom, one on a "Classification of Drugs."

After adjournment, light refreshments were served. Seventeen members were present.

MARY REES MULLINER, *Secretary.*

The second meeting of the Club was held at Dr. Caroline E. Hasting's office, on November 19, Dr. Windsor presiding. Twenty-one were present, and listened to a paper by Dr. Alice H. Bassett, on "Taking the Case." This was intended as introductory to the study of materia medica, and elicited much interesting discussion.

There were two new applications for membership in the Club.

The usual refreshments were served after adjournment.

MARY REES MULLINER, *Secretary.*

BOOKS AND READING.

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

MORRIS'S ANATOMY. A complete Systematic Treatise by Various Authors, including Special Sections on Surgical and Topographical Anatomy, the Skin, and Vestigial and Abdominal Structures. Edited by Henry Morris, M.A., M.B. (Lond.), F. R. C. S., Senior Surgeon to Middlesex Hospital, etc. Third edition, with 846 woodcuts of which 266 are in colors. Philadelphia: P. Blakiston's Sons & Co. Price, cloth, \$6.00; leather, \$7.00

In a work originally so carefully planned and afterwards so thoroughly revised, one would hardly expect a third edition to show many marked changes. The contrary, however, is the truth. Two sections only, remain unchanged; the one on the "Anatomy of the Eye," the other on the "Circulatory System." These seemed incapable of being advantageously recast.

As the work now stands, it offers to graduates and undergraduates in medicine all the knowledge that long and attentive work in the dissecting room has revealed of the gross structure of the human body. It presents a complete and systematic description of every part and organ lavishly illustrated in black and white and also in colors. The majority of these illustrations have been engraved from drawings made by special artists, and it is undeniably of the greatest help to students of anatomy thus to be able to refer to perfect representations of the parts they are working on, whether dissecting the same or memorizing descriptive text.

We call attention to some special features: the use of types differing from each other in size according as used on cuts for naming nerves, veins, arteries, etc., and so assisting the memory; the omission of histology and consequent increase of matters pertaining to non-laboratory work, the comprehensive section on "Vestigial and Abnormal Structures," and that treating of the abdominal viscera.

This royal octavo volume is supplied with a convenient thumb index to leading subjects, and a sixty page general index.

THE DIAGNOSTICS OF INTERNAL MEDICINE: A CLINICAL TREATISE UPON THE RECOGNIZED PRINCIPLES OF MEDICAL DIAGNOSIS. By Glentworth Reeve Butler, A.M., M.D., Chief of the Second Medical Division, Methodist-Episcopal Hospital, etc. Illus. New York: D. Appleton & Co. 1902. pp. 1059. Price, cloth, \$6.00; sheep, \$7.00.

In this handsome, well-bound, well-printed, and freely illustrated octavo volume, we have a model work on medical diagnosis written from the viewpoint of the practical clinician for his confreres, and equally for students of all recognized schools of medicine. The faithful conscientious worker need ask for no better guide to the art of successful diagnosis than "Butler's Diagnostics."

The work is divided into two parts: Part I, "The Evidences of Diseases," including clinical anatomy and physiology, expert methods of examination, the enumeration of signs and symptoms and their relative importance, minute instruction in urinalysis, examination of blood, sputum, feces, accumulations of fluid, and the practical application of the Röntgen rays diagnostically. In the synopsis of examinations, both general and special, the reader is referred to the pages dealing with the part, organ, system or condition referred to.

Part II, "Diagnosis, Direct and Differential," is complementary to Part I. Infectious diseases, and diseases of the different systems, together with constitutional diseases, those due to animal parasites, the intoxications and sunstroke are all succinctly and adequately described with a view to their ready recognition and prompt differentiation. We find italics and bold face type used to advantage to catch the eye and for emphasis and ease of reference. Reproductions of fine drawings of the malarial parasite illuminate the section on examination of the blood, as also typical fever charts under infectious diseases, while a clear comprehension of the evidences of disease of the nervous system is greatly assisted by many complete diagrams and tabulations.

The book is a credit to the author and his assistants, and to the well known house publishing it.

A TREATISE ON DISEASES OF THE EYE, NOSE, THROAT, AND EAR. For Students and Practitioners. By Various Authors. Edited by William Campbell Posey, A.B., M.D., Professor of Ophthalmology in the Philadelphia Polyclinic, and Jonathan Wright, M.D., Attending Laryngologist to Kings County Hospital, etc. Illus. Philadelphia: Lea Brothers & Co. 1903. pp. 1238. Price, cloth, \$7.00 *net*.

It has long been a universal, if mistaken custom, to think of diseases of the eye, ear, nose and throat as, to a great extent, independent of diseased conditions of the body as a whole. The result has been the production of text-books concerned entirely with the organs mentioned, and neglecting anything but the briefest mention of the patient as a complicated living mechanism, with parts markedly interdependent and closely related.

The treatise under review radically departs from the habit of specializing excessively. The authors have written for no one class in the profession, but for all its members prospective or accredited who wish to be qualified for their work in every department. In this connection we would call special attention to the valuable and exhaustive paper by Dr. Clark on "The Eye in Its Relation to General Diseases." This is the best written article on the subject we have yet seen. The section on the eye occupies about half the book.

The section on diseases of the nose and throat is necessarily quite limited in its scope, yet many a suggestion and much information is introduced, especially in the discussion of inflammations associated with typhoid fever, leprosy, syphilis, lupus, tubercular lesions, etc. These points bear on the general condition and treatment of the patient.

Subjects of vital interest to all physicians such as hay fever, tuberculosis of the nose, pharynx and larynx, diphtheria, cleft palate, and many others are gone into fully. Minute directions for the examination of the ear, precede the pages on foreign bodies in the ear, suppurative and non-suppurative affections, and nervous and traumatic conditions.

There are 650 engravings and 35 plates in color and monochrome illustrating instruments, technique, anatomy, physiology, and pathology. Among the authors of this work will be found the names of some of the most distinguished specialists in the United States, England, and Canada.

UROPOIETIC DISEASES. By Bukk G. Carlton, M.D., Author of Genito-Urinary and Venereal Diseases, etc. Third edition. Illus. New York: Boericke & Runyon. 1902. pp. 422. Price, \$3.50.

It is only two years since the second revised and enlarged edition of Dr. Carlton's book was published, but this has been exhausted and a third edition is now on sale. This is a companion volume to the work on "Genito-Urinary and Venereal Diseases," and includes diseases of the bladder as well as the medical and surgical diseases of the kidneys and ureters. While the gist of it is, of course, incorporated in other works on the same subjects, the therapeutics is in accordance with the tenets of our school. Thus there is a separate chapter on "Vesical Therapeutics" and another on "Renal Therapeutics," as well as brief mention of indicated remedies in connection with each disease. In addition to this desirable feature, all other approved methods of treatment are fully presented. Diagnostic measures, including cystoscopy and examination of the urine are explained at length. Photomicrographs and lucotype figures illustrate the text. It is hardly necessary to point out the great assistance such a work is to the average physician. The one in question, aside from its professional merit, is an attractive volume; the paper being heavy and unglazed, and the type large and clear.

THE MEDICAL EPITOME SERIES. GENITO-URINARY AND VENEREAL DISEASES. By Louis E. Schmidt, M. Sc., M.D., Associate Professor of Genito-Urinary Diseases, Chicago Polyclinic, etc. Illus. Philadelphia and New York: Lea Brothers & Co. 1902. pp. 249. Price, \$1.00 *net*.

We are of those who do not deprecate the use of good compends, or disparage them as being too brief or superficial. Compendes have a place of their own for both the student and the physician. They aid the former in arranging and condensing much and miscellaneous information; in preparing for quizzes, or in conducting a quiz for his own benefit or that of his classmates as well. Compendes refresh the memory of the older man, or give him briefly new points in diagnosis, treatment, etc.

Messrs. Lea Brothers and Company are getting out an admirable series of small, handy text-books in miniature, containing condensed instruction in all the leading topics relating to the practice of medi-

ciné. The one on genito-urinary and venereal diseases is well and clearly written. At the end of each chapter will be found a goodly array of questions. The type is sizable, and the subject matter freely paragraphed.

THE MEDICAL EPITOME SERIES. DISEASES OF THE SKIN. By Alfred Schalek, M.D., Instructor of Dermatology, Genito-Urinary and Venereal Diseases, Rush Medical College, Chicago, Ill. Illus. Philadelphia: Lea Brothers & Co. pp. 225. Price, \$1.00 *net*.

The series to which the above is a worthy addition, is intended for both students and physicians. It furnishes model manuals, each treating of a single department of medicine, and each containing the cream of present day knowledge. This on dermatology is a clear, concise summary of the etiology, pathology, symptomatology and treatment of diseases of the skin, alphabetically considered and with questions for quizzing at the end of each section. There is a complete index, and several good illustrations.

SPECTACLES AND EYEGLASSES: THEIR FORMS, MOUNTING, AND PROPER ADJUSTMENT. By R. J. Phillips, M.D., Ophthalmologist Presbyterian Orphanage, etc. Third edition, revised. Illus. Philadelphia: P. Blakiston's Son & Co. 1902. pp. 109. Price, \$1.00 *net*.

The first half of this small, but useful book, describes the material of frames, the component parts of spectacles, the making of lenses, varieties of glasses, etc.

The principles of spectacle fitting, the observance of which is so essential to a successful correction of the errors of refraction, are given in the second half, as well as directions for prescribing frames, and for the later inspection and adjustment of spectacles and eyeglasses. There is much of this sort of work that can be done by the general practitioner after a reasonable amount of study and application, and it will be greatly to his advantage to know how to do it, especially when he cannot avail himself of the service of a skilled optician. To the large number of physicians more or less dependent upon their own knowledge and resources, Dr. Phillips's practical instructions will be exactly what they need, and what they have not found in the ordinary text-book of refraction.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. VOL. I. GENERAL MEDICINE. Edited by Frank Billings, M.S., M.D., and J. H. Salisbury, M.D. October, 1902. Chicago: The Year Book Publishers. pp. 358. Price, \$1.50; series of 10 volumes, \$7.50.

A new year commences for the Year Books with the October issue, and this volume gives promise of an even better set of epitomized medical lore than the last year's series contained. General medicine in this compact form is understood as being represented by abstracts on diseases of the respiratory and circulatory organs, diseases of the blood and blood making organs, general infections and metabolic diseases, diseases of the ductless glands and of the kidneys. These abstracts are from leading journals, and are long enough to give a good idea of the merits and scope of the authors' views.

Diseases of the respiratory organs are of special interest at this season, and news of progress in their treatment during 1901 and 1902 may be found in the October Year Book.

ANNOUNCEMENT. Messrs. P. Blakiston's Son & Co., of Philadelphia, will shortly publish Dr. George M. Gould's BIOGRAPHIC CLINICS: THE ORIGIN OF THE ILL HEALTH OF DE QUINCY, CARLYLE, DARWIN, HUXLEY, AND BROWNING.

This will be a unique work, the materials having been obtained by careful study of the works of the great authors named. The deductions drawn by Dr. Gould refer their disabilities to eye strain, and deal with this subject as it affected them and as it affects men and women to-day. This will be an important contribution to biographical and medical literature.

ANNOUNCEMENT. We are requested to announce the early publication of Dr. Bushrod W. James's new work, HISTORY OF THE AMERICAN INSTITUTE OF HOMOEOPATHY, in two volumes, Price, per volume, \$1.00 *net*.

Dr. James has given much time and labor to this history, and hopes for the hearty support of the profession. Subscriptions can be sent to him at 1717 Green Street, Philadelphia, Pa.

Among Dr. James's other books may be mentioned "The Political Freshman," "American Resorts and Climates," "Alaska: Its Neglected Past and Brilliant Future," "Alaskana, Containing the Legends of Alaska."

THE SPECIALIST.

DISEASES OF THE EYE AND EAR.

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

FOREIGN BODIES IN THE EYE. — It should be borne in mind that foreign bodies embedded in the cornea and their instrumental removal almost always cause a wound, small and superficial, it is true, but liable to infection, the possibility of which on the surface of the eye is always present. Hence in removing a foreign body we should be particularly careful to avoid denuding the surface epithelium any more than is absolutely necessary. Iron bodies which have been *in situ* for some time become embedded in a small brown ring of rust, which should also be removed by scraping with a spud or gouge. — *New York Medical Journal.*

OTITIS MEDIA IN INFANCY AND CHILDHOOD. — "1. Ear-ache in children is generally caused by acute inflammation of the middle ear, suppurative or catarrhal.

"2. Infants and young children may have suppuration of middle ear without giving satisfactory evidence of pain, or without rupture of the drum membrane.

"3. Purulent otitis media is nearly always present in acute infectious diseases of the gastro-intestinal and respiratory tract in young children, and probably stands in a causative relation to gastro-enteritis and broncho-pneumonia.

"The cause of death in many acute and chronic infectious diseases, in meningitis, and in the exanthemata, is the result of unrecognized and untreated abscess of the middle ear. — *Medical News.*

MASSAGE IN IRITIS. — In chalazion it will, if persistently used, often dissipate the tumor. In iritis, in which strong adhesions have formed, I have many times succeeded in at least partially breaking them down by its use in conjunction with a strong solution of atropin (often the crude drug) and

the internal use of merc. dulc. 1x or 2x (calomel), the latter to induce (if possible) fatty degeneration of the adhesive lymph.

The importance of re-establishing the circulation between the anterior and posterior chambers is so imperative, if we are to preserve the integrity of the eye, that no efforts should be spared to accomplish it, and vigorous massage of the ball, however painful, should be persisted in so long as there is any hope of success. — *Dr. W. Scheppegrell in the Journal of Advanced Therapeutics.*

MYOPIA A DISEASE. — While it is true that many cases of myopia are practically stationary, it must not be forgotten that the majority of cases are truly “progressive” — i.e., the anomaly increases in grade from year to year. Given a case of moderate myopia in a young person, it is not always possible to say, *a priori*, what the outcome will be. Every case is a law unto itself, and the careful physician will venture a prognosis only after having observed the course of the trouble over a period of years. It naturally follows that *all* myopes should be subjected to frequent examination — say three or four times a year — with a view to differentiating the two classes. A rapid increase in the degree of the anomaly should excite the gravest apprehension as to the ultimate usefulness of the eye. — *Interstate Medical Journal.*

INDICATIONS FOR OPERATION IN MASTOID DISEASES. — In case of tumefaction of the soft parts over the mastoid, with edema, examine the condition every day, and if a point of fluctuation is discovered in the midst of the edema, operate at once. A still more important indication is furnished by the swelling of the mastoid *en masse*, with the skin normal, scarcely to be distinguished except by comparing the two sides, always bearing in mind that the right is normally larger. Trephine then immediately, as there is every chance that the sigmoid sinus is already bathed in pus. If abundant suppuration persists after a month of rational treatment, and the amount increases, mastoid otitis is certain. If the dis-

charge remains fetid, it indicates some old lesion, generally a cholesteatoma. In this case trephining is insufficient and total petromastoid evacuation is demanded. — *Journal of the American Medical Association.*

THE MYOPIC EYE. — Structurally at least the highly myopic eye may in general terms be regarded as attenuated or stretched not only in all its coats, but in all its parts within the orbit. This attenuation of the parts not only weakens them functionally, but also structurally, and as myopia advances each tends to increase the other; thus becomes established a vicious circle that becomes reactionary, the low and moderate errors simply showing a modified state of this condition. The changes in the ciliary muscles due to this attenuation causing weakening of accommodation, or complete loss in high degree, at a time of life when accommodation should be active and in use, as well as the many pathological changes which are often present, are well understood, and need no further mention in this paper. — *Dr. G. A. Suffa, in Homœopathic Eye, Ear, and Throat Journal.*

MIDDLE EAR DEAFNESS TREATED BY THE "PNEUMOPHORE." The "Pneumophore," as Houghton's instrument is named, has certainly done great things in the treatment of deafness. It consists of a three-way pump, controlled by an electric motor. Suction, blowing, and an alternation of suction and blowing, are the three possible actions of the instrument. The pump is connected with a stethoscope, through which its effects are produced. The rapid to and fro motion of the drumhead and ossicles produces massage, which breaks up adhesions, improves circulation, and hastens resolution.

In the judgment of the writer, the use of this device will revolutionize the treatment of deafness. It is not safe, of course, to promise cure in every case, but there are few patients suffering with middle-ear deafness who cannot be benefited by the intelligent application of this system of treatment. — *Dr. R. S. Copeland in the Hahnemannian Monthly.*

SIMPLE CHRONIC GLAUCOMA. — A careful study of these cases has led the author to the conclusion that where the disease undoubtedly exists in both eyes of a patient, better results as to visual acuity and the field of vision are obtained by a simultaneous operation on the two eyes. The operative effect of iridectomy is more certain and undeniable, the earlier it is done. The slightest narrowing of the field, whether for form or color, demands operation, once our diagnosis is made. The curative action of iridectomy stands in direct proportion to the increase of tension. Early iridectomy, while the iris is still mobile, the field but little contracted, and the cupping of the disc slight, very often arrests the disease, at least for a long period, and preserves what sight remains. *Done early*, it offers the best prospects for the arrest of the process, and its effects are either permanent or very prolonged. — *Dr. C. S. Bull in Medical Record.*

CATARACT EXTRACTION. — Men who operate on over one hundred cataracts a year as well as those who operate on twenty a year, know perfectly well that each case is a law to itself; in every case the slightest slip of 1-12 of a line out of the way with the corneal section, or a clumsy capsulotomy, bad management of the iris, etc., these little matters of technique and toilet of the eye, are the essentials which decide the equation of the future vision of the eye; whether we shall give the patient 20-200 or 20-20 vision. I think one of the best lessons that this school can teach a man who comes to witness operations on the eye, and treatment of eye diseases, is to be careful about his cataract extraction and have plenty of experimentation beforehand either upon the cadaver or upon animals; it is the only way to proceed if a man is going to become a cataract extractor. — *Post Graduate.*

THE EYE AND THE GENERAL PRACTITIONER, — Why should physicians be so indifferent concerning everything which pertains to the eye? Doubtless much of it is due to the wideness of the field and intricacy of the details of ophthalmology. However, there is much that is quite compre-

hensible and easily grasped by an earnest effort on the part of the rank and file of the general profession.

The eye is very frequently an index to pathological conditions elsewhere, and its diseases are frequently the resultant of, and dependent upon, pathological changes in the blood, circulatory apparatus, or other organs; hence its careful consideration in making a diagnosis in general diseases may be of value in judging of the general health, as well as pointing out any immediate danger to vision.

Every practitioner of medicine, whether special or general, should make himself familiar with the use of the ophthalmoscope and be able to detect pathological changes within the eye-ground. He will thus have, in many instances, a clue to diseases more distinctly seated. I need only mention the importance of a careful inspection of the fundus oculi in cerebral and kidney diseases to impress upon you the necessity of a familiarity with the instrument. — *Virginia Medical Semi-Monthly.*

GLYCOSURIA RESULTING FROM OTITIS. — The important influence which diabetes exerts on the course of an otitis media is well known, but our knowledge as to whether a glycosuria can be the result of an otitis media or its complicating brain lesion is indefinite, and the literature on the subject is limited.

Grunert (*Archiv. fur Ohrenheilkunde*, B'd. 55, Heft 3 and 4) cites two cases of otitis in which urine examinations previously made showed no sugar to be present, while during the acme of disease large amounts of sugar were excreted in spite of the fact that all carbo-hydrates were withdrawn from the food. Both were cases of chronic otitis media. One was complicated by a diffuse purulent meningitis, as was proven by lumbar puncture. In the other there was an extra-dural abscess. Operative measures were applied in both cases, and after recovery the urine was free from sugar in spite of a mixed diet. One case was under observation for nearly five months, and during that time the urine was always free from sugar.

The writer cannot give an explanation of the occurrence of the glycosuria in these cases, but believes it to be due to the action of certain toxins which originate in these pus accumulations. — *Medical Review of Reviews.*

COLLEGE, HOSPITAL, AND LABORATORY NOTES.

AN Italian Catholic hospital is to be erected at Orient Heights, Boston.

THE Massachusetts General Hospital has received \$10,000 under the will of Mary Louise Ruggles as a fund for the maintenance of free beds in the institution.

IN Chicago a series of lectures and demonstrations on emergency treatment for the injured has been inaugurated in one of the medical schools for the benefit of the city firemen, who attend in classes of fifty.

ON Thanksgiving day the new building of the out-patient department of the Carney Hospital, Boston, was formally opened. The building is located at the corner of Dorchester and Old Harbor Streets, in South Boston, and has a frontage of 63 feet on Old Harbor Street and of 47 feet on Dorchester Street.

By the will of the late Mrs. Nancy Rush, of Boston, the Addison Gilbert Hospital in Gloucester, Mass., will receive \$10,000; the Children's Hospital in Boston, \$5,000; Massachusetts Eye and Ear Infirmary, \$2,000; New England Hospital for women, \$2,000, and the West End Nursery and Infants' Hospital in Boston, \$2,000.

THE daily press reports that Prof. Julius Schlotterback, professor of pharmacognosy in the University of Michigan, has discovered seven new poisons. Three of them are made from Allegheny wine. He has named two of the poisons adlumine and adlurnidine, and one is still unnamed. From the calandine poppy the professor has extracted the fourth and

fifth poisons, called stlophine and disphylline, and from the Japanese calandine the poison bacconidine, and one yet unnamed.

THREE new buildings are being erected near the University Hospital, Ann Arbor. One, the psychopathic ward, is to cost fifty thousand dollars. The appropriation was obtained from the State legislature, largely through the efforts of Dr. William J. Herdman. The first stages of insanity will be studied here. The State has generously provided for the maintenance of the ward.

The late Mrs. L. M. Palmer bequeathed twenty thousand dollars for the establishment of a ward for children. The building which is to be known as the "Palmer ward" is fast approaching completion. Mrs. Palmer also bequeathed fifteen thousand dollars as an endowment for the maintenance of this ward.

DR. AND MRS. CHRISTIAN A. HERTER, of New York, have presented to Johns Hopkins University the sum of \$25,000 for the foundation of a memorial lectureship in the medical department designed to promote a more intimate knowledge of the researches of foreign investigators in the realm of medical science. Each year some eminent worker in either physiology or pathology is to be invited to deliver one or more lectures at Johns Hopkins University, receiving as an honorarium the income from the endowment fund.

WOMEN medical students have been admitted to the German universities this year, and 618 have attended the lectures, but only nine have thus far entered as regular students. The women are even favored above the men at present, as certain work at a foreign university is credited to them in the state examinations. In Austria the authorities have decided to admit women also, on the same terms as men in every respect, with the new scholastic year. Among the 850 students at Zurich, 214 are women, 128 of these are studying medicine.

LEADING members of the medical profession in the city of Washington have organized a Post-Graduate Medical School. The course of instruction will consist principally of clinics at the different hospitals in the city, and of practical laboratory work in Bacteriology, Sanitary Chemistry and Clinical Microscopy. One or two didactic lectures will also be given daily on such subjects as Preventive Medicine, Military Medicine and Surgery, Preventive Inoculations, Serum Therapy, etc. It is believed that the course of instruction will be especially valuable for physicians who contemplate entering one of the branches of the public service. For such as desire it, advice will be given with reference to conditions of admission to the army, the navy, and the marine hospital service, and quiz classes will be arranged to prepare them for the examination.

General George M. Sternberg, M.D., LL.D., has been elected president of the School.

THE SILENT FORMS OF EPILEPSY.—Cases of silent epilepsy are by no means infrequent and are of great importance, both from a medical and a medicolegal standpoint. Medically they constitute the truest cases of sudden, complete insanity; and legally the existence of such a state of mind at the time of the commission of the crime is, of course, proof positive of the lack of responsibility. The greatest medicolegal problem connected with epilepsy is encountered in its purely psychical forms—those unaccompanied by any motor disturbance; that make no rude sign of their approach; that sometimes last for hours or days, or even weeks, and finally pass away as silently as they came.

“P. DeM.” and “R. F. H.” patients at the colony, manifest typical cases of this kind. The former may be sitting playing cards when a seizure will come on so insidiously in character as to be wholly unobserved by the companions about him, and while in this state he may go and do some of the things he is accustomed to do while in his normal condition, like sweeping the floor, dusting, arranging furniture, etc., a knowledge of the execution of which he carries into the subconscious state perfectly, *but its expression in that state is purely automatic*, for it makes no impression on his mind, so he remembers absolutely nothing about it afterward.—*Dr. W. P. Spratling, Supt. Craig Colony for Epileptics at Sonyea, N. Y*

OBITUARY.

DR. TIMOTHY FIELD ALLEN, whose name is known to every homœopathic physician and student, died at his residence, 3 East 48th Street, New York City, Dec. 5, 1902. He was stricken with apoplexy about a year ago, and his death is reported as due to this disease. Dr. Allen was born at Westminster, Vt., in 1837, and was graduated from Amherst College in 1858. From that college he also received the degree of A.M. in 1859 and the degree of LL.D. in 1885. He was graduated from the New York University Medical School in 1861. In 1862 he was acting assistant surgeon in the army. Besides his medical work, Dr. Allen made a study of botany and published several books on that subject. He was a charter member of the New York Botanical Garden.

Honors above and beyond those already mentioned were Dr. Allen's through his long membership in the American Institute of Homœopathy, and his professorship in the New York Homœopathic Medical College. He was also a corresponding member of the Massachusetts Homœopathic Medical Society and of the British Homœopathic Medical Society, and honorary member of the Homœopathic Medical Society of France.

He will be chiefly remembered, however, for his great work as editor of the "Encyclopedia of Pure Materia Medica" in ten volumes, and his "Handbook of Materia Medica," brought out several years later. He collaborated with Dr. G. S. Norton in the preparation of his excellent work on Ophthalmic Therapeutics. Dr. Allen's "Primer of Materia Medica" is a text-book in most of our leading colleges. Personally he was greatly valued as a colleague and friend, and had a host of admirers and staunch supporters.

DR. DENNISON E. SEYMOUR, of Calais, Me., passed away at his home in Calais, Nov. 23, 1902, at the ripe old age of seventy-six and a half years. For seventy years he was exceptionally strong and well. His mental faculties remained unimpaired until the end. For the past forty years he practised in Calais. He was a public-spirited citizen, a member of the Board of Health for years, and a prominent Mason. His wife and four children survive him.

PERSONAL AND GENERAL ITEMS.

THE United States, according to the last census, has 3,536 persons who are 100 years of age or over. This, in a population of 76,000,000, is more than twice as many centenarians as are in Germany, France, England, Scotland, and Servia, with a combined population of 133,250,000.

APROPOS of the "foot and mouth disease," so-called of cattle, a Boston paper sagely says: "Dr. P. has advised every one that uses milk to sterilize it for at least three months, no matter if it comes from cows not at present affected."

THE following case has been reported from New York: "Herman Kaufman, three-year-old son of a tobacco dealer living in the Bronx, has died from the effect of a flybite inflicted November 17th. A few hours later a small spot made by the bite developed to a swelling which extended over the entire cheek. The swelling continued to spread until the whole upper portion of the child's body was distended.

The doctors were powerless to give relief, and finally the victim died, November 21st. The child's playmates say the fly was an ordinary 'bluebottle.' The physicians believe the insect was infected with erysipelas germs."

AT Rheims, France, the first week in December, a play called "Little Red Riding Hood" was the attraction at one of the theatres.

In the performance there is a scene where a mock hypnotizer uses his art to amuse the public. In the midst of his operations it was perceived that one of the chorus, Miss Marie Chatel, nineteen years of age, had fallen into a deep sleep. The hypnotizer had succeeded without wishing to do so.

The doctor of the theatre was called and used all his efforts wake to the subject, but she slept on until 4 o'clock in

the morning before she could be brought "back to her senses."

AN order has been issued by the Secretary of Agriculture placing an embargo on the shipment of cattle from the port of Boston, and declaring in quarantine cattle and swine from Vermont, Massachusetts, Rhode Island and Connecticut. The matter is quite a serious one from a commercial point of view since about 2,500 head of cattle a week were shipped from Boston to Europe. This step has been rendered necessary by the spread of a foot and mouth disease among cattle in that section.

THE German committee in charge of the celebration in honor of the late Professor Rudolf Virchow's eightieth birthday, has begun collecting funds for the purpose of erecting a monument in memory of that great man and physician. The following-named men in this country are ready to receive contributions, which will be duly acknowledged: Frank Billings, 100 State Street, Chicago, Ill.; Thomas D. Coleman, 505 Greene Street, Augusta, Ga.; A. Jacobi, 19 East Forty-seventh Street, New York City; W. W. Keen, 1729 Chestnut Street, Philadelphia, Pa.; Wm. H. Welch, 935 St. Paul Street, Baltimore, Md.

THOSE who have sampled all the new breakfast foods will, perhaps, appreciate the following choice bit of sarcasm:

"HELTA-SKELTA. The new substitute for Strenuosity. — Puts you to sleep while you work. Helta-Skelta is a prepossessing product made from posthole polyglot piecrust, and is warranted free from teddine, swaboda, korona, kabo and karezza. Served face to face with cream or without, it is spit out as soon as chewed, and cannot be swallowed. Locate the lavatory and try a free sample. The Helta-Skelta Co., Battle Creek, Mich.—*Advertisement from the Philistine.*

PROFESSOR WILEY, chief chemist of the Agricultural Department has secured twelve young men, the majority of whom are employees in the scientific branch of the Agricultural Department. The government will furnish these men

with free board for a year. Six of them will be fed on absolutely pure foods. Six others will be fed on food that has been treated with borax and other preservatives, as it is for commercial purposes. This arrangement will continue two weeks, when the young men will be changed about. Every care will be taken of them. They will be watched and every symptom will be noted. It is hoped thus to demonstrate what effects borax, salicylic acid, formaldehyde, benzoic acid, benzoate of soda, sulphurous acid and other chemicals used for preserving food stuffs, have of the health of the consumer of such foods.

THE *New York Medical Journal* gives us in brief this account of Dr. Lorenz's method of treatment of congenital dislocation of the hip :

“The functional weight-bearing method consists in a series of manipulations by which the head of the dislocated femur is reduced into the acetabulum, the dislocating muscles and ligaments stretched, and the acetabulum deepened. The limb is then encased in plaster of Paris, standing in the position, generally, of abduction 90° and flexion 90° , to so remain for six to nine months, until nature has deepened the acetabulum and contracted the capsule around the neck, securing the stability of the head in the old acetabulum. This is followed, usually, after the removal of the plaster of Paris, by such exercises and massage as will stimulate the muscles giving stability, and prevent those muscles from contraction which would tend to produce relaxation.”

THE NEW ENGLAND MEDICAL GAZETTE

No. 2.

FEBRUARY, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

APPENDICITIS :

A SUPPLEMENTARY REPORT.

BY NATHANIEL W. EMERSON, M.D., BOSTON, MASS.

[Read before the Hughes Medical Club, January 23, 1903.]

In offering this brief report upon appendicitis the intent is to make it an addition to two previous reports, the first published in the NEW ENGLAND MEDICAL GAZETTE, October and November, 1898, and the second in the same journal in April, 1900, and thus to bring statistics of operations done by myself down to the present time ; it is also desired to emphasize what has been said in previous reports and to assert that the conclusions there drawn have been confirmed and supported by a more extended experience. An analysis of the cases here presented shows, as claimed in former articles, that in the operation itself for appendicitis there is no danger when competently performed. The danger lies in neglect and sepsis ; that is, the ones that are uncontrollable at the time of operation are the ones which die. With wider experience this statement is modified to include certain rare cases of undoubted appendicitis, but which have

associated with them obscure conditions which render an accurate diagnosis, previous to the operation, impossible. In the present group, such cases as Nos. 260 and 505 are good examples. In the first one there was an attack of appendicitis which was unquestioned by several competent diagnosticians. At the operation an appendix was found which accounted for the acute symptoms and at the time no question was raised about the accuracy of the diagnosis. After the operation, however, the patient did not do well. Vomiting became persistent and wellnigh constant and the patient died on the fifth day following the operation. At the autopsy there was found a stricture of the ileum extending over several inches, which, so far as could be determined, was probably congenital. This accounted for certain obscure symptoms which had been troublesome throughout the lifetime of the patient, and undoubtedly the condition of the appendix was secondary to that of the intestine. It was improbable that the two conditions here should be appreciated at the time of the operation, although it was not necessarily an impossibility.

In the case of No. 505, the symptoms were those of an acute attack of appendicitis of rather a mild form; the patient was a healthy looking woman and had entered the hospital upon the medical side; our attention was first called to her by the attending physician. All the characteristics of an attack of appendicitis, of a not very severe type, were present and an operation was advised. A well-marked tumor could be determined on the right side, and an operation was undertaken without hesitation. Upon opening the abdomen the appendix was found acutely inflamed, but the cecum was a hard, indurated mass, thoroughly infiltrated by a well developed carcinoma; this was so extensive that resection was deemed inadvisable and an attempt was made to create an anastomosis between the ascending colon and the ileum. No difficulty was experienced in performing the mechanical part of the operation but the patient died on the twelfth day.

Furthermore, in such cases there should be no regret because of operation, since although a fatal result has been hastened, such result was inevitably near at hand had nothing been done. They are more than offset by the brilliant success of so many doubtful conditions, which are cleared, and only could be cleared, by operation.

Perhaps some will say that the diagnosis in these cases should have been more accurate, and I am not inclined to dispute such an assertion. They were, however, beyond my knowledge, and I have no doubt that if these cases were fatal because of a faulty diagnosis, I shall repeat the mistake in the future.

I am more sceptical than ever before about the part played by "an over-loaded bowel," so-called, as a cause of appendicitis. Apart from the case mentioned upon page 7 in the first article published upon this subject, I have found no cases with fecal matter in the cecum or ascending colon. If this were a common factor in causing the disease, I feel certain that in some of the cases here reported it would have been found. Fecal matter in the form of enteroliths, as well as in liquid form, is of most common occurrence in the appendix, but I doubt if its presence is due to pressure from within the bowel.

There has been little change in the method of conducting the operation. The incision through the sheath of the rectus muscle is still adhered to, and I have seen no unfavorable results follow this operation. The incision is kept small,—from five-eighths of an inch to an inch and a quarter,—which materially assists in preventing a subsequent hernia.

Slight changes of detail have been introduced, but none in principle as practically the same method of disposing of the appendix is employed. The wound in the abdominal wall is closed a little differently from the method heretofore described; the posterior sheath of the rectus muscle is united by catgut as heretofore; the anterior sheath is closed

by a continuous suture of silkworm gut, the ends being left free upon the skin, and the skin itself is closed by an intercutaneous suture of silkworm gut, its ends also being left free. These silkworm sutures are afterwards removed. This change is due to Dr. Bell's recommendation of the Davison suture, and it seems to be an additional perfection in detail. It has not been used sufficiently long to be certain of its exact status.

The desirability of operating upon acute cases at any stage of the attack before suppuration has begun can not be too strongly insisted upon. After the appendix is removed the improvement in the patient's condition is as rapid and marked as the deterioration before the operation and after the attack has begun. Repeatedly have I seen the pulse go down in the course of the operation, and within twenty-four hours the temperature and pulse both become practically normal, and thus what was a distinct and immediate threat to life lose all of its character. The operation upon acute cases is one of the most satisfactory of modern surgery.

In septic cases, emphasis is laid upon the desirability of removing the appendix at the time of the operation. I believe many desperate cases have been saved that otherwise would have proved fatal. In cases of perforation or gangrene of the intestine, and usually one or the other of these conditions is present in septic cases, the appendix is the source of the infection. If we merely open and drain we have given vent only but have not stopped the supply of infected material. If the appendix is removed, however, and the opening in the bowel is closed, we have entirely stopped further supply of infective material, and have to deal only with what is present, or left behind, after the operation is concluded. If, therefore, the appendix is removed at the time of the operation and the bowel closed, and then all septic material is gotten rid of so far as it is possible, either by dry sponging or by free flushing of the abdominal cavity, a long step is taken toward controlling the further develop-

ments of the effects of sepsis. In cases where there is but little pus, or it is quite localized and not diffused throughout the abdominal cavity, I believe recovery is hastened and a better result obtained by dry sponging of the pus locality. Every bit of pus thus removed is gotten rid of without doing further damage and while in its more concentrated form. Next to the appendix itself, accumulated pus is the greatest source of diffusing sepsis throughout the abdominal cavity; hence I consider getting rid of pus as thoroughly and as definitely as possible only secondary to getting rid of the appendix. If after dry sponging, the localized pus cavity is wiped out with sponges well moistened in salt solution or even freely flushed out with salt solution the results will be more satisfactory than if we remove the pus by primary flushing. I have no doubt the effect of the salt solution is almost always beneficial nor do I believe that pus is so easily diffused by irrigation as is held by some observers.

If, then, free drainage is established, that is, a line of practically no resistance for the escape of what products of sepsis may still develop, the best conditions are established for limiting further sepsis. In cases of general pyemia I feel sure that sometimes benefit is derived from a generous injection of a salt solution directly into a vein, and would advise its more frequent use in cases where there is much pus.

There is a group of cases which I have found very difficult to differentiate: these are cases of ruptured extra-uterine pregnancy and cases of ruptured tube in pyo-salpingitis. The attention first being called to these cases because of acute symptoms referable to the appendix. In the cases of pregnancy, acute symptoms from the appendix may precipitate the crisis, and yet the appendix be only secondarily affected, because it has become a part of the wall of adhesions by means of which a ruptured tube is being shut off from the abdominal cavity. One might easily mistake a case of ruptured tubal pregnancy for one of acute appendi-

citis, but as in either case an immediate operation is indicated any fault of diagnosis will be quickly rectified. Cases of ruptured pus tube present a different aspect. Here we have all the symptoms of general abdominal asep̄sis together with acute symptoms which point solely to the appendix, and such a case may be mistaken for one of ruptured appendix. My experience leads me to believe that cases of ruptured pyo-salpinx are not so virulent as are those of ruptured appendices. Possibly this explanation may be in the fact that after a pus tube has been ruptured, while the shock of the infection is immediate and sudden, it is all delivered at once and we do not have any source of continuous renewal of infection because of an accession of septic material. When an appendix is ruptured there is no limit to either supply and variety of infected material which the intestinal tract is capable of furnishing. Hence I believe cases of ruptured pus tube will live longer as desperate cases and will recover from conditions which seem utterly hopeless more frequently than when infection is due to a ruptured appendix.

Many interesting facts have been drawn from a study of the enclosed list of cases. In the first two hundred cases published there were five deaths, and I felt reasonably certain that this was about what the average death rate should be, operating under local conditions. In the third hundred cases, the first hundred of this report, there were eight consecutive suppurative cases, and seven out of the eight died; and perhaps it is not strange that I felt as if I had been writing without sufficient experience. Out of this third hundred there were ten deaths, and yet, if the death rate of the whole list here published is noted, it will be seen that the statistics do not widely vary from those of the first papers. I wish to state particularly that these tables include all cases within the time, indicated from which the appendix has been removed, no matter from what cause, and several of the deaths here included should not really be classed as deaths from appendicitis. No. 274 was supposed to be a case of appen-

ditis, pure and simple, but an exceptionally violent one. The operation was performed promptly but, instead of finding the appendix the offender, there was found a general peritonitis, different from anything I had ever seen, and the origin of which could not be determined. The appendix was inflamed and the acute symptoms of the case were undoubtedly due to the appendix, but it was no more inflamed than were the intestines generally. They were agglutinated throughout, covered with a marked deposit of lymph, with no free pus, and a bacteriological examination discovered the pneumococcus present, and probably the cause of the whole trouble. How and where it gained entrance could not be determined. This patient died, and the case is here included among the deaths because the appendix was removed, although had it not been touched death would have resulted exactly the same. This explanation is made not to excuse, but to modify, any adverse or arbitrary conclusions from the cases here reported.

No. 414 is another case in point ; this patient was affected with tuberculosis of the lungs and was very feeble ; she also had appendicitis of a constantly increasing acuteness and which was so marked and defined that after most careful consideration of all factors it seemed best to remove it, since a very rapid operation seemed possible. There was, however, a tubercular affection of the appendix which rendered its removal more difficult than was anticipated and this patient could not survive the shock. This was a death directly due to appendicitis and its management, but it was of so unusual a type that an exception should be noted in comparing it with ordinary cases of appendicitis. It was due to an error of judgment upon my part, or at least I would prefer so to have it classed.

No. 215 was a case of typhoid fever in the earliest stage. She was sent to the hospital at night as an emergency case, and was suffering intense pain characteristic of appendicitis. The question of typhoid was raised and debated but because

of the intensity of symptoms referable to the appendix it was decided to remove it. This was done and relieved the painful symptoms,—an acutely inflamed appendix being removed. She died on the sixth day. But so far as I know in the opinion of nobody connected with the case did the operation complicate or hasten the result. On the contrary, the effect was favorable so far as it affected the course of the typhoid. This patient, therefore, died of typhoid fever and should not be classed as a death due to appendicitis.

No. 172 was a case very similar to this, the exception being that the patient lived. This child had typhoid when brought to the hospital from Bath, Me., coming to Boston on the boat. He was delirious all night. The symptoms referred to the appendix were almost all objective but were so marked and characteristic that although typhoid had been diagnosed, the operation for removal of the appendix was deliberately undertaken. The following thirty-six hours were very critical ones, after which all symptoms of acute pain immediately subsided and the typhoid ran a favorable and successful course. At the time I thought the removal of the appendix was a determining factor in the recovery. Two cases, however, are not sufficient to found conclusions, and they are here mentioned to draw attention to them.

One more case, No. 600, died from causes in no way related to the appendix. The patient was suffering from a fecal fistula, secondary upon a removal of the right kidney for tuberculosis. It had persisted since such removal, although one unsuccessful attempt had been made to close it. When sent to me her condition was deplorable and if left to herself she could have survived only a short time. The remaining kidney was not sound, and all seemed to hinge on that. It was finally decided to make an exploration and if the fistula could be rapidly closed, to attempt it. The operation was very simple. An opening in the outside of the ascending colon in its middle portion admitted one's thumb but was readily closed. The appendix was in the gen-

eral mass of adhesions and as it fell easily into the field it was removed merely as an accessory detail of the main operation. While the patient lived only five days, her death was in no wise determined or affected by the presence or absence of the appendix.

All these cases, — Nos. 172, 215, 260, 274, 414, 505, and 600 are here included as fatal cases because the appendix was removed, either as primary manipulation or as secondary to some other procedure and in order to give these statistics a distinct value.

Including all cases which died we find twenty-four deaths in six hundred cases, a death rate of 4 per cent. If, however, from these deaths we exclude the seven cases above detailed, the deaths due to appendicitis are seventeen, making the death rate from appendicitis alone 2.83 per cent.

SUMMARY OF CASES.

DIAGNOSIS.	OPERATION.	Number of Cases.	No. of Operations.	Cured.	Improved.	Not Improved.	Died.
Appendicitis, acute	Appendicectomy	112	112	112			
“ “ ; cholelithiasis	“ ; cholecystotomy	1	1	1			
“ “ ; cystomata ovarii, d.	“ ; tubo-ovariotomy, d.	1	1	1			
Appendicitis, acute; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, d.; ventro-suspension	2	2	2			
Appendicitis, acute; extra-uterine pregnancy, ruptured	Appendicectomy; tubo-ovariotomy	3	3	3			
Appendicitis, acute; hernia, ind. ing.	Appendicectomy; herniotomy	1	1	1			
Appendicitis, acute; myomata uteri	Appendicectomy; abdominal hysterectomy	1	1	1			
Appendicitis, acute; pyo-salpingitis, d.	Appendicectomy; tubo-ovariotomy, d.	6	6	6			
Appendicitis, acute; pyo-salpingitis, d.	Appendicectomy; tubo-ovariotomy, d.; ventro-suspension	1	1	1			
Appendicitis, acute; pyo-salpingitis, l.; suppurative peritonitis	Appendicectomy; tubo-ovariotomy, l.	1	1				1
Appendicitis, acute; pyo-salpingitis, r.	Appendicectomy; tubo-ovariotomy, r.	1	1	1			
Appendicitis, acute; stricture of ileum	Appendicectomy	1	1				1
Appendicitis, acute; typhoid fever	Appendicectomy	2	2	1			1
“ “ , adhesions post-operative	Abdominal exploration	2	2	2			
Appendicitis, intercurrent	Appendicectomy	187	187	186			1
“ “ ; carcinoma of ileo-cæcal valve	“ ; anastomosis of intestine	1	1				
Appendicitis, intercurrent; cholelithiasis	Appendicectomy; cholecystotomy	3	3	3			
Appendicitis, intercurrent; cystomata ovarii, l.	Appendicectomy; resection ovarii, l.	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, l.; retroversion uteri	Appendicectomy; resection ovarii, l.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; abdominal hysterectomy	2	2	2			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; resection ovarii, d.	5	5	5			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, d.	7	7	7			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, d.; ventro-suspension	15	15	15			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, l.; resection ovarii, r.	6	6	6			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, l.; resection ovarii, r.; ventro suspension	2	2	2			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, r.; resection ovarii, l.	6	6	6			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, r.; resection ovarii, l.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, d.; retroflexion uteri	Appendicectomy; tubo-ovariotomy, d.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, l.	Appendicectomy; tubo-ovariotomy, l.	10	10	10			
Appendicitis, intercurrent; cystomata ovarii, l.	Appendicectomy; tubo-ovariotomy, l.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, l.; hematoma ovarii, r.	Appendicectomy; resection ovarii, d.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, l.; hydro-salpingitis, r.	Appendicectomy; tubo-ovariotomy, d.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, l.; retroflexion uteri	Appendicectomy; tubo-ovariotomy, l.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, l.; retroversion uteri	Appendicectomy; resection ovarii, l.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, l.; retroversion uteri	Appendicectomy; tubo-ovariotomy, l.; ventro-suspension	2	2	2			
Appendicitis, intercurrent; cystomata ovarii, l.; salpingitis, l.	Appendicectomy; resection ovarii, l.; salpingectomy, l.	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, r.	Appendicectomy; resection ovarii, r.	6	6	6			
Appendicitis, intercurrent; cystomata ovarii, r.	Appendicectomy; tubo-ovariotomy, r.	13	13	13			

SUMMARY OF CASES—Continued.

DIAGNOSIS	OPERATION	Number of Cases.	No. of Operations	Cases	Improved	Not Improved	Died
Appendicitis, intercurrent; cystomata ovarii, r.	Appendicectomy; tubo-ovariotomy, r.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, r. retroflexion uteri	Appendicectomy; tubo-ovariotomy, r.; ventro-suspension.	2	2	2			
Appendicitis, intercurrent; cystomata ovarii, r.; retroversion uteri.	Appendicectomy; tubo-ovariotomy, r.; ventro-suspension uteri.	2	2	2			
Appendicitis, intercurrent; epilepsy	Appendicectomy; tubo-ovariotomy, d.; clitoridectomy	1	1	1			
Appendicitis, intercurrent; extra-uterine pregnancy, l.	Appendicectomy; tubo-ovariotomy, l.	2	2	2			
Appendicitis, intercurrent; extra-uterine pregnancy, l.; cystomata ovarii, r.	Appendicectomy; tubo-ovariotomy, d.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; extra-uterine pregnancy, r.	Appendicectomy; tubo-ovariotomy, r.	3	3	3			
Appendicitis, intercurrent; fecal fistula, p. o.	Appendicectomy; enterorrhaphy	1	1				1
Appendicitis, intercurrent; hematoma of broad ligament, r.	" ; tubo-ovariotomy, r.	2	2	2			
Appendicitis, intercurrent; hematoma ovarii, l.	" ; resection ovarii, l.	1	1	1			
Appendicitis, intercurrent; hematoma ovarii, l.	" ; " " , l.; ventro-suspension.	1	1	1			
Appendicitis, intercurrent; hematoma ovarii, r.	Appendicectomy; tubo-ovariotomy, r.	1	1	1			
Appendicitis, intercurrent; hematoma ovarii, r.; cystoma ovarii, l.	Appendicectomy; tubo-ovariotomy, d.	1	1	1			
Appendicitis, intercurrent; hemato-salpinx, r.	Appendicectomy; tubo-ovariotomy, r.	1	1	1			
Appendicitis, intercurrent; hernia ind. ing.	Appendicectomy; herniotomy.	2	2	2			
Appendicitis, intercurrent; hydro-salpinx, d.; cystomata ovarii, r.	" ; tubo-ovariotomy, r.; salpingectomy, l.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; intestinal adhesions	Appendicectomy; ventro-suspension uteri	1	1	1			
Appendicitis, intercurrent; myomata uteri	Appendicectomy; abdominal hysterectomy	7	7	7			
Appendicitis, intercurrent; myomata uteri	Appendicectomy; abdominal myomectomy	2	2	2			
Appendicitis, intercurrent; myomata uteri	Appendicectomy; vagino-abdominal hysterectomy	4	4	4			
Appendicitis, intercurrent; myomata uteri; cystomata ovarii, d.	Appendicectomy; abdominal hysterectomy	1	1	1			
Appendicitis, intercurrent; myomata uteri; cystomata ovarii, d.	Appendicectomy; myomectomy; tubo-ovariotomy, d.	1	1	1			
Appendicitis, intercurrent; myomata uteri; cystomata ovarii, d.	Appendicectomy; myomectomy; tubo-ovariotomy, d.; ventro-suspension	3	3	3			
Appendicitis, intercurrent; myomata uteri; cystomata ovarii, l.	Appendicectomy; tubo-ovariotomy, d.; myomectomy; ventro-suspension	1	1	1			
Appendicitis, intercurrent; myomata uteri; cystomata ovarii, r.	Appendicectomy; myomectomy; tubo-ovariotomy, r.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; myomata uteri; hydro-salpinx, d.	Appendicectomy; vagino-abdominal hysterectomy	1	1	1			
Appendicitis, intercurrent; myomata uteri; hydro-salpinx, d.	Appendicectomy; myomectomy; tubo-ovariotomy, d.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; myomata uteri; pyo-salpingitis, d.	Appendicectomy; abdominal hysterectomy	4	4	4			
Appendicitis, intercurrent; myomata uteri; pyo-salpingitis, d.	Appendicectomy; myomectomy; tubo-ovariotomy, d.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; oophoro-salpingitis, l.; cystomata ovarii, r.	Appendicectomy; tubo-ovariotomy, l.; resection ovarii, r.	1	1	1			
Appendicitis, intercurrent; papilloma ovarii, l.	Appendicectomy; tubo-ovariotomy, l.	1	1	1			
Appendicitis, intercurrent; proci-dentia uteri	Appendicectomy; tubo-ovariotomy, d.; ventro-fixation	1	1	1			
Appendicitis, intercurrent; proci-dentia uteri	Appendicectomy; ventro-fixation	1	1	1			

SUMMARY OF CASES—Continued.

DIAGNOSIS.	OPERATIONS.	Number of	No. of	Cured.	Improved.	Not Improved.	Died.
		Cases.	Operations.				
Appendicitis, intercurrent; pyo-oophoritis, r.; salpingitis, l.	Appendicectomy; tubo-ovariotomy, r.; salpingectomy, l.	1	1	1			
Appendicitis, intercurrent; pyo-salpingitis, d.	Appendicectomy; tubo-ovariotomy, d.	8	8	8			
Appendicitis, intercurrent; pyo-salpingitis, d.	Appendicectomy; tubo-ovariotomy, d.; ventro-suspension	13	13	13			
Appendicitis, intercurrent; pyo-salpingitis, d.	Appendicectomy; tubo-ovariotomy, l.; salpingectomy, r.	1	1	1			
Appendicitis, intercurrent; pyo-salpingitis, d.	Appendicectomy; tubo-ovariotomy, r.; salpingectomy, l.	1	1	1			
Appendicitis, intercurrent; pyo-salpingitis, l.	Appendicectomy; tubo-ovariotomy, l.	1	1	1			
Appendicitis, intercurrent; pyo-salpingitis, l.; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, l.; resection ovarii, r.	1	1	1			
Appendicitis, intercurrent; pyo-salpingitis, l.; cystomata ovarii, r.	Appendicectomy; tubo-ovariotomy, d.	1	1	1			
Appendicitis, intercurrent; pyo-salpingitis, l.; cystomata ovarii, n.	Appendicectomy; tubo-ovariotomy, d.; ventro-suspension	1	1	1			
Appendicitis, intercurrent; pyo-salpingitis, l.; cystomata ovarii, r.	Appendicectomy; tubo-ovariotomy, l.; resection ovarii, r.	2	2	2			
Appendicitis, intercurrent; pyo-salpingitis, l.; salpingitis, r.	Appendicectomy; salpingectomy, d.	1	1	1			
Appendicitis, intercurrent; pyo-salpingitis, n.; cystomata ovarii l.	Appendicectomy; tubo-ovariotomy, d.	2	2	2			
Appendicitis, intercurrent; retro-flexion uteri	Appendicectomy; ventro-suspension	1	1	1			
Appendicitis, intercurrent; retro-version uteri	Appendicectomy; ventro-suspension	2	2	2			
Appendicitis, intercurrent; salpingitis, l.	Appendicectomy; tubo-ovariotomy, l.	3	3	3			
Appendicitis, intercurrent; salpingitis, r.	Appendicectomy; tubo-ovariotomy, r.	2	2	2			
Appendicitis, intercurrent; tubercular salpingitis, d.	Appendicectomy; tubo-ovariotomy, d.	2	2	2			
Appendicitis, intercurrent; umbilical hernia	Appendicectomy; herniotomy	1	1	1			
Appendicitis, intercurrent; uterus bi-cornis	Appendicectomy; abdominal hysterectomy	1	1	1			
Appendicitis, intercurrent; ventral hernia	Appendicectomy; herniotomy	3	3	3			
Appendicitis, suppurative	Abdominal section; drainage	13	13	11	1		1
“ “ “	Appendicectomy; drainage	72	72	56			16
“ “ “ hernia ind. ing.	Appendicectomy; herniotomy	1	1	1			
Appendicitis, suppurative; pyo-salpingitis, d.	Appendicectomy; tubo-ovariotomy, d.	1	1	1			
Faecal fistula; post-operative appendicitis	Enterorrhaphy	2	2	2			
General peritonitis, suppurative	Appendicectomy	1	1				1
Strangulated intestine; post-operative appendicitis	Resection of intestine	1	1	1			
Ventral hernia, p. o. appendicitis	Herniotomy	3	3	3			
	Total,	607	607	582	1	0	24

THE USE OF IRON IN DISEASE.

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

[Read before the Boston Homœopathic Medical Society.]

During the first two years of my practice I fell into the error of overlooking anemia as a cause of many and varied symptoms. I diligently sought the indicated remedy for many cases presenting a great variety of symptoms, and after applying the remedy, selected with as much care as I was capable of, too frequently had to acknowledge defeat.

Over and over again I failed to benefit my patients, and as many continued with me despite my failure to cure, I was repeatedly compelled to acknowledge my failure, and driven to discover the reason why I failed. On leaving school I was thoroughly imbued with the idea, that in strictly medical or non-surgical cases, after diet and hygiene were given due consideration, my duty was to search for the *similimum* and apply it. The idea of finding the *similimum*, so completely overshadowed all other considerations, that the power of observing closely my patients, and reasoning upon the symptoms they presented back to the pathology and causation of the symptoms became very slight indeed, its place being taken by a faculty in me to hunt printed pages of symptoms in the *materia medica* to find analogies to my real cases.

In such a state of mind it is not any wonder that I missed the common cause of a wide variety of symptoms presented by young factory workers and store workers both male and female in a city like Haverhill.

One of the first cases that convinced me I was on the wrong track searching for a *similimum*, if anemia was the underlying cause of the symptom was a stubborn case of intercostal neuralgia of the right side that resisted *chelidonium*, *ranunculus bulbosus*, and all the other *similia* that I could think of for weeks, and yielded finally in a week when iron was given for the anemia which co-existed.

That case was an eye-opener to me as showing how a persistent, localized, diseased sensation in a nerve, could depend upon a diffuse, wide-spread impoverishment of a patient's blood.

Since that case I have constantly guarded against the error of applying a similimum against a condition caused by anemia. In my experience it is useless to do so. At the present time I would no more depend upon the homœopathic remedy for symptoms caused by anemia than I would prefer the most carefully selected similimum to antitoxin in diphtheria. The following is a list of the symptoms which I have often found associated with and dependent upon anemia, and when so associated, curable by iron :

Headache. The headache may be general, of a dull painful type, associated with confusion of thought and feeling. It may be localized, either frontal, temporal or parietal, or even in the vertex or occipital region ; it may be throbbing and intermittent or dull and continuous, and if any such headache is present and accompanied by anemia, no other cause co-existing, iron in physiological doses is almost always a specific.

Dizziness. This is another symptom which often accompanies the headache, but may not ; it may be the only symptom complained of. When arising from anemia I find it useless to prescribe anything but iron.

Insomnia. In as many as a dozen instances, I have known this symptom to be dependent upon anemia, and to disappear when the underlying cause was removed by the use of iron. They were all instances of insomnia of lengthy duration, varying from weeks to months.

Night Terrors in Children, I have very often found to be dependent upon anemia. When anemia does co-exist with night terrors in children, iron is the remedy.

Drowsiness during the day time is a symptom very often complained of by anemic patients ; it may be the sequel to sleepless nights, or it may be present even when nocturnal

sleep is normal, at any rate it is a common symptom, and if you recognize the anemic cause, and give iron, a speedy cure will follow. For this symptom I have give opium, phosphorus; and cinnabar homœopathically, but I often failed to cure. In non-anemic cases I would still try these remedies if I discovered no other reasonable cause, but where anemia is the cause, iron is the cure.

Dyspnœa. In the anemic patient this symptom always appears upon exertion; going up hill or up stairs, or even walking on the level will sometimes cause it. Examination reveals no organic cardiac lesion, and respiration is full, free and unobstructed. This symptom is often the only one that the patient may give although general exhaustion and tiredness may also be complained of; if it depends wholly upon the anemia, the use of iron will cause a speedy disappearance.

At this point I should like to draw attention to the fact that the anemic patient does not always present pallor, but very often appears flushed and red in the face. In your office the subject of anemia will very often unconsciously deceive you, because of this full-blooded facial appearance, but if you watch the patient closely for any length of time, an alternation of this flushing with pallor will be noticed, and on questioning, the patient will frequently give a history of this flushing and pallor in alternation. However, there is the venous hum in the neck, the peculiar murmurs at the base of the heart, and the appearance of the buccal mucosa which never lies as the face may do. If finally in doubt, there is the blood count, and the blood tests.

Cardiac Palpitation. This is another common symptom, often associated with dyspnoea, but just as often found by itself. I have repeatedly had cases of this sort come to me with a diagnosis of a cardiac neurosis, and even sometimes with a diagnosis of an organic lesion. These cases have often come from representatives of the other segment of the great therapeutic circle; the anemia co-existing in the patients had been ignored by them, the cause lying behind

the neurosis had escaped them. I cured them with iron, but I must confess, not homœopathically.

To go back to the mind, lest I forget it, I would draw attention to the fact that *loss of memory* is a symptom very often associated with and dependent upon anemia. I mean a loss of memory such as compares with absent-mindedness, and inattentiveness; it may exist in children or in adults, and no amount of anacardium or other like remedy will avail if anemia is the cause. I speak of this symptom because it may be the only one complained of when the patient comes to you, and the patient does not come labelled with the word anemia, neither will he mention the word to you which is the keynote in his or her particular case.

Among some other symptoms that I will mention, curable by iron, when anemia is their underlying cause, are amenorrhœa, neuralgic dysmenorrhœa, backache, myalgia, located in almost any muscle or set of muscles, or even all over the body, and numbness of cutaneous areas in almost any part of the body. Whether these feelings of numbness arise from alternations in the state of the sensory nerves locally, or alterations in the state of the spinal or cerebral centres is a question, but one thing is certain that if anemia co-exists with the numbness, and no other cause exists, if you cure the anemia, the numbness also disappears.

I have found, too, that a large number of neurasthenic cases have a background of anemia from which the neurasthenia appears to spring, and as I cannot send my patients to expensive, although well equipped and helpful sanitariums, I resort to iron therapy and cure a goodly number of them.

Neuralgia. Another symptom very common in anemia is neuralgia, and I note it specially in this paper because it may be the only symptom presented to you by the patient. As I have said before these patients do not come to our office with the cause labelled upon them, but they come complaining of a symptom or symptoms. It may be a facial neuralgia, a cervical, brachial, an intercostal, a lumbar,

sacral, or even a spermatic, sciatic, or cuterior crural neuralgia; but if there is an underlying anemia, co-existing with any one of these neuralgiæ or any combination thereof, it has been demonstrated to me by experience, that it is a good thing to remove the anemia. Give the similimum also if you like, I very often do, but I always give iron and never regret it.

The following is a case, which shows how a neuralgia of the sympathetic, or a visceral neuralgia, may depend upon anemia, and persistently refuse to budge to each and every measure until the specific cause is removed by iron :

Miss C., school teacher, aged about forty years, for five years had suffered with pain in the abdomen. The pain appeared here and there about the abdominal region, sometimes as low as the ovarian region, either side, sometimes in the region of the appendix, ascending, transverse, and descending colon, sometimes in the gall bladder region, very often in the umbilical rgeion and around it, which latter region it mostly favored. She was not a tea or coffee drinker (I have seen such symptoms from coffee), it mattered not how she dieted, it made no difference in the pain. She had no flatulence, she was not constipated, and the pain had no relation to times of eating or fasting. It sometimes made her sleepless. She had been doctored for five years in all sorts of ways. Had been treated for her liver, and for her stomach. Had been physicked and dieted in every way imaginable. She was free from pelvic diseases of any kind, and apart from this pain considered herself well.

She began with me at a time, when, owing to my training, my conscience, and my inexperience, I was cock sure, so to speak, that the similimum was the all of therapy in her case. One after another I tried the various similia, that I had patiently dug out and as often failed, until I began to feel as I imagine General Buller must have felt before the Boers at Colenso. She had continued with me for weeks, and I had done her no good, when finally I compared her with case of intercostal neuralgia.

Miss C.'s case was an enteralgia pure and simple. Next time she came, in spite of her apparent good color, I listened and got the venous hum in the neck, the murmurs at the base of the heart, and I looked and saw a pale ashy buccal mucosa, in spite of good facial color. I gave her iron, and the enteralgia that had resisted five years of attack with all manner of weapons, my patiently selected similia to boot, disappeared before iron in about two weeks never to appear again after a three months' course of the remedy. I kept track of that case, and I know whereof I speak.

I have seen cases of indigestion both gastric and intestinal fail to respond to any remedy plus the most careful dietary so long as the associated anemia was allowed to remain. Probably these cases were due to disordered gastric and intestinal innervation, or to disordered secretion, or both together; but back of everything else existed impaired blood, for it is easy to see that a perfect innervation and a perfect secretion in the gastric and intestinal mucosa must depend upon a perfect metabolism in the cell structure of both nerve fiber (or centre) and mucosa; and how can there be a perfect metabolism, if the components of the one fluid upon which metabolism depends are deranged?

It is easy for us, bearing in mind the phenomena of internal respiration — the exchange between blood and tissue — and particularly remembering the part which the red blood corpuscles play, it is, I say, bearing this in mind, easy to account for the symptoms of dyspnoea and cardiac palpitation in anemia; but it should be just as easy to account for the host of other symptoms that may follow in the wake of anemia, when we remember that there is no tissue in the whole body that may not be profoundly modified by the state of the blood. Every tissue in the body is ultimately dependent upon this common carrier of pabulum and waste, for its integrity. Every tissue in the body is liable to disorder if the blood, the medium of internal respiration, the supplier of food, the taker-away of waste, is disordered. Apart

from surgical condition, apart from the infectious diseases and apart from the special diseases of the different organs, I will venture to state that no more prolific cause of symptoms exists than anemia. And since apart from hygiene which we cannot always enforce, our main reliance is iron, it behooves the practitioner to be on the lookout for symptoms that have an anemic basis and give iron.

In arsenic we have another remedy that is homœopathic to the condition, and a very useful remedy it is, but the chief weapon against anemia is iron.

In conclusion I would urge the following propositions which to me have become almost axiomatic :

(1) Anemia is the cause of a wide-spread variety of symptoms.

(2) If a given symptom depends upon anemia the use of the similimum, without the removal of the cause, does not effect a cure.

(3) In iron particularly (though in arsenic also), we have a remedy that will cure anemia when used in physiological doses.

(4) According to my experience, iron when used (or arsenic either), must be continued away beyond the period of disappearance of symptoms for weeks or months after, depending upon the severity of the anemia.

OPTIC NERVE ATROPHY, PRECEDED BY SO-CALLED NERVOUS EXHAUSTION.

BY FRED'K W. PAYNE M.D., BOSTON, MASS.

Miss B. applied to me on July 27, 1899; her age then being forty-eight. She is a woman of a gentle, thoughtful disposition, and is extremely conscientious. She complained of a blurred condition of vision in both eyes, more marked in the left, though both were influenced. She defined the misty state as if looking through a densely foggy atmosphere; the blur seemed at the time rapidly on the in-

crease, having begun abruptly five or six years earlier. There is now additionally, July, 1899, a general weakness with prostration. The blur is more markedly noticeable in looking at distant objects than for the near point. An aggravation in the degree of blindness is noticeable during the menses and the ten days preceding and following menstruation. She formerly had luminous appearances in the visual field. Moderately fine type cannot be read without causing pain in the occipital region.

Examination with the ophthalmoscope shows a paleness and diminution in the amount of vascularity, especially on the temporal side of the optic discs, though the whole area of the discs is inclined to greyness in color. In tests for color perception, that for green is confused, and as the darker shades of green are used, the patient finally cannot distinguish them from red. Her general symptoms, as I find given in my case book, were as follows :

Has lately developed a condition of whitlow on several fingers and thumb ; these inflamed places are painfully tender and burning. General rheumatic state here and there ; wakens mornings with a feeling of stiffness of the body and as if bruised. Feels better generally, as well as in those symptoms of the head, during and after eating. Head feels badly and confused when using an elevator, especially when it makes a stop, then causing momentarily a light, giddy feeling in the vertex. Prescribed pulsatilla, with general improvement following its use.

In May, 1900, she complained of a burning, aching pain under left scapula, extending to the left side, aggravated by movements ; ameliorated by pressure. Some stiffness of the neck, and general wandering, grasping pains, aggravated on lying down day or night ; she, however, was greatly improved otherwise, so that the following glasses aided materially at reading distance :

Reading. R. + 3.00 \ominus cyl. — 0.75 ax. 95°
 L. + 3.00 \ominus cyl. — 0.75 ax. 95°

whereas earlier I could find no glasses that proved useful. She feels generally better in the open air. Frequent and urgent desire to urinate; getting up several times at night (analysis of urine showed markedly uric acid existing in solution, otherwise nothing abnormal); more disposition to void urine if walking out of doors; aggravation in cold weather; fingers are stiff mornings. The blur before the eyes gets more noticeable if using the mind intently. The menstrual function has now ceased, though she is still generally worse at the time in the month when this function formerly appeared. Is generally worse in the morning and better in the afternoon. Feels better after her noon meal.

Pulsatilla was the remedy first used, and chiefly given throughout the whole treatment. After nearly three years' observation of this case, the result commends the choice of the remedy; vision is now almost normal; the general health and spirits are of the best, and the prospect of visual retention seems assured.

A TIMELY HINT—There is much in the art of diagnosis that is unlearned by the ordinary physician, because he has been educated to depend too much upon cross questioning his patients, and upon bacteriologic signs. He has been taught the many phases of disease germ life, and may have taken a course of instruction in physical diagnosis, where he learned to distinguish the grosser manifestations of disease, to use the stethoscope, laryngoscope, sphygmograph, ophthalmoscope, thermometer and various other meters, graphs and scopes. But very few physicians have had any attention given to the special cultivation of those powers of observation which nature gave them. As a result they are ignorant of and overlook many minor details of diseases. — *Minneapolis Homœopathic Magazine.*

EDITORIALLY SPEAKING.

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

CONGENITAL DISLOCATION OF THE HIP.

Through the courtesy of Dr. Horace Packard, a large and representative gathering of homœopathic practitioners of Boston and vicinity witnessed a most interesting demonstration at the Massachusetts Homœopathic Hospital, December thirty-first, of the Lorenz method of reduction of congenital dislocation of the hip.

With the technique of this operation the profession is necessarily familiar through the detailed reports which have been given so freely by the medical press. This special clinic was, nevertheless, a most welcome opportunity to observe the practical application of Dr. Lorenz's methods. As the case will doubtless be reported, we will merely state that the dislocation was bilateral, and the child nearly six years of age.

The demonstration served admirably as an illustration of what skillful manipulation can accomplish in these cases without recourse to the knife. It showed also the natural limitations of the method. To replace the bones in congenital dislocations in their normal position, to keep them there, and to make them do their work, demands something more than skill and time. These cases should, above all else, pass to the competent surgeon at an early age. The weight method presupposes as a resultant, deepening of the acetabulum and an approximately perfect shrinkage and readjustment of the soft parts. If the child is from three to five years of age, nature is on the side of the operator; but as age advances greater difficulty is found in overcoming the initial shallowness of the acetabulum so frequently present,

and in securing satisfactory contraction of the capsule about the neck of the femur. Deformities dependent upon the dislocation are remedied with greater difficulty after the confirmation and exaggeration, long continued abnormal position and use of the limb occasion. Anatomical repositions have been secured, however, in patients long past the preferred age already mentioned, together with marked functional amelioration.

In taking advantage of the "bloodless treatment," the necessity for competent post operative care must always be remembered, for the period intervening between reposition and the final discharge of the case may extend over one or even two years. While the limb is encased in plaster but little attention is required, but afterwards judicious exercise and exercises, together with massage, are requisite to stimulate the muscles giving stability and to prevent muscular relaxation tending to relaxation.

But while a fair representation of the Lorenz method demands the rehearsal of all that may militate against ultimate success, the deduction to be drawn from published reports is without doubt the eminently satisfactory one that by this method an incalculable number of cases of congenital dislocation of the hip may be permanently cured, and others so greatly benefited that functional usefulness to a greater or less degree may mercifully be restored.

NURSES IN PUBLIC SCHOOLS.

New York has initiated a movement toward securing better health among public school children, which we trust will command the general and immediate attention of boards of health everywhere. Nine nurses have been appointed to visit the more crowded schools daily, to care for children whom the medical inspector considers in need of attention, and afterwards to make house to house visits to such pupils as have been excluded from the schools because of illness.

By these visits it will be possible to ascertain whether the treatment indicated is being given a child, and whether or not he is in a condition to return to school. Incidentally, valuable information can be obtained about the child's surroundings, and what is of great importance, instruction can be given to members of the family which may prevent much sickness and misery.

The class of nurses from which it is now possible to make such appointments, if the honest desire to make wise selections exists, admits of the choice of women not only well trained in their professional duties, but also generally well educated, wisely sympathetic, and imbued with that sense of personal responsibility without which neither physician, teacher or nurse is qualified to serve those who are so wholly dependent upon their professional wisdom, individual interest and helpful personality.

The work of the nurse need in no way conflict with that of the medical inspector, but should supplement his and make his more thorough and far-reaching through increasing his knowledge of existing conditions. Such communicable diseases as those of the skin, scalp, eyes, and throat so often observable among neglected children living under the most unfavorable conditions, can be greatly limited, but this can only be accomplished by the appointment of medical men and women well qualified to deal with such conditions. Our large cities contain many schools whose pupils represent an uncleanly and an ignorant element urgently needing instruction in hygienic living, and in the rudiments of how to care for the sick both old and young. The district nurse and the dispensary physician do not cover the ground marked out for the activities of nurses and inspectors attached to the schools.

By all means let us have the health of the children closely looked after, and let us not be intimidated by the oft-repeated cry of "paternalism," from public interference in the interests of sound bodies as well as instructed minds.

A BELATED JOURNAL.

On the fourteenth of January we received a copy of a journal dated Oct. 15, 1902, this being its latest issue. The journal is printed in Louisville, Ky., and is advertised to appear on the first and fifteenth of the each month. No one knows just when its ineffectual struggles to keep up with the flight of time began, and no one can possibly foretell when, in some miraculous way — it will have to be after the manner of miracles — it will overtake its competitors in the literary field, and make the date on its cover correspond with the date of issue.

It has at least achieved a certain distinction by quoting in its text from journals and society transactions given to the profession anywhere from one to two months subsequent to its own ostensible appearance. We do not know but that we ought to commend this as evidence of a spirit hopeful of ultimate arrival.

We are glad that this unfortunate journal is a representative of the old, rather than of the new, school of practice. It reminds us somewhat of the attitude often taken by individuals among our friends the enemy, who cleave to old traditions, and trudge painfully in the rear even while persuading themselves, and perhaps others, that they are in the van of present day progress. They will admit, for instance, that there is "some good" in homœopathy, but none the less pooh pooh the idea of personally applying its teachings. The shot-gun prescriptions of such men are fired off with unflinching regularity. If, perchance, using a single drug homœopathically, they obtain prompt and satisfactory results, they claim the discovery of a specific, generally ignoring any priority of selection and application by homœopaths under similar conditions.

Nevertheless, again in some miraculous way, these belated individuals may "catch up," and prescribe after the manner of those who really have kept abreast of the times. But we are moved to advise them even as we would advise our would-be

contemporary in journalism, to make an altogether new beginning in this year of nineteen hundred and three; to omit the intermediate stages, past months and past methods; to step decisively to the front whether in journalism or in the practice of medicine; to concentrate their attention and energies on new issues — better, finer, more profitable than the old.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Society was held at the Boston University School of Medicine, East Concord Street, Thursday evening, Jan. 1, 1903, at eight o'clock, the President, Frank E. Allard, M.D., in the chair.

The following officers were elected to serve during the ensuing year: President, William F. Wesselhoeft, M.D.; First Vice-President, Eliza B. Cahill, M.D.; Second Vice-President, Frederick L. Emerson, M.D.; General Secretary, H. O. Spalding, M.D.; Associate Secretary, J. Arnold Rockwell, Jr., M.D.; Treasurer, T. Morris Strong, M.D.; Auditor, George E. May, M.D.; Censors, F. E. Allard, M.D., F. C. Richardson, M. D., D. W. Wells, M.D.

There was no scientific session, and following the business session was a programme consisting of music and the President's address. A collation was served in the new building.

H. O. SPALDING,

Secretary.

BOOKS AND READING.

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

A TEXT-BOOK OF CLINICAL MEDICINE. PRINCIPLES OF DIAGNOSIS.
By Clarence Bartlett, M.D., Professor of Clinical Medicine and Associate Professor of Medicine in the Hahnemannian Medical College of Philadelphia, etc. Illus. Philadelphia: Boericke & Tafel. 1903. pp. 976. Price, cloth, \$7.00 *net*; half morocco, \$8.00 *net*.

It must always be a great satisfaction to a reviewer to find a much heralded volume justify the praise bestowed upon it in advance. It is our agreeable duty to endorse the claim of the publishers that this is one of the largest and most complete works on diagnosis at the command of the practitioner. We have many fine text-books on the subject by old school writers, but may now congratulate ourselves that one of our own number has made a worthy and admirable addition to the list.

On the principle that "more mistakes are made by not looking than by not knowing," Dr. Bartlett's book from cover to cover trains every faculty in the power of close observation, in what to look for, and what deductions to draw from information obtained. The plan of the book is regional, each section dwelling upon every clinical detail bearing on the subject discussed, its relations and diagnostic significance. Each individual patient, not an abstract disease, is the object held constantly in mind; yet the determination of the nature of the malady as an important means of ascertaining the remedial measures indicated is, and must be the teaching of every able diagnostician and prescriber. In this class we number Dr. Bartlett, and look forward with much interest to a promised work on therapeutics, which is to form a companion volume to the one under review.

This present one makes a most attractive appearance with clear type, good margins and complete index. It is not as freely illustrated as such works as "Hare," "Butler," etc., nor does it contain as much information in tabulated form, or their fine diagrams

of the nervous systems. We recommend these be added to subsequent editions. It is, however, a fine work, and worthy of a place in any library.

MEDICAL MICROSCOPY. DESIGNED FOR STUDENTS IN LABORATORY WORK AND FOR PRACTITIONERS. By T. E. Oertel, M.D., Professor of Histology, Pathology, Bacteriology, and Clinical Microscopy, Medical Department, University of Georgia. Illus. Philadelphia: P. Blakiston's Son & Co. 1902. pp. 362. Price, \$2.00 *net*.

Beginners in the study of medical microscopy, whether student or independent workers, will feel indebted to Professor Oertel for this manual which, from the first to the last page takes nothing for granted, but clearly, directly and unassumingly defines and explains scientific laboratory work, and points out the best and shortest means of applying the methods outlined. After a description of the microscope, its manipulation and the preparation of tissue, — mounting, staining, etc., the author describes bacteria and bacteriologic methods. This section, including pathogenic bacteria is sufficiently elaborated to give a fair working knowledge of varieties, methods of isolation and determination.

The section on tumors is interesting and well illustrated, while considerable space is devoted to the blood and the technique of examinations. The semen, vaginal secretions, cerebrospinal fluid, nasal secretions, saliva, sputum, stomach contents and feces receive mention, and many pages are given to urinalysis.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Vol. II. GENERAL SURGERY. Edited by John B. Murphy, M.D., Professor of Surgery, Northwestern University Medical School. November, 1902. Chicago: The Year Book Publishers. pp. 553. Price, \$2.00.

The appearance of this volume has been much delayed, but the time has been well spent in adding to the number and completeness of its pages. The extreme condensation of valuable articles has been replaced by more detailed reviews, sufficiently representative of the original papers as to obviate the necessity of reference to them.

All important advances in surgery made during the past year are called to the attention of the general practitioner, who is thus enabled with the minimum expenditure of time and effort to familiarize himself with progress in resources, methods and technique.

The series for the year, comprising ten volumes, can be subscribed for at the nominal rate of seven dollars and a half.

STEPPING STONES TO NEUROLOGY: A MANUAL FOR THE STUDENT AND GENERAL PRACTITIONER. By E. R. McIntyer, B.S., M.D., Professor of Neurology in the Dunham Medical College of Chicago. Philadelphia: Boericke & Tafel. 1903. pp. 205. Price, cloth, \$1.25 *net*.

While no attempt is made in this condensed manual to describe all the diseases of the nervous system, a brief account of the principal affections is given, viz., intra-cranial diseases, diseases of the spinal cord, diseases of the peripheral nerves, and functional nervous diseases. Two introductory chapters contain the anatomy and physiology of the nervous systems, and methods of examinations in neurological diagnosis. The varieties, etiology, morbid anatomy, symptoms, diagnosis, prognosis, and homœopathic treatment of each disease are outlined.

The author bespeaks the kindly consideration of his public, but hardly needs to do so as he has written a sensible, useful compend which will serve to materially assist those having larger, old school works on the same subject. We suggest that a table of contents would improve the appearance of the book.

LESSONS AND LABORATORY EXERCISES IN BACTERIOLOGY. By Allen J. Smith, M.D., Professor of Pathology in the University of Texas, Galveston. Philadelphia: P. Blakiston's Son & Co. 1902. pp. 298. Price, \$1.50.

No exception can be taken to this manual on the score of incompleteness. Within the limits set by the author the instructions and examples given are detailed and amply sufficient. The single criticism that can justly be made is that there is almost too much matter; too many details; too much information to be acquired in the exceedingly brief time which the average student can give to the subject. Had the text been printed on heavy paper and set in

large type, the volume would have assumed rather formidable proportions for "a student's laboratory outline guide." It is true that the numerous blank pages for notes, materially increase the total number of leaves without adding to the tasks set the students.

The principal subjects considered include a distinct working plan; an explanation of methods; sterilization; preparation of tubes, flasks, dishes, etc., for culture media; culture media; inoculation of media and cultivation of bacteria; gross appearance of bacterial cultures; individual bacteria, their physical and chemical characteristics; isolation of bacteria in pure culture; classification and identification of bacteria; pathogenic action of bacteria; bacteriologic chart.

All that the book contains is practical, and well illustrated by cuts and by carefully explained exercises for experimental work.

THE MATTISON METHOD IN MORPHINISM. A MODERN AND HUMANE TREATMENT OF THE MORPHINE DISEASE. By J. B. Mattison, M.D., Medical Director, Brooklyn Home for Narcotic Inebriates. New York: E. B. Treat & Co. 1902. pp. 40. Price, cloth, \$1.00.

Physicians who come in contact with cases of morphinism will find Dr. Mattison's monograph helpful reading. The backbone of his method is the use of bromide of sodium, *bis diem*, in appreciable and increasing doses until a certain maximum dose is reached, and the gradual withdrawal of opium during an average period of ten days. Each case, however, receives such treatment as is indicated. Preliminary and subsequent measures are outlined by the author, who writes in a direct and practical manner of what his long experience of thirty years in this work has taught him. His suggestions as to the use of baths, electricity, rest, nourishment, etc., are very good.

THE PUBLIC AND THE DOCTOR. By a Regular Physician. Published by Dr. B. E. Hadra, Dallas, Texas. pp. 149. Price, 50 cents.

Notwithstanding the author's extraordinary statement that "homœopathy's best colleges, and sensible practitioners have adopted so much of the so-called allopathic views and methods that hardly more than the name has remained as a kind of monument to that

once powerful craze," there are many true and sensible statements in this little book.

The intention of the author in writing it has been to establish more enlightened relations between the public and the doctor; to discourage fads and isms, and to secure to the qualified practitioner the support, normal and financial to which he is so well entitled. We should imagine that the average physician would find his difficulties in obtaining and keeping a successful practice considerably lessened, if the community in which he lived subscribed to Dr. Hadra's teachings and acted in accordance with them.

ESSENTIALS IN PHARMACEUTICS. By L. H. Witte. Cleveland, Ohio. 1902. pp. 78.

Had this monograph been entitled "Non-Essentials of Pharmaceutics" its appropriateness would have been at once recognized. We can not imagine any well informed reader ever taking up the book a second time. The preface, intended to be explanatory, is a typical and amusing illustration of "English as she is wrote." The subject matter of any importance is largely incidental, and the personal animus is the most conspicuous and undesirable feature.

THE CHAUTAUQUAN: A MONTHLY MAGAZINE OF THINGS WORTH WHILE. Frank Chapin Bray, Editor. Springfield, O. The Chautauqua Press. Price, \$2.00 a year; single copies 20 cents.

The supplementary title of this magazine excellently well indicates its scope. It deals with "things worth while," current events and men of note, education, art, literature, social progress. It is a monthly visitor well worth entertaining. It represents officially the Chautauquan Institute and all the interests connected with it. Few journals will prove as helpful as this one to the reader pursuing home studies or systematic courses of reading of genuine educational value. A series of articles now appearing on Russia and England, another on Civic Progress, and still another on the Arts and Crafts movement, may be cited as typical of what this admirable publication offers

The Chatauqua Press also publishes monthly "Pets and Animals," an illustrated magazine full of elementary nature studies, interesting stories about animals, letters from young correspondents, etc. The subscription price is fifty cents a year.

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

The January number of Lippincott's was well up to the old time standard in all departments. Those who like short stories will find them in great variety in this magazine every month, together with a complete novel in each issue.

There will be "literary talks" the current year, and among other good things, jokes and anecdotes; poetry; travel sketches, and all that can contribute to the pleasure and profit of the constantly increasing number of readers. The firm of J. P. Lippincott Co. also publishes a large variety of interesting, instructive and entertaining books.

ANNOUNCEMENT. The Tribune is a New York paper of world wide reputation for news and reliability. It sends out the following notice:

"What sort of a paper does a physician want in his house? Not one whose columns are at the service of every charlatan who is clever enough to exploit himself through the ignorance — or worse — of its editors and proprietors, which is filled with pseudo-scientific tales of impossible operations and sensational 'discoveries', that make the judicious grieve. In a time when the lay reporter is the butt of the jokes of the medical press, The Tribune Review is quoted with respect by medical journals, and the accuracy of its editorial statements on scientific matters is attested by so high an authority as Lord Kelvin: while professor W. T. Spillman, the discoverer of Mendel's law, says that 'the reason The Tribune is quoted so widely, and especially on scientific subjects, is that it is invariably so accurate.'

"The Review gathers and sifts for you every week the world's history, and serves it up with lucid comment. That publication, for the subscription price of \$1 a year, places at your service the trained abilities of the corps of correspondents (in this and foreign countries), editorial writers, literary, musical, art and dramatic critics, who co-operate in the making of a great metropolitan daily paper, which would cost you \$10 a year if you had it delivered to you every morning.

"The review is an educational paper in the best sense. Not only are its general features such as to make it an admirable adjunct in

the formation of character and opinion, but it contains special features of interest to parents and teachers. For example, a series of articles entitled 'Careers for Young Americans' is now running in its pages, including the following papers :

"'Railroading,' by George H. Daniels, general passenger agent of the New York Central Railroad. 'Journalism,' by St. Clair McKelway, Editor of the 'Brooklyn Eagle.' 'The Stage,' by A. M. Palmer. 'Architecture,' by Thomas Hastings, of Carère & Hastings. 'Engineering,' by a prominent engineer. 'Medicine,' by Dr. D. B. St. John Roosa, president of the Post-Graduate Hospital, New York City."

THE SPECIALIST.

GYNECOLOGY.

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

MENORRHAGIA CURED BY TRILLIUM. — Dr. Hawkes relates a case of manorrhagia of long standing, occurring in a young girl, where, after failure of ordinary remedies, trillium 1x and 2x brought complete and lasting success. — *Monthly Homœopathic Review.*

CURETTEMENT. — If I were called upon to formulate a set of rules governing the operation of curettement I would announce them as follows: (1) Have a distinct and sufficient reason for the procedure. (2) Observe a most scrupulously perfect technique as to asepticism. (3) Dilate the cervix slowly and thoroughly, under complete anæsthesia. (4) Apply the curette with great gentleness, but completely and thoroughly removing all diseased tissue. (5) Conduct the subsequent dressings and after-treatment with the same rigid care that appertains to other surgical operations. — *Dr. G. B. Johnston in Virginia Medical Semi-Monthly.*

CHRONIC OVIDUCAL DISEASES. — The chronic stage is what the gynecologist is called to treat. It must be remembered that the chronic stage of oviducal disease is the thea-

tre of constant recurrent infectious invasions. The treatment is (a) general clearing out of the bowels and kidneys, wholesome diet, outdoor exercise, gymnastics; (b) local treatment of vaginal douches, morning and evening, ten quarts in the morning and twenty-five quarts at night. Boroglyceride tampons should be applied twice a week, to remain in the vagina from six to ten hours. Judicial genital massage, in the intermenstrual phase, one to three times weekly, will hasten recovery. When advanced bilateral pyosalpingitis exists surgical procedures should be resorted to. Surgical measures makes the subject better, but relapses occur and the patient does not get well. — *American Medical Compend.*

OVARIAN FIBROMATA. — According to the statistics gathered by Peterson, there are no uniform symptoms of ovarian fibroma. The tumor may be of slow growth and may give no special signs of its existence, or it may increase rapidly in size so that it would be noticeable in a few months. Abdominal pain and difficulty micturition are regarded as usual symptoms, while menorrhagia and metorrhagia are not very constant.

The frequency and significance of ascites with fibroids of the ovary do not seem to be definitely settled, nor is its cause apparently determined. Peterson believes that ascites occurs in 40 per cent. of cases and that the greatest amount is not produced by the large tumors. Laphorn Smith considers the association of ascites with an abdominal tumor as "strong presumptive evidence in favor of its being malignant." Osler is inclined to this view with special reference to soli : ovarian growths — *New York Medical Journal.*

STERILITY. — It is coming to be realized more and more as this subject is investigated, that many men, through the indiscretion of early life, are responsible for the barrenness of their marital relations, either through the disease existing in themselves or communicated by them to their wives. Careful investigation demonstrates that in many instances the seminal fluid is either devoid of spermatozoa or contains

these elements of reproduction in so feeble a form as to be incompetent. The responsibility of the male in this respect as compared with that of the woman is placed by various investigators as vary from one to ten, to one to three. Abram Brothers reports a series of 250 cases. Among these were 72 healthy women whose husbands were examined. Of these 72 men 22 were pronounced healthy as far as the elements of potency and fructification were concerned; the other 50 were held responsible for the barren wedlock. In other words, one out of every five husbands in the 250 cases was responsible for the sterility.— *Virginia Medical Semi-Monthly.*

PROLAPSUS UTERI IN AGED WOMEN. — The physician is so often consulted by women of advanced age, who suffer from prolapse of the pelvic organs and external protrusion of the uterus. It is estimated that twenty per cent. of old ladies are thus afflicted. I amputate whenever I can get the consent. The relief is immense. It is productive of cleanliness; it relieves constipation of the bowels; it relieves senile urinary incontinence and does away with the old filthy pessary.

The only danger in the operation of amputation in elderly people is the wounding of the bladder. I have been guilty of two buttonholes. One I repaired, the other one nature repaired. These mishaps appear to be necessary; they teach us to be careful. In addition a careful assistant will keep the bladder out of the way with ease. But eternal vigilance is the price of good results.— *Dr. Julius Kohl in Homœopathic Journal of Obstetrics.*

TREATMENT OF CARCINOMA OF THE UTERUS. — These cases are usually seen late by the surgeon. The distinction between operable and inoperable cases is influenced by the condition of the patient and the nature of the growth. Some ulcerate, progress rapidly, involving glands. Others are large and indurated.

In cases the operability of which can not be determined, it is *futile* to resort to ligation, because of free collateral circula-

tion, or else resultant gangrene ; also to resort to closing the vagina, and making an opening into the rectum so as to control the offensive discharge. *Simple* means to avoid operation are preferable, *e.g.*, curetting and cauterizing with corrosive chloride of zinc, or fuming nitric acid. Steam at 105 to 110° C. for two minutes has been used. The patient is relieved of the discharge, her comfort increased, and life prolonged, in one case reported 18 months. Therefore abstain from taxing operations for inoperable cases of uterine carcinoma.

If case is *operable* we cannot be too thorough ; remove uterus and glands by abdominal route, all the parametrial tissue and part of the vagina ; close without drainage. — *Pacific Medical Journal.*

SUSPENSION OF THE UTERUS. — The particular method of performing suspension of the uterus, as practiced by Dr. Robert T. Morris, of New York, is thus described : the abdomen is opened in the middle line. A hook is inserted through the round ligament at a point midway between the uterus and the inner inguinal ring. The round ligament is angulated by strong traction on the hook. The peritoneum is stripped away from the ectad face of the angulated ligament, but remains attached at the base of the angle. Two parts of the bared round ligament are approximated at the base of the angle with a suture of chromicized catgut. This throws two or more inches of the round ligament out of function. The bare face of the loop of the ligament that is thrown out of function is re-covered with a flap of peritoneum that previously belonged to it. The other round ligament is treated in the same way. He has done this in some twenty cases with success so far as the operation is concerned ; the results during and after pregnancy are yet to be seen, and this note is published at this time merely in order to fix the responsibility for the operation. — *American Journal of Surgery and Gynecology.*

SALPINGITIS : ITS PREVENTION. — I believe it to be no exaggeration to state that 95 per cent. of all the cases of this

dreadful disease are absolutely preventable. The section of this paper on etiology tells the tale. Nearly all cases of the suppurating forms are due to the introduction of the specific cause from without. The profession should take up this disease as they have puerperal sepsis, and fight it. They should be taught that no instrument or finger should at any time or under any circumstances be introduced into the uterus except under the same aseptic conditions as those used in a properly performed operation. They should be taught to promptly and completely remove the remains of abortion or labor. They should be taught that the slightest trace of gonorrhœa is an absolute bar to marriage, that if in spite of warning the subject persists in having marital relations he is subjecting his victim to the danger of a foul infection which entails long continued suffering, sterility and possibly death. Not only should every medical student be informed of these truths, but the laity as well; that the innocent might be put upon their guard. — *Dr. J. N. West, Adjunct Professor of the Diseases of Women at the New York Post-Graduate Medical School.*

TREATMENT OF DISPLACEMENTS BY PESSARY. — (1) Study the case. Determine the probable length of time that the displacement has lasted, its possible cause, the symptoms it has caused, the order of occurrence, and the relative importance of the general and local manifestations, and from these data form a careful opinion as to the chances of cure by one or the other methods of treatment. (2) In a case of retroversion or flexion, always replace the uterus before adjusting the support. The pessary should not be relied upon to do this, as only in the rarest case will it be possible. (3) In fitting a support choose one which fits exactly if possible, but if not, have it rather too small than too large. (4) The ideal pessary is one which supports the uterus perfectly, and without the patient being conscious of its presence. (5) The patient should be kept under observation while she is wearing the pessary, and seen at regular intervals, preferably after each monthly period, for the cleansing of the support

and its replacement. (6) When it is deemed wise to make an attempt to go without it, it should not be removed at once, but a smaller one substituted to be worn a month, and then a still smaller one, which may then finally be removed. — *Boston Medical and Surgical Journal.*

ABSTRACTS FROM BOOKS AND JOURNALS.

DURATION OF LIFE. — The average of human life, which, in the sixteenth century was as low as twenty years, is now more than forty years. — *Exchange.*

VALUE OF FRUITS. — The relative value and importance of fruits are said to be according to the following order: Apples, grapes, bananas, oranges, peaches, pears, apricots, pineapples, plums, strawberries, raspberries, blackberries. — *Medical Times.*

THE FUNDAMENTAL LAW. — Harmony is the great fundamental law of health and happiness. To produce this harmony, nature demands a healthy exercise of all our faculties and functions, physical, mental, moral, and spiritual. To neglect the exercise of any one of these means death. — *Trained Nurse.*

A TYPHOID DISINFECTANT. — Sulphate of copper (blue vitriol) is the best typhoid disinfectant—one pound (costing ten cents) dissolved in two and one-half gallons of water. Keep a pint of this in the vessel for discharges from both the bowels and the bladder. Stir thoroughly for a few minutes; let stand for fifteen minutes and the poison will be destroyed. — *Health Commissioner of Chicago.*

MALARIAL INFECTION. — The presence of malarial infection may be determined by the following evidences in the examination of fresh blood specimens: (1) By the presence of the plasmodia in the red-blood corpuscles. (2) By an abnormal amount of free vibratory blood pigment in plasma.

(3) By pigment of leucocytes. (4) By sporules in the plasma. (5) By the presence of crescents or ovoids or fully-developed gametocytes. — *Medical Record*.

TONSILLITIS AND INFECTIOUS DISEASES. — The frequency of tonsillitis as an antecedent to rheumatism has led many observers to claim that the source of rheumatic infection is usually in the tonsils. This view is fortified with a mass of evidence from men of scientific probity and wide experience. Other diseases which are believed by many to originate in the tonsils are scarlatina, endocarditis, pneumonia, measles and erysipelas. Tuberculosis undoubtedly sometimes finds entrance through the tonsils. — *St. Louis Medical Review*.

STERILIZATION OF CATHETERS. — Claudius says that it is a fact recognized by all bacteriologists that the boiling of these instruments in plain water does not necessarily insure sterilization of catheters. However, boiling in a concentrated salt solution not only does not spoil the instrument, but does kill pathogenic germs; furthermore, a boiling of from five to ten minutes is all the time required. In such a concentrated salt solution the catheters are exposed to a temperature of 110° C. in a highly bactericidal medium. — *Exchange*.

FEVERS. — Study your practice for its pathology, but study your materia medica for your drugs, and in doing so think independently for yourself, remembering that these diseases called fevers are as numerous in their modifications as individuals are in disposition, and further, that many times when you come to weigh a drug in the balance of experience you can write the symptoms it will reliably cover in large letters on a visiting card instead of using ten sheets of cap for the purpose. — *American Medical Monthly*.

DETECTION OF MALINGERING. — The faradic current will often assist the physician to determine whether the patient is really sick or is feigning sickness; some people will feign paralysis or anesthesia to avoid duty, secure sympathy, or to

obtain damages after an injury; they will endure great pain when administered in the form of pinching, pricking with pins or needles, or by burning, to establish their claim; but it is impossible to resist the contraction of their muscles when a high tension faradic current is applied.—*The Electric Medical Journal.*

TALENT AMONG NURSES. — My experience has taught me that there exists much diversity of talent among nurses. Thus, Miss S., whose services I was fortunate in securing, was very systematic in everything she did. Coming one day to a patient, Mrs. A., who had long been a sufferer from melancholy, I found her, to my surprise, in the greatest good humor. "How's this?" I inquired. "How's what?" says she. "Those smiles," said I. "Oh, really, it's too funny," she laughed. "Miss S. has been reciting texts in my right ear and funny stories in my left — sheep an' goats' you know — she's afraid I'll mix 'em." — *Dr. J. L. Corning.*

WIDAL REACTION IN TYPHOID FEVER. — My suggestion would be nothing more than the precise presentation of a problem which is as follows: Even cases of typhoid with a positive Widal reaction in 1 to 20 may in reality be paratyphoid followed by a secondary invasion of a small number of typhoid bacilli. The solution of this problem can be brought about in two ways: 1. By searching the blood, feces, and urine for organisms which will give a strong reaction with the blood of the patient. 2. By testing the blood of such patients with paratyphoid bacilli obtained from established cases of partyphoid. — *Dr. G. L. Peabody in New York Medical Journal.*

GERM HARBORING UPHOLSTERY. — Separate cars for consumptives may be desirable, but still more desirable are leather coverings for seats instead of plush, which absorbs all and keeps all, and linoleum for covering the entire floor. Then the car could be cleansed with an antiseptic solution after each trip. This would result in some protection against tuberculosis and against other diseases at the same time. Let us teach

that plush and carpets ought to have no place in any public building, whether church or theatre. Let us also demand that those whom we think susceptible to tuberculosis shun all crowded, ill-ventilated, soft-cushioned and carpeted places. — *Medical News.*

HYGENIC TREATMENT OF OBESITY. — Other requirements relating to exercise, rest and bathing, are as necessary as the diet, and must form a part of the treatment. The patient must lie down at least thirty minutes before and after dinner, and take daily exercise, though not to the point of exhaustion. He must also take five full baths per week, in hot water, not remaining in the bath more than five or ten minutes. In the way of medication, I find the juice of the poke berry, as prepared by Lloyd Brothers, and which has been so highly recommended, very efficient. This should be given in ten-drop doses a half hour before and one hour after the three daily meals. — *Eclectic Medical Journal.*

REMEDIAL DIET IN OBESITY. — All methods will require a special diet, more or less generous, depending largely upon the occupation of the patient; thus, if the patient be one whose business demands constant attention, it will not do to place him on too spare a diet, for while losing fat, he will also lose strength. To my mind a generous, though not fat-producing, diet is best in all cases. For example, a diet consisting of the following articles will give good results. The patient should drink one pint of hot water one hour before each meal. For breakfast he can eat steaks or chops, lettuce and one piece of dry toast, and drink one cup of clear tea or coffee. For lunch he may have the same diet as for breakfast. He can also have a piece of fish three times a week. For dinner he may have chops, roasts, lettuce and spinach, and drink one cup of clear tea or coffee. — *Eclectic Medical Journal.*

CHRONIC NEPHRITIS. — In the chronic parenchymatous form, the symptoms noted are anemia, pallor, anorexia, nausea, headache, vertigo, albuminuric retinitis and edema of

the feet and ankles; indeed this symptom is the first noticed by the patient, and causes him to seek medical advice. Uremic convulsions may occur, though they are less frequent than in the chronic interstitial variety. As to the urine, the quantity in 24 hours is normal, or somewhat diminished, the specific gravity ranges from 1.020 to 1.028, color rather dark and cloudy by transmitted light, albumin is present in large quantities, the daily loss being from one-half to one drachm; the urea is considerably diminished. Microscopically are found fatty degenerated epithelial cells, dark, coarse granular, hyaline and fatty casts. . . . In some instances the disease runs its course in three months, and in others extends over four or five years. — *Virginia Medical Semi-Monthly*

POSTOPERATIVE THROMBOSIS. — The treatment of postoperative thrombosis in the Johns Hopkins Hospital consists in keeping the patient in bed with the affected limb elevated. This is best done by pillows placed under the leg, which is sometimes covered with compresses of lead and opium wash or simple cold applications, and sometimes wrapped in cotton. This elevated position should be maintained for at least five weeks after the onset of symptoms. In the cases where the patients were allowed to walk before this time there were swelling and pain on allowing the leg to be in the dependent position, whereas this was not noted after treatment for the full length of time. Cauterization with the Paquelin and massage previous to the sixth week are absolutely contraindicated, on account of the possibility of dislodging an embolus. Immobilization with splints has never been practised. — *New York Medical Journal.*

COLLEGE, HOSPITAL, AND LABORATORY NOTES.

AN association has been formed in Tokio for the purpose of founding hospitals in China, this being considered the best means of securing Chinese sympathy with occidental science.

THE diet for the 23,000 insane persons in the 11 New York State hospitals is to be increased and improved at an annual expense of \$50,000. Other improvements, in administration and inspection, will more than balance this and lower the per capita cost.

THE corporation of the Children's Hospital, Boston, hope to secure funds to erect an entirely new and modern building on a portion of the three acres of land recently bought by them for this purpose. The site is adjacent to that which Harvard University will occupy for the uses of the Medical School.

THE Boston City Hospital's new out-patient building which should be finished April 1, 1903, will contain, among other features, several X-ray rooms, massage apartments, airy waiting rooms on every one of the four floors, and a modern elevator. The basement, first and second floors will be devoted to general surgery; the third to eye and ear troubles and on the fourth floors are the dormitories for the house physicians and assistants. All the toilet-rooms have open plumbing, and are finished in marble. The stair-cases are of iron with marble treads. The building is strictly fire-proof, and will cost, when completed, \$125,000.

LEMON JUICE kills the typhoid bacillus according to the following, which is taken from the Department Bulletin report, Dec. 27, 1902, of Dr Jaques, director of the Chicago Health Department laboratory: One hundred and twenty c.c. of bouillon was inoculated with the *Bacillus typhosus*. The flask was placed in the incubator at 90 degrees for twelve hours. At the end of this period 4 c.c. of lemon juice was added. At the end of four hours plates were inoculated from this flask. The plates at the end of twenty-four hours showed no growth. Control plates showed abundant growth."

AT Bellevue Hospital, New York, Dr. Charles C. Barrows has successfully treated a case of septicemia following child-birth with intra venous injections of formalin. The patient;

a negress, was admitted to the hospital Dec. 25, 1902; temperature, 104.3°, and pulse correspondingly high. Ordinary treatment secured only temporary improvement. The temperature is reported to have reached 108 degrees. At this stage Dr. Barrows injected 500 c.c. of a 1 to 5,000 solution of formalin. By the next day the temperature had fallen to 101°. It rose later one or two degrees, but yielded to a second injection of 750 c.c. of formalin.

A similar case, since treated with formalin at Hahnemann Hospital, Philadelphia, is reported as progressing most favorably.

THE State Board of Charity of Massachusetts believes that more accommodations are required for the treatment of consumption in this State, but less expensively, by adding to the present hospital at Rutland, Mass. The Board therefore recommends:

1. That, before any action be taken towards the establishment of a new sanatorium, the institution at Rutland be completed and perfected by the addition of a probationary department, in the form of four brick cottages, two stories in height, of simple design and plain construction, and with accommodations for not more than 35 patients each, to be erected either upon the grounds of the institution, or elsewhere within the town limits of Rutland.

2. A moderate charge for the board and treatment.

3. Other examining physicians appointed by the Governor and Council in all cities and towns of 15,000 inhabitants or over, and also at Hyannis, Nantucket and Edgartown.

4. That the counties be required to provide for the institutional care of all advanced cases of consumption of patients having settlements within their respective limits.

THE New York Homœopathic Medical College and Hospital has inaugurated a three weeks Practitioners' Course, commencing April 27th. This course is open to advanced students in medicine as well as graduates. It also aims, as far as possible, to be a purely clinical course. The great hospital connections of this College will furnish clinical

material that can be seen in no other city in this country. The College has the best equipped laboratory of any medical school, and in the Practitioners' Course there will be thirty-six hours of practical laboratory work in urinalysis, bacteriology and blood analysis. There will be forty-seven hours of operative work in surgery and gynecology. There will be personal bedside instruction at the Metropolitan Hospital of over one thousand beds. Every department of medicine and surgery will be covered. Above all, homœopathy will be taught throughout the whole course. A fee of twenty dollars covers the entire course or any part of it that may be desired, and includes a certificate of attendance. The class will positively be limited to one hundred. Read the advertisement of the course in this JOURNAL and for announcement, address George W. Roberts, M.D., Secretary, 170 West 59th Street, New York.

OBITUARY.

DR. BUSHROD WASHINGTON JAMES died from anemia, at his home in Philadelphia, January 6, at the age of sixty-six. Dr. James was born in Somerton, a suburb of Philadelphia, August 25, 1836. He graduated from the Central High School with the degree of Master of Arts, and from Hahnemann Medical College with the degrees of M.D., and H.M.D.

He was the author of "American Health Resorts and Climates," "Alaskana," "Echoes of Battle," "Alaska. Its Neglected Past, Its Brilliant Future," "Alaska's Great Future," "Dawn of a New Era," "The Political Freshman," and the "Rise and Progress of Masonic Veteran Associations."

Dr. James was one of the committee which aided in forming the International Convention of Homœopathic Physicians held during the Centennial, 1876, and was elected vice-president in 1886. He was also an active member of the Ameri-

can Institute of Homœopathy, at one time being its vice-president and its provisional secretary; in 1883 he became its president. He was a trustee and a member of the staff of the Children's Homœopathic Hospital and consulting physician of the Hahnemann Hospital.

A brother and three nephews, all physicians, and one sister survive him. Dr. James was never married.

PERSONAL AND GENERAL ITEMS.

IN England the death rate has been reduced more than eleven per cent. in the last thirty years.

DR. G. W. HAYWOOD, formerly of 45 Hanover Street, Lynn, Mass., has removed to 11 Harwood Street.

THE Hughes Memorial Fund, according to the latest reports from England, has reached the sum of nearly four thousand dollars.

THE English Twentieth Century Fund for the advancement of the homœopathy has just profited by a donation of \$2,500, making a total of \$37,500.

THE expense of the tuberculosis to the people of the United States, after careful estimation by Dr. Briggs, of New York, is placed at \$330,000,000.

DR. EDWARD G. TUTTLE, of 61 West 51st Street, New York, announces that in future he will devote his attention exclusively to surgery and gynecology.

IN the United States Army there are now thirty-five vacancies in the grade of assistant surgeon. The next examination will be held in Washington in April.

DURING the last twenty years the total deaths from tuberculosis in New York have decreased instead of increased, notwithstanding the fact that there has been an increase of seventy per cent. in the population.

IT is stated that one-fifth of all the boys who apply for admission to the United States Naval Academy are rejected on account of irregularity of the heart's action, and this, the surgeons claim, is caused almost universally by smoking cigarettes.

DR. WINTHROP T. TALBOT, now of Holderness, N. H., had an excellent article on "Some Physical Abnormalities of Boys Which Boys' Club Leaders Should Understand," in the January number of "Education," a standard, educational monthly magazine published in Boston.

IN its campaign against adulterated food and drugs the Board of Health, of New York has obtained samples of a drug usually sold as a headache remedy from various drug stores in the city. Of 373 samples examined, 315 were adulterated or contained a substitute drug or drugs.

THE President of the Board of Health of New York says in his annual report: "I am gratified to be able to report that the death rate of New York for 1902 was 18.74 per 1,000, which is considerably the lowest ever reported in this city. There were 582 less deaths from consumption than in 1901."

THE annual report of the Massachusetts Cremation Society shows that there were 217 cremations during 1902, as against 172 in 1901. At Mt. Auburn there were 134 cremations in 1902, and 119 the preceding year. Altogether 1,749 persons have been cremated in and about Boston since the practice was begun.

DR. MARY S. HORNBY-FROST announces her continuance in practice at 1 Monadnock Street, Dorchester. Office hours 2 to 4 P.M. Dr. Hornby has associated with her Dr. Alberta S. Boomhower, residence 1 Monadnock Street, Dorchester; office hours, until 9 A.M. and 5 to 7 P.M. In addition to general practice Dr Boomhower will give special attention to obstetrics, which she has studied in hospitals here and abroad.

DR. N. EMMONS PAINE has just returned from a tour abroad. While there he took a course of the Nauheim baths under the direction of Prof Theodor Schott, in order to familiarize himself with every detail, and to study the effect carefully. He is now prepared to give his patients the benefit of this experience. These baths have been given at the Newton Nervine for the past year. His new building, the Newton Sanatorium, just completed, and most attractively furnished, with the facilities for giving the Nauheim baths, in addition to other remedial agencies, offers many advantages to the invalid and convalescent.

THE State Department has been advised from Mazatlan, Mexico, that searching investigation by the authorities leaves no doubt that rats among vegetables shipped direct from Chinatown in San Francisco conveyed the bubonic plague to that community.

The San Francisco authorities assert that the plague there is not of a serious nature.

The epidemic at Mazatlan is very serious in character, and most vigorous precautions are taken against possible introduction from Mexico to this country.

That the germ of Asiatic bubonic plague is transmitted by rats is already well known. The plague was in this manner distributed in Manila until a crusade against the rodents was begun and prosecuted vigorously.

THE prevalence of appendicitis in London has induced Lloyds to issue insurance against it, says the *Philadelphia Medical Journal*. For a premium of five shillings a man is assured that if he has to undergo an operation he will have expenses up to \$1,000 paid, and for death under or after an operation, \$1,000 more. This premium is the same as was charged for insurance during the smallpox epidemic of 1901.

THE NEW ENGLAND MEDICAL GAZETTE

No. 3.

MARCH, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

LARYNGEAL TUBERCULOSIS.

BY T. M. STRONG, M.D., BOSTON, MASS.

[Read before the Homœopathic Medical Society of Western Massachusetts.]

An interesting, and most important, question connected with this subject is, does tuberculosis ever affect the larynx primarily? Donnellan (Trans. Amer. L. R. and O. Soc., 1901), has given a recent review of the literature on this subject, quoting a number of authors and clinical cases, which would seem to reasonably sustain the assertion that the trouble may, and does, occur primarily, and may continue so for an indefinite period. Two divisions, perhaps, might with advantage be made of the onset and progress to a certain point, of the acute or primary, and the chronic or secondary forms. The very large majority of cases, however, being of the latter variety, it seems best in a paper of this kind to group the conditions, the diagnosis being naturally easier when occurring in a case already established and recognized, and presaging, as a rule, the final stages of a long continued pulmonary or general tuberculosis, and add-

ing materially to the sufferings of an already exhausted patient.

The predisposing causes may be briefly outlined as chronic laryngitis locally; middle age, forty per cent. in a given series occurring between the ages of twenty-one to forty years; occupation, dust and indoor confinement, bakers furnishing twenty-five per cent. In the same series, syphilis, due to a general weakening of the resistance of the tissues themselves by a specific poisoning, and also probably due to the fact that a large proportion of those with this disorder are found among the less temperate and careful classes. Overcrowding is important, as increasing the probability of the presence of a tuberculosis patient; overheating, on account of the vitiation of the atmosphere and greater tendency for expectoration to dry and be mingled with the dust of the room, and want of nourishment as it lowers normal vital resistance. Acute attacks of laryngitis with some desquamation of the epithelium, in a partially debilitated subject, may furnish a nidus.

Admitting the frequent entrance of bacilli via the respiratory tract, we must also admit the possibility of an occasional primary tuberculosis, but it is difficult to assume it in the individual case. "Whether in such cases the infection is a direct surface infection, or whether the bacillus enters the tissues through other channels, and attacks the larynx in the first place, because 'catarrh' or other circumstances have weakened the normal resisting power of the organ, is a question open to discussion. There are many clinical considerations which appear to point to the probable truth of the latter suggestion. If this be correct, primary tuberculosis of the larynx is an occurrence exactly analogous to tuberculous manifestations in the joints, bones and central nervous system, where so frequently no evidence exists as to the exact spot utilized by the bacilli as entrance to the system." (Lenox Brown.)

"Is it improbable to suppose that certain bacillary ele-

ments exist normally in the tissues of the healthy individual, which under certain conditions undergo conversion into tubercle bacilli, just as organisms in the throat become converted into diphtheritic organisms, under certain conditions; or as other organisms in the nasal passages become converted into those of acute coryza, pneumonia, and the like?" (Cohen. Burnett's System.)

Experience has shown that cases of laryngeal tuberculosis, especially if with some stenosis, often exhibit no signs of disease in the chest, yet postmortem has shown the lungs to be in an advanced state of tuberculous degeneration. Therefore it is not safe to assume that because no physical signs, or but few and insignificant, are found in the lungs in a given case, the larynx alone is affected; nor safe to assume that the variations in the temperature chart are due to the laryngeal condition, because no evidence of pulmonary disease is discovered.

The symptoms may appear insidiously and increase slowly, or patients may complain of having taken a cold, followed by a cough, unyielding to time or treatment. It behooves us then to be constantly on our guard when we are consulted for conditions in the throat not well defined at the earlier examinations. The history is often obscure, and for many reasons it may not be advisable to dwell too closely on an uncertain family history, pending the development of other confirmatory symptoms. Attention has been called to the fact that every laryngeal affection in those known to be subjects of phthisis pulmonalis is likely to be classed as tuberculous, but that such was not the case, since these patients were particularly liable to acute exacerbations of chronic laryngitis, or slight attacks of acute laryngitis. These require much the same treatment as when occurring in other subjects, although they are likely to be less amenable to it, and one writer (Lake) makes this exception, and if it occurs among those just commencing the open air treatment, it is well to modify this for a time, and he makes the exception

convinced that patients with pulmonary phthisis, fully under the open air treatment, do not suffer so frequently from acute catarrhal states of the upper respiratory tract as do patients in hospital under the old regime, and the occurrence of severe laryngeal lesions, which are really tuberculous, is less frequent among patients treated by this method.

The patient will probably complain at first of a sensation of uneasiness, calling attention to the throat, or a dryness, with sensation of soreness on swallowing, or there is required a certain amount of effort to bring the muscles into co-ordinate action when attempting to swallow, especially in swallowing the saliva alone. The dysphagia in the early stages when due to thickening and stiffening of the epiglottis and pyriform swelling of the arytenoids, may not be painful, even when ulceration of the epiglottis is quite extensive. It is in the advanced stages when the ulceration chiefly affects the posterior wall of the larynx, that the pain becomes intense and the suffering most distressing. The extent, progress and seat of the morbid process control the extent of the distress and pain in swallowing and deglutition. Infiltration and nodules give rise to less pain than ulcerative surfaces, even of limited extent. This is one of the most important and serious symptoms in the disease, since our entire reliance for relief must depend on the ability of the patient to take nourishment and assimilate it. Later when nutrition has been interfered with, we have gradual emaciation with fever and night sweats.

The voice is apt to become impaired early in the disease. It is estimated that fifty per cent. of tubercular patients have laryngeal lesions at some time during the disease, and about ninety per cent. of cases of laryngeal phthisis have some trouble with the voice. The voice varies from slight hoarseness to complete aphonia, or has a hoarse note often accompanied with cough, which is harsh, metallic, stridulous or rattling, and often painful. These conditions may even improve from time to time, although the patient may be in a

more serious state. Interference with the voice may be of a purely mechanical nature, such as thickening of the vocal or ventricular bands, or the aryteno-epiglottic folds posteriorly; interposition of morbid growths between the vocal bands; ulceration of bands, or to ulcerative processes posteriorly, keeping the bands asunder. Again it is frequently of a purely neurotic origin, or due to absolute implication of the larynx and its tissues in the morbid process. Functional aphonia may appear early in cases of phthisis pulmonalis, but may never present any laryngeal lesions.

Expectoration, which is scanty and thin mucus at first, later becomes thick, profuse and muco-purulent in appearance, when the lungs have become largely involved.

Pain may not be prominent as a continuous symptom, unless there is ulceration of the edges of the epiglottis low down on the pharyngeal folds. The epiglottis may be ulcerated yet not sensitive or painful, the pain running to the ears being the annoying symptom.

Dyspnœa is not apt to be present until the laryngeal lesions are comparatively advanced. It is aggravated by exertion, due partly to weakness and partly to obstructed circulation, and may later become so severe as to threaten and even cause suffocation, unless relieved by tracheotomy.

Along with these go more or less constitutional symptoms, sense of weakness or tired feeling; loss of weight, slow but progressive, with slight elevation of temperature in the evening and perhaps subnormal in the morning, until later in the disease, when the temperature may range several degrees above normal.

Objectively we find an anemic appearance of the laryngeal walls and adjacent parts, which has been held to be pathognomonic of the early stages of this condition, others considering it a part only of a general anemia. Other cases again are ushered in with areas of congestion or redness, in and about the arytenoid structures and posterior surfaces of the epiglottis, and occasionally on the vocal cords. In other

words a laryngitis of a greater or less extent. The truth being probably that where congestion is observed first, the progress of the case is likely to be acute, but the cases where pallor or anemia is pronounced are of the chronic and much more frequent form.

Following these early stages we have pyriform swelling of the arytenoids, on one or both sides, with swelling of the epiglottis, or the latter may be thickened, the arytenoids remaining normal. As another step in the process we have areas of superficial ulceration, which, later, may coalesce and form large, irregular patches, extending at times into and producing necrosis of the cartilages. An acute condition has been described, namely, an inflammation and ulceration of the entire epiglottis, with severe pain and dysphagia, so that the patient declines rapidly and dies from sheer exhaustion.

Later we have the infiltrated edematous, muco-purulent bathed, jagged, ulcerated tissues, with added intensity of suffering and rapid progress to the grave.

Diagnosis : While in the majority of cases this may not be difficult, yet cases do occur with more or less frequency when, at certain stages of the disease manifestation, doubt may reasonably be entertained.

Pain, as a rule, is much less in syphilis during deglutition, although the act may be difficult, while there is an absence of fever, quickened pulse or emaciation.

When the parts can be kept quiet from coughing or when the patient is not eating, there may be very little pain in tuberculosis, thus differing from carcinoma, which aside from its more marked cachexia, has constant pain, and pain during deglutition more intense in the case of solids than fluids.

The voice in syphilis is hoarse rather than aphonic.

In tuberculosis, if the tumefaction of the arytenoid cartilage of one side is much advanced, there is always a similar condition, to some extent, on the other side ; this is not so in cancer or non-tuberculous perichondritis.

In tuberculosis the swellings are pale red, having a semi-solid appearance like edema, while in syphilis the swelling is dense and dark red in color.

In tuberculosis the floor of the ulcer is pale, slightly depressed, with small erosions of edges; they are also more numerous, superficial, painful and slow in developing. In tertiary syphilis they are isolated deeper and more rapid in action, and take on a punched out appearance, with excavated overhung edges. In cancer there are the thickened, hyperemic walls of cancerous ulcerations, preceded by a growth.

Tubercular ulcers are rare on the anterior surface of the epiglottis, a usual site in syphilis. The edges may be affected in both.

In tuberculosis we may have also the pulmonary signs, and in syphilis, if not the history, its later manifestations are usually preceded by some signs of the disease in the upper structure of the throat, such as soft palate, pharynx, tonsils or nasal septum.

In lupus ulceration the process proceeds slowly and steadily, the surface of the ulceration being studded with small pink granulations, which do not become exuberant, are usually clean and not covered by any adherent slough. There is absence of pain, cough and emaciation, with disposition to undergo repair in one part coincident with extension in another direction. The location is usually supraglottic and the cords often escape. The epiglottis from the weight of infiltration has a tendency to overhang and spread laterally.

Treatment: Exhaustive articles on this subject by Gleisman, Price, Brown, Lake and others, all speaking from a large experience, have appeared from time to time in the *Journal of Laryngology, Rhinology and Otology* for 1901 and 1902, and on these we have freely drawn for the purposes of this paper.

Naturally the primary cases, so-called, offer the best

chance for a cure, but as this condition is associated in the majority of cases with beginning or advanced tuberculosis of the lungs, the general treatment for the latter is essential for the former. So the first thing is the consideration of the prompt removal, whenever possible, to a suitable sanitarium. Such sanitarium we hope will become more numerous and more accessible, both in location and price, in the next few years, since there is an awakened opinion both in the public and in government bodies, as to their efficiency and need.

Another point is the question of climate, and here it may be stated as a general rule, that when the laryngeal condition is secondary to the pulmonary attack, a high elevation is demanded where the air is dry and pure, giving a stimulus for fuller and deeper respirations. On the other hand when the tuberculosis has been preceded by laryngeal catarrh, and the disease appears with hoarseness and soreness in the larynx, an atrophic condition of the upper air passages is often indicated. In these cases a place by the sea in a favorable climate should be chosen, or a prolonged sea voyage.

Care should be given to the character of the food, avoiding all those kinds which might prove irritant from the acid or highly spiced ingredients they contain. The use of tobacco should be limited, and alcohol, if used at all, materially diluted; preferably both should be dispensed with. Food should be demulcent or soft when swallowing has become difficult and painful; and the same with fluids, when there is a tendency to enter the larynx the liquids should be semi-solid or semi-demulcent, the latter being taken in gulps, like raw unbeaten eggs. The following hints to aid these efforts have been given, namely, free daily administration of olive oil, thus affording a continuous lubrication of the diseased mucous membrane. Another instructs his patients to lie over a couch with the face hanging over the end, the hips elevated by resting on the knees, the patient sucking the

food from a glass, through a rubber tube, the force of gravitation keeping the food out of the larynx.

Lake recommends two ounces of raw beef, free from fat and gristle, put through a mincing machine, and then intimately mixed with the yolk of an egg.

Russell's emulsion should receive careful consideration as a food adjuvant as shown by the interesting reports issued from time to time.

The voice should be spared as much as possible, avoiding also sudden changes of temperature and dusty or irritating atmosphere.

Thorough cleansing of the naso-pharynx and larynx, at least once, and better twice, a day, with alkaline sprays, with or without cocaine as the severity of the case demands. Following this with the volatile sprays such as menthol, thymol, etc., dissolved in the hydro-carbon oils, or if more directly in the line of medication, the use of creosote or guaiacol.

Recently intertracheal injections have seemed to promise good results. The larynx can be bathed without irritation, and the bronchial tract medicated. The solution is felt by the patient in the bronchial tract and the odor can be detected in the breath of the patient for hours afterwards, the latter affording one of the essential benefits of the treatment, since with the act of expiration the drug, in its vaporized form is brought in contact with the entire diseased laryngeal tissues. Other results are the immediate pleasant warm glow felt throughout the lungs, extending even to the hands and feet, while the cough eases perceptibly, and the larynx feels soothed and comfortable, perhaps for hours afterwards. The following proportions have been found tolerant: menthol, one to two per cent.; thymol, one per cent.; guaiacol, one per cent.; creosote, one per cent. All being used in connection with the hydro-carbons, the last two named being used also with olive oil.

In ulcerative conditions, we have in addition the recom-

mendations of enzymol, kerolin-ichthyol, five per cent., and the well known lactic acid, which, of all the numerous agents advised from time to time, still holds its own as the most efficient cauterant. One writer advises its use as applied rather than rubbed in, claiming greater efficiency, less cocaineization, a minimum of pain, and much less distress to the patient at the time of application, in the reflex action of the parts.

Powders have fallen more or less into disrepute, due probably to an excess in application, which would naturally prove annoying and provocative of cough, but when used lightly and carefully they still have a use, especially in the sedative action of orthoform.

Of recent years the question of surgical treatment has been the one which has aroused the greatest interest, both for and against, and it seems but fair to admit that those who advocate these measures most strenuously, are those whose experience has been most extensive among this class of patients. The general position of these advocates is, that now we can give relief, even when we cannot cure, and by so much we should be encouraged to persevere, notwithstanding the odds are still very much against us.

It is important here, as everywhere, to individualize and discriminate in each case, and still mishaps will follow, since it is impossible to foretell the results even when the indications are most conscientiously followed, as relapses will occur, but it is reasonable to hope that the remedies which have promoted absorption of tuberculous infiltration so successfully without operative interference, will also aid in the elimination of diseased tissues unavoidably left after curettement, as well as prevent too frequent relapses. Complete and permanent cures are still very rare, nor should it be forgotten that the so-called cases of laryngeal tuberculosis succumb to the same affection in the lungs, and even enthusiastic supporters of surgical procedures admit that a majority of the cases are unsuitable for such treatment. So it hap-

pens that in the presence of infiltration and tumefaction there is a marked variation in treatment. Some believing that until ulceration has occurred, operative treatment is never required, except for the relief of acute or chronic stenosis, while others constantly operate in one form or another, from free incisions to complete removal.

Gleitsman gives the following reasons why curettement has been slow to find general recognition in suitable cases: "We are only too often confronted with the impossibility to eliminate the almost always concomitant pulmonary disease to which ultimately the majority of sufferers succumb, and second, the difficulty in removing all the diseased tissues and preventing relapses. To the first objection is urged the position of the general surgeon, who does not hesitate to excise a tuberculous articulation, without hoping to cure the tuberculous diathesis; but he removes by his operation, a constantly threatening focus of infection. The second objection cannot be sustained if the cases are properly selected. It is true we often cannot excise tuberculous infiltration until we reach healthy tissues. He objects to the limitation of curettement, first, to cases in which there are no, or only small, infiltrations of the lungs; second, where the laryngeal lesions are so circumscribed that they can be easily and thoroughly removed, taking away at the same time a part of the neighboring healthy tissues. We ought to feel encouraged by the results to curette a number of times, if necessary, since one curettement is seldom sufficient in a given case."

The indications for operations have been summarized by numerous writers as follows: A steady temperature, a chronic, quiescent and non-progressive state of the lungs, or the relative absence of pulmonary signs; cases where the temperature may rise above 100.5° F., but where it may with certainty be attributed to the laryngeal condition; where the dysphagia is a well marked and distressing symptom and it is not relieved by other means, and when there is any tendency to laryngeal obstruction; in cases with dense

hard infiltrations of the arytenoid region of the posterior walls, also of the ventricular bands, and tuberculous tumors of the epiglottis. Again in perhaps from fifteen to twenty per cent. of cases where (a) we have lupus, a limited affection of the larynx with granulations, or (b) polypoid formation, (c) in unilateral infiltrations, or (d) when the disease is probably located at the entrance to the larynx, or it might be where the third or half of the larynx is affected, unless the indications in a particular case prevented. It is also urged that the patient should be watched for weeks, namely the temperature, the granulations or ulcers, as the case may be, to see whether the progress is slow or rapid, and so try to form an opinion as to possible good of operation, since there is no present means of knowing absolutely whether a case is suited for operation or not, some of the apparently simple cases being unsuitable.

The contraindications are: Advanced pulmonary disease and hectic; disseminated tuberculosis of the larynx; extensive infiltrations, producing severe stenosis, when tracheotomy is indicated or laryngotomy can be taken into consideration. Some also include lupus here, on account of the tendency of the cicatrix to shrink and the consequent danger of stenosis.

The galvano-cautery has been used upon the infiltrated posterior commissure, when dyspnœa and odynphagia were well marked, and when properly performed it is claimed that there is no possibility of auto-infection.

Cupric interstitial cataphoresis has been urged by Scheppegrell on account of the germicidal properties of copper and its stimulating effect on the pathological tissues. He claims (1), there is no real destruction of the tissues; (2) no reaction of hemorrhages; (3) does not demand the high degree of skill required for curettement, and is especially simple when used with the autoscope, and (4) applicable to all cases of laryngeal tuberculosis.

Laryngotomy can only be considered in primary cases, or

cases of perichondritis, provided the parts are not accessible from the mouth, and the expectoration contains very few bacilli, or better still no expectoration and no bacilli.

Tracheotomy only in the presence of threatened suffocation, and then without reference to the pulmonary condition, and in few instances has it prolonged life more than a few days or weeks.

Intubation has had little consideration since the stenosis is above the vocal cords, upon which the flange of the tube is supposed to rest.

Lately we have heard considerable of the violet and X-rays, high frequency and high potential currents in pulmonary tuberculosis, but as Finsen's theory demands pressure on the parts to render the tissues anemic, and Tesla's currents are too painful as a rule to be borne for any length of time by the sensitive mucous membrane, they have not been successful in laryngeal affections. If, however, as seems possible, the high frequency currents may affect favorably the deeper tissues, either by direct penetration or indirectly by stimulation of the superficial cutaneous nerves, similar to the stimulating action of heat in inflammatory affections of the chest, we may hope for some aid from them in laryngeal affections, as unquestionably they have had some influence over the pulmonary forms.

THE RELATIONS OF THE GENERAL PRACTITIONER TO THE SPECIALIST.

BY GEORGE B. RICE, M.D., BOSTON, MASS.

[Read before the Southern Homœopathic Medical Association.]

What I have to say is not new and for this reason it is hoped that a connected consideration of a well worn topic will prompt a discussion by your honorable body, which will aid in bringing about a better understanding between these different branches of the medical profession, — branches, however, which sprung from a common trunk.

At the present time, every thoughtful physician must admit that complete knowledge of all medical science is impossible. A well known writer has recently said, "The day of universal scholarship when Plutarch and Bacon could go the rounds of knowledge and label every item, is as extinct as the Saurian epoch. The world is simply too large. The most enthusiastic scholar must forego ten times as many paths as he can pursue, and must resign himself to be a specialist."

The true physician then must admit that the specialist is a modern necessity, and that therefore the relations existing between those who are sometimes styled by the good name "family doctor," and those who have come out of this body into the more restricted fields of a specialty, should be clearly defined and understood.

The majority of specialists having served an apprenticeship as general physicians, found that this experience developed a peculiar fitness and love for a definite line of work, which after a time led to its adoption, to the exclusion of other practices so far as was possible.

They are as a rule an enthusiastic and earnest class of men, possibly unduly filled with a sense of the importance of their work. They are frequently inclined to narrowness in thought and study, and like many scientists, particularly those on the Continent, the discussion of technicalities and the study of pathological conditions have sometimes led them to forget the main object of the physician's existence, that of making the sick well.

This tendency among our homœopathic specialists has caused a neglect of the study of *materia medica*, and therefore comparatively little has been accomplished by them in the past toward helping to establish a work of scientific accuracy. They are not always cognizant of their great dependence upon the general practitioner. They forget the fact, that this physician is likely to possess a working knowledge of many of the specialties, which is often of greater advantage

in the forming an opinion of the condition of the patient, and in prescribing a given line of treatment, than a more intimate knowledge of one part of the body.

That specialists are prone to magnify the importance of the influence of the disease of the definite part of the anatomy upon the general system, is in part due to the many obscure chronic affections which have been cured by special attention to apparently localized pathological changes. The treating of tired eye muscles by the use of proper glasses has in many instances cured, or allowed nature to cure, serious diseased conditions of remote organs. Among the many cases on record may be mentioned the cure of an insane patient by treatment directed toward the eyes, as related in a paper read at the American Institute meeting in June, 1899.

Coughs so severe and persistent as to lead to the supposition that a bronchial or pulmonary lesion existed, being quickly cured by attention to some slight defect in the posterior nasal passages, the soft palate, base of the tongue or ears. Epileptiform attacks controlled by the removal of a hypertrophied mass of lymphoid tissue from the nasopharynx, and numerous well authentic cures of various forms of nervous exhaustion by the relief of orificial strictures.

Those almost mysterious results from the removal of apparently simple diseased conditions, produced profound impressions upon the mind of the specialist, who has by his efforts brought them about, and the natural sequence is, a faith in his own powers which transcends the possibilities of other methods to accomplish similar cures.

These errors, if such they can be considered, are the inevitable outcome of success and can be condoned because they are quite apart from anything unethical. But success often begets carelessness, indifference, selfishness, and finally if a sufficient reputation has been established to insure a practice, an apparent utter disregard for the rights and privileges of other practitioners. Institutional work is abandoned ex-

cept for advertising purposes and the desire to acquire wealth becomes the dominating principle of life. These are dangers, not necessarily those into which the specialist alone is prone to fall, but the specialist has greater temptations and fewer restraining influences and is therefore more liable to forsake the ethical teachings upon which the practice of medicine is founded. Taylor says, "Specialism like great wealth is a fearful test of character. It tends to narrowness. If you would know everything about something you must know something about, and have a great interest in, everything. There is no selfishness like that of learning. We can accomplish nothing unless we concentrate our efforts upon a comparatively narrow line of work, but this does not necessitate that our views should be narrow or our aims low."

On the other hand, it can be truthfully said, that the general practitioner has from the beginning been inclined to regard anything in which specialists have a prominent part not worth the while. Lack of sympathy is shown in the scant attendance at society meetings when special subjects are to be discussed by specialists, and often the time allotted to these physicians is taken entirely away from them by the prolonged discussion of general subjects.

The general practitioner does not always fulfill his obligation to patients and specialists, for case after case goes to the specialist with no letter of introduction from the family physician, no request for an examination, nor any word, written or verbal, to show that the patient was sent for a special purpose. The patient on being questioned, may give the name of a friend as the directing party, but frequently the physician is not mentioned. Sometimes this omission is made by the patient purposely from fear of not otherwise obtaining an unprejudiced expression of opinion, or again the name of the family physician is withheld because treatment is desired from the specialist, the belief being that otherwise treatment would be carried out by the home physician.

Complications of course follow. The family physician believes the specialist to have stolen a patient and is offended. A mutual explanation rarely follows, and a permanent rupture of previous friendly relations ensues. All these misunderstandings could have been prevented in the beginning, if a few lines of introduction for the patient had been written, asking perhaps for diagnosis, or advice, or requesting the specialist to carry out the treatment deemed necessary.

Egotism may make it impossible for the family physician to recognize his own limitations. The patient is treated symptomatically until in sheer desperation other advice is sought, and the relations of years is broken forever.

There should be closer society affiliations between the different branches of the medical profession, and a discussion of common subjects which on some occasions would be of particular interest to the general practitioner and on others to the specialist. Theoretically this is done at our various organizations throughout the country; practically it is not, except to a limited extent. Could such associations be made universal mutual respect would result, and recognition of interdependence would be more general.

Man is dependent upon his fellows always, his prosperity and his very existence is based upon this law. Emerson says, "Every man I meet is my master at some point, and in this I learn of him."

Self respect should be uppermost, but with this, a strong feeling of professional loyalty; then will the differences estranging factions of our own body pass away, and the resulting closer affiliation will develop a new era of progress in the understanding of the law of cure established by our teacher Hahnemann. After all it is not necessary to adopt one code of morals for our own use and another for the laity. We have only to conscientiously follow the ethical laws which have been found necessary for harmonious existence in all forms of civilized society. Our ranks should be constantly elevated by expelling the incompetent who would

encumber our medical schools, and if this means the financial death of institutions, die they should for the betterment of medical science and the community.

We need earnest, courageous, manly men, that the profession may be more and more ennobled. We need young enthusiastic graduates to keep us up to our work. We need those who labor for the love of humanity and their profession, and to whom the accumulation of wealth is of secondary importance. With such leaven, the medical profession would soon be imbued with none but the highest aims, and would be resolved into one grand harmonious body of educated healers of the sick.

LONG-CONTINUED VOMITING IN HYSTERIA.*

BY EDWARD W. WISWALL, M.D., WELLESLEY, MASS.

[Read before the Boston Homœopathic Medical Society.]

Among the rarer forms of hysterical manifestations is long continued vomiting. This is a secondary result of a disease of a higher cerebral function. Underneath an ordinary simple phenomenon, danger lurks, at times, for the patient.

Cases have been reported by competent observers, when death has ensued from the prostration due to this form of vomiting, one patient having died on the eighty-second day from the commencement of her trouble.

We are told that the development of modern civilization produces a corresponding cerebral development in which the foundation of a temperament suitable to hysterical manifestations is fostered and reared.

With a neurotic tendency there is the needed predisposition hanging over the person, and we may have the immediate cause from physical and mental influences, or emotional conditions.

In illustration of the foregoing statements, I wish to call

*Discussion of this case, by Dr. E. P. Colby, may be found on page 124.

your attention to the somewhat limited details and special treatment of the following case under recent observation.

I may add that during the different stages through which the patient passed from a mild to a severe degree of vomiting, Drs. Halsey, Packard and Colby were called in consultation.

At the onset there was what would be termed by Wier Mitchell, a pelvis cellulitis pictured on an hysterical background.

It was in this early stage that the assistance of Dr. Halsey was given, with good results in treating the cellulitis. However, the nausea and vomiting, which had prevailed from the beginning of this attack, were very persistent. An hysterical seizure in which the globus hystericus was especially prominent, occurred just after the patient was able to get up from her bed and be about the room. From this time severe paroxysms of vomiting were manifest at the slightest provocation in the way of food or medicine. Very little nourishment could now be retained.

The patient complained of an intense pain in the epigastric region. At times the ejected matter was streaked with blood. She was reduced in weight. She was restless and obtained very little sleep.

Owing to the various suggestions of alarmed relatives that the patient was possessed of a tumor or cancer, or some other malignant condition of the stomach, Dr. Packard was called. As his finding was negative, a nervous origin of the trouble was accepted.

All the usual remedies and methods were tried and adopted. The vomiting still persisted. Dr. Colby saw the patient at this time.

After a thorough examination was made, the people were advised removal from home was the best course to pursue. On account of protests and objections from members of the family, this was not accomplished until three weeks had elapsed. At the time of her removal she had vomited con-

tinuously for over three months. The patient was now emaciated, skin sallow, eyes sunken and cheek bones prominent. She had lost in weight very fast the last two weeks. She could not retain any food or even water by mouth, and very little by rectum. She was now extremely prostrated, and her condition called for immediate relief.

The following method was then tried: A glass of cold water was given the patient. It was insisted upon that she drink it as rapidly as possible. A second glass of water was forced to disappear in the same way, then a third, fourth, fifth and finally the sixth in succession was taken. The patient was then placed flat on her back. All six glasses were drunk with the greatest possible haste. She retained the water in spite of her protests that she was unable to do so. In two hours she took a bowl of soup with quite a degree of confidence. From this time forward she could take nourishment without any repetition of her former vomiting. She began to have an enormous appetite, and gained very fast in health and strength.

We can see in this condition, the secondary effects upon the system as well as habits of a neurotic individual apparently eradicated by a sudden and harsh method of treatment. Two objects were aimed at: first, to dilate the stomach, which had been practically empty for two or three months; second, to restore the patient's confidence in her ability to swallow and retain food. The first of these objects was attained by her drinking a large amount of water and the second, by diverting her mind from her stomach through the suggestion of all those about her, who repeatedly and loudly insisted upon her drinking and retaining one glass of water after another. The mental influence in effecting the cure, was especially marked.

In such cases it is essential that all diseases other than hysteria should be eliminated. Injurious home influences must be changed for more fitting surroundings. Emotions

must be appealed to in accordance with therapeutic principles.

Long continued vomiting is the most tenacious symptom of visceral disturbance in hysteria and with one exception is, I believe, considered the most persistent and enduring abnormal manifestation occurring in the hysterical subject.

THE POWER OF MIND OVER MATTER. — “Some are molested by phantasie; so some, again, by fancy alone and a good conceit, are as easily recovered. . . . All the world knows there is no virtue in charms, etc., but a strong conceit and opinion alone, as Pomponatius holds, which forceth a motion of the humors, spirits, and blood, which takes away the cause of the malady from the parts affected. The like we may say of the magical effects, superstitious cures, and such as are done by mountebanks and wizards. As by wicked incredulity many men are hurt (so saith Wierus), we find, in our experience, by the same means many are relieved. . . . Imagination is the *medium deferens* of Passions, by whose means they work and produce many times prodigious effects; and as the Phantasie is more or less intended or remitted, and the humors disposed, so do perturbations move more or less, and make deeper impression.” — *Burton's "Anatomy of Melancholy," A. D., 1651.*

EDITORIALLY SPEAKING.

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

THE VACCINATION QUESTION.

Our attention has been called to a pamphlet now being circulated as widely as the author's personal efforts, supplemented by the aid of newspaper advertising, news dealers, and news stands have made possible. The pamphlet in question written, we regret to say by a homœopathic physician, is a rather tempestuous protest* against vaccination in general, and compulsory vaccination in particular.

It is not our purpose to enter into any argument either with the writer or with those who hold similar opinions, nor do we think it in the least necessary within our professional circle, at least, that his statistics and statements adduced and made for the sole purpose of discrediting the efficacy of vaccination, should be offset by the overwhelming array of other statistics, and of facts, as opposed to mere statements, with which the literature of the present as well as of the past abounds. To say truth we regard statistics, favorable or unfavorable, with a certain amount of suspicion, and accept them with some mental reservation, for the balance of proof must be indubitably conclusive before we can give to it an unqualified assent. We must feel reasonably sure that erroneous suppositions and premises have formed no part of the factors responsible for the final summing up.

If this is true when statistics and statements are presented with an impartial candor that does not hesitate to share with the reader all phases and points of view of the matter under consideration, with how much less assuredness is it possible to accept figures and arguments carefully chosen to support the writer's belief which, in the present instance, moves him to

assert the futility, or even the criminality of vaccination? Perhaps we have an undue veneration for the dispassionate, impartial man; the man who is never on the fence, yet ever mindful that there are reasonably two sides to it.

As in the world of politics, reciprocity and imperialism perennially furnish subjects for frequently renewed and occasionally acrimonious discussions, so in the world of medicine, vaccination is an always available topic for the augmentatively inclined. The agitation of discussion, however, being infinitely preferable to the stagnation of indifference in all matters of public importance, we do not deplore the above state of affairs. But we do bespeak the cultivation of the truest spirit of intelligent investigation; an unprejudiced weighing, not of isolated facts or what we feel we have reason to believe are such, but of facts collectively and in their interrelations; a judicial balancing of the pros and cons; a receptivity to what is hostile to, as well as confirmatory of, our preconceived ideas.

So far as vaccination is concerned, we think it fairly entitled through the weight of evidence and the opinion of the great majority of those competent to pass judgment upon it, to be considered a hitherto unsurpassed agent in the minimizing of fatalities from small-pox, and in the prevention of the spread of that loathsome disease.

As prophylactic measures, we willingly admit the contributory efficacy of personal cleanliness, temperate habits of life, free ventilation, perfect sanitation, thorough fumigation and disinfection, isolation and quarantine strictly maintained.

These measures were recently given an unusually fair trial in Cleveland, Ohio, with most satisfactory results, but they did not prevent or control a recrudescence of small-pox there as the most recent reports testify.

As members of a profession responsible to a considerable degree for the health of communities as well as of individuals, we should unceasingly emphasize the importance of taking the precautions enumerated, but we should consider

seriously, whether the disrepute into which vaccination has fallen in certain quarters is not due chiefly to causes largely or even wholly avoidable. In a word, is it vaccination *per se* that can justifiably be condemned? If vaccination were always regarded as a surgical operation to be safeguarded by skill and care before, during and *after* the introduction into the system of the virus, and if, being so regarded, it were made a penalized offense for the untaught and incompetent to perform it; if the vaccine lymphs used were always of normal virulence and free from extraneous germs; if the condition of the patient were always considered before the decision to vaccinate was made; if laws on compulsory vaccination were enacted giving impartially appointed and duly qualified physicians discretionary power to pass upon the advisability of vaccinating in individual instances; if those vaccinated were so carefully instructed that the probability of subsequent infection of the wound through their carelessness could be at least greatly lessened; if, to sum up, the avoidable causes, such as those named, of tetanus, septicemia, etc., were eliminated, would vaccination ever be otherwise than a desirable, as well as a necessary, measure?

We believe not, and in addition we believe that, in the face of the very general testimony corroborative of its value when rightly and successfully performed, the above phase of the question is the only one demanding the consideration of the physician in whose mind any doubt has arisen as to whether or not he should endorse vaccination both by practice and precept.

We neither desire nor invite argument, we put forth no claim that our views are above criticism, our position unsailable, our inferences correct, but since, after extensive reading and much thought, we believe there is much truth and common sense in what we have here written, we submit it to the judgment of those who, strong in their own beliefs, can yet courteously consider, and on occasion defer to, the opinions of others equally desirous of arriving at just conclusions.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the Society was held at the Boston University School of Medicine, East Concord Street, Boston, Thursday evening, Feb. 5, 1903, at eight o'clock, the President, William F. Wesselhoeft, M.D., in the chair.

On motion of Dr. J. P. Sutherland the following vote was passed:

Voted, That it is the sentiment of the Boston Homœopathic Medical Society that the manufacture and distribution of vaccine virus and diphtheria antitoxin be removed from the realm of commercialism and placed under State supervision.

Voted, That the Standing Committee on Legislation be instructed to represent the Society at such hearings as may be held while the Legislature is in session.

SCIENTIFIC SESSION.

REPORT OF SECTION OF MENTAL AND NERVOUS DISEASES.

Edward E. Allen, M.D., Chairman.

PROGRAMME.

1. "Certain Nerve Phenomena of Interest to the General Practitioner." Frank C. Richardson, M.D. General Discussion.
2. "The Psychopathic Hospital, — Its Sphere and Location." Ellen L. Keith, M.D. General Discussion.
3. "Long Continued Vomiting in Hysteria." Edward H. Wiswall, M.D. Discussion by Edward P. Colby M.D.

REPORT OF THE SECTION OF ELECTRO-THERAPEUTICS.

C. Y. Wentworth, M.D., Chairman.

PROGRAMME.

"X-ray Treatment." Illustrated by Stereopticon. George R. Southwick, M.D. Discussed by F. P. Batchelder, M.D.; B. T. Loring, M.D.; J. A. Rockwell, Jr., M.D.

Discussion of Dr. Richardson's Paper.

Dr. E. P. Colby: Two of the subjects Dr. Richardson has brought before us are subjects in which I have been interested for some time, more particularly the Kernig symptom. It is not a symptom which has been studied for a very long time, but has obtained a standing which has made it important in meningeal disease, and is present in a large percentage of such cases as I have seen in the hospital since I have been searching for the symptom, in all of them in fact, with one exception. A case in which the Kernig symptom was absent and the only symptom to be discovered was the meningeal streak. But the peculiarity of this case was that it went on to a fatal termination with very few symptoms. The diagnosis, which was made on the slightest evidence possible (certainly that I have ever made it) was substantiated by the autopsy. At least two thirds of the infection was shown by the best biological examination to contain both streptococcus and pneumococcus. And here is a subject worthy of mention later, if we had time. During the entire progress of this case the Kernig symptom was never present. And what is singular about it was the fact that the infection was found even as far as the cerebellum, and is not the only case, therefore I speak of it because we may have advanced cases resulting fatally without Kernig symptom being present. Another case occurred soon after with Kernig symptom present and the meningeal streak never present. There was delirium, some spasm and a general condition pointing to a meningeal trouble, but this case did not go on to fatal conclusion, but there was every indication that it was liable to occur. Another point is the fact, that in the fatal case mentioned the pneumococcus was found in excess of the streptococcus in the exudate, and it is fully believed by a great many that the pneumococcus is as capable of producing meningeal as pneumonia. Still bearing upon that particular point is the fact that the patient, at the same time the meningeal symptom was manifested, had pneumonia, indicating pneumococci infection causing the meningeal

irritation. I believe there was incipient meningitis. Can it be arrested? Some form of it, especially pneumococcus, may be arrested. If streptococcus, I doubt if treatment would have marked effect.

Regarding the Babinski phenomenon, it seems to me from the examination I have had the opportunity of making that the Babinski phenomenon can be exhibited in any lesion of of the projection tract. This does not militate against what Dr. Richardson has said but is in support of it. I certainly have seen it in cases of hemorrhage on the internal capsule, and this afternoon I have seen a case which has a very strong bearing upon this point. It was a doubtful case, perhaps not a typical one. A new born child, only thirty-six hours old. Born after difficult labor and after some thirty hours had a convulsion. When I saw the case the convulsions had ceased, but the child had Cheyne-Stokes breathing, which had subsided into the spasmodic breathing in which there is a double hitch in the respiration. It was apparently dying and the nurse has telephoned since my visit that the child was just alive. In this particular case the convulsion, as near as I could learn from the nurse, was upon the left side, the left arm, particularly, was being waved around as the child was taken with the convulsions and the difficulty seemed to be most upon that side. When I saw the infant it was practically moribund, although some reflexes were still present; pupils responded somewhat, the left side paralyzed to a certain extent, the mouth was drawn down very materially upon the right side, in the act of inspiration, but not on the left. Examination for the plantar reflex on the left side showed flexion on the toe, while on the right there was a gradual extensor movement, not only of the toe but of the whole foot, and later a flexion of the foot on this leg, which corresponded with the paralyzed side. I do not know whether we shall ever be able to tell the exact condition. The coincidence of the Babinski symptom was of value in corroborating other symptoms. In a majority of new born children you find the Babinski phenomenon present any way.

Dr. Keith's paper was not discussed.

Discussion of Dr. Wiswall's Paper.

Dr. Colby: I remember, particularly, the case Dr. Wiswall has just given you, and, perhaps, if I read some of my records you may understand more clearly the neurotic condition. At the time of this examination in deciding it was neurotic I would like to emphasize that we had had the opinion of thoroughly competent diagnosticians (Drs. Halsey and Packard), who had given their opinion as to the presence of abdominal trouble. To begin with in the history of the disease there had been some excitement at home, about five weeks before we had been consulted, and the patient had not been well since that time. In fact, from this time the vomiting began, a vomiting according to the history of the case, which did not seem to have anything to do with the food and was usually worse in the morning. I was consulted on the third or fourth day, because the vomiting had been so excessive as to make her weak and decidedly lame; pulse good and no inflammation; flesh firm and not emaciated, showing that the system had assimilated all the stomach and bowels retained. The grip of the hand and arm power both normal, very good. The fact that she had just passed through a menstrual period might or might not have had some effect. Stomach not very tender to pressure; vomited not much at a time but several times during the day. Said she wanted to vomit during examination, but her countenance did not change, that is, there was no pallor or any indication whatever of absolute nausea from any organic condition being present. We often find nausea and vomiting, as well as vertigo, caused by some aural trouble, but in this case the hearing was good and bony transmission absolutely normal. She had tinnitus only one day during her sickness, that evidently did not count for much, as you find that as an indication occasionally among a large proportion of hysterical patients. There were no signs of abdominal tumor. Her heart sounds were good. She had backache, but as she interpreted it this was from lying so long. During the day we examined her

she vomited three times, once blood; there was a slight tremor. Tremor can be divided into fine and coarse, both may be neurotic. Urine apparently normal. An annoying symptom in these cases patients speak of as a pinching in the throat, something rising up in the throat, difficulty in getting air. A patient seen to-day said when one of her attacks was coming on she felt like throwing up her hands and gasping for breath.

I did not try long enough to see whether the field of vision became increasingly contracted by prolonged testing as in nervous exhaustion, but it was limited in all directions. Now, here was a case such as I have seen quite a number of times and such as I have been decidedly deceived in, and sometimes I have been deceived just to the contrary. I have been deceived within a very short time in a case where there was persistent vomiting, which went on to fatal conclusion. No organic disease found in the stomach. One of our best diagnosticians assisted me in washing out the stomach and in examining abdominally to see if any trouble was manifested. Vomiting continued until lethal symptoms appeared, and I had been possessed with the idea all through that examination that these symptoms were hysterical. A few days before death examination of the urine showed the patient had nephritis, and the only organic change to be found was in the kidneys. I do not know but I should make the same mistake again. Another time I should have frequent examinations of the urine to see if the vomiting was not uremic. These cases were entirely unlike, yet both were extremely neurotic. One a paraplegic for sixteen years gradually recovered until she was able to use her limbs, and write and sew, showing that the paraplegia could not have been permanent. She did not recover from all organic irritation. At the time I considered the vomiting hysterical, but now I think it was uremic. How are we going to differentiate this case, which Dr. Wiswall mentions, from another which does not seem any worse, gives no indication of neurotic irritation, and yet an organic disease is present, capa-

ble of causing vomiting, until within a fortnight of death? If any one can tell us how to differentiate between these cases I should be glad to know it, as these cases do not sit easily upon one's conscience. If the vomitus is examined it is found, occasionally, to contain urea, and frequently in a hysterical case there is vomiting and little excretion of urine connected with more or less pain in the epigastric region and difficulty in retaining food. I have seen cases cured by placebo skilfully administered. I remember a case in which vomiting was so great life was endangered. The patient was led to believe that injections of morphia would relieve the vomiting. One or two were given, then substitution was made and more frequent injections given with distilled water in the subcutaneous tissues of the back and chest. The vomiting gradually subsided and in a few weeks she was able to eat a square meal. Environment and suggestion with absolute quiet of mind have a good deal to do with the cure of your disease.

Discussion of Dr. Southwick's Paper.

Dr. Batchelder : It seems to me that no one can have any doubt, after looking at these pictures that Dr. Southwick has shown us, of the benefit of this method of treatment. It is very rightly said that sufficient time has not elapsed to show the therapeutic value of this treatment. It seems to me that we are just on the threshold, and the result who can tell?

Dr. Southwick has wisely suggested that time must elapse before we can speak positively regarding its curative power. There are many cases where the evidence is conclusive but that is not true of all. I have recently seen a case of lupus, resembling the case of the little girl whose picture was shown to-night, in which the X-ray was applied without any particular benefit, but for no length of time. Evidently it must be kept up for a long time.

Dr. Loring : The majority of the cases we have seen to-night are those which respond readily to X-ray treatment. In cases of lupus or rodent ulcer I have yet to hear of a fail-

ure. To-day I have seen a case of lupus erythematosus which has not responded to treatment.

With regard to the possibility of recurrence, of course, it takes quite a while to tell. A case of sarcoma of the neck, cured by X-rays over two years ago, has shown no signs of recurrence. If removed by operation, sarcoma of the neck invariable recurs within two years. Lupus, and recurrent growths of the breast, which are superficial, are susceptible to the X-rays, but recur sometimes, possibly because treatment is stopped too soon, but these cases have proved amenable to renewed treatment. In a case of lupus of the nose and both cheeks, which had run on for several years, similar to the worst cut of that disease shown this evening, much improvement has been made, but recurrence begins soon after stopping the treatment. I have at present a case of psoriasis much worse than the one cut shown. She is improving rapidly with a moderate amount of treatment.

It is a question in my mind, whether it is right to treat an operable case with X-rays. Up to the present time I have maintained that the interests of the patient are better conserved by operation, because this treatment takes months and sometimes leaves scars, and the growth will not always respond to X-rays. An article by Dr. W. B. Coley, of New York, in the *Medical News*, on "Limitations of X-ray Treatment," agrees with me, as did also the general opinion of about one hundred physicians who met in Chicago, recently, at the annual meeting of the American Roentgen-Ray Society. Dr. Coley reports on seventy-five cases, ten of which were abdominal sarcoma, less than one-half of which responded; in twenty-one of cancer of the breast, almost all recurrent, about one-third responded; in sixteen of epithelioma and lupus of the face the results were better. The point I want to make is, that in operable cases one may respond and the next may not, and I do not think it right to prejudice the case of the patient by the use of the X-ray, when an operation is possible. Operable cases should be subjected to operation first and treated with X-ray after-

wards. The effect of the X-ray on cancer after operation apparently is prophylactic, as illustrated this evening, by the entire absorption of small growths, which are not all always removed by operation. Dr. Dieffenbach, who has charge of the X-ray work in the Fowler Hospital in New York, has had good success in treatment of hemorrhoids by the high frequency current. Several cases of tuberculosis of the lungs also were greatly improved, and others appear to be entirely cured. Where mixed infection was present the result was not as good. Surely, the results as shown by tonight's slides are a wonderful advance on anything we have had before.

Adjourned at 10.30 o'clock.

H. O. SPALDING,
Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY.

To the Members of the American Institute of Homœopathy:

Your Executive Committee announces that preparations for the meeting of 1903 are well under way. The Local Committee; with Dr. J. P. Sutherland as President and Dr. J. Herbert Moore as Secretary, are well organized and have for months been at work perfecting plans and preliminary arrangements for your reception, care and entertainment at Boston next June. They will furnish you with hotel accommodations and rooms for scientific work, exhibits and committees, which have not been excelled in recent years. They have planned so many and varied forms of entertainment and amusement that the Executive Committee are overwhelmed, and have been forced to adopt as their motto, "Work first, then pleasure."

The Committee desire to call your attention to the fact that we are this year to work under a new constitution and under new conditions. The allied Societies are to become

Sections within the Institute, preserving their own autonomy, but accepting assignments of time and location from the Institute, thus replacing the former corresponding Sections, which have been abrogated in their favor.

The Sections which remain, viz. — Those of *Materia Medica*, Clinical Medicine, Pedology, Sanitary Science, with the newly organized one of Homœopathy, are to be known as Institute Bureaus. An effort will be made to give these Bureaus representing the distinctive features of Homœopathy special prominence at this meeting. Their principal sessions will be of greater length.

The Sectional Societies will, however, be given all of the time they ask for, and in separate rooms, so that they will not inconvenience others should they desire to extend their sessions. Moreover, the Sectional Society meetings will not conflict with the principal sessions of the Bureaus before the general meeting of the Institute.

The Committee ask that their plan of a working schedule for the amalgamation of the Institute and the Societies be given fair consideration, that judgment be reserved until it has been tried, and that then judgment be passed uninfluenced by previous bias.

The Committee expect that there will be plenty of opportunity for criticism, and will welcome such criticism if its objects shall be in the interests of the Institute and of aid to our successors.

The Committee hope and trust that all will aid in making this meeting a great success; a large attendance is desired; a large accession to our membership is expected; a high standard of work is hoped for; an unusual amount of entertainment is promised. The "Hub" is to be our Host.

Jos. P. Cobb, *President*.

CH. GATCHELL, *Secretary*.

BOOKS AND READING.

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

DISEASES OF THE SKIN: THEIR SYMPTOMATOLOGY, ETIOLOGY AND DIAGNOSIS, WITH SPECIAL REFERENCE TO PRINCIPLES OF TREATMENT, INCLUDING FULL INDICATIONS FOR DRUG REMEDIES. By Henry M. Dearborn, M.D., Professor of Dermatology, New York Homœopathic Medical College and Hospital, etc. Illus. New York: Bœricke & Runyon. 1903. pp. 834. Price, \$5.50.

This work is intended "to furnish the essentials of skin diseases in such form as to be clear and accessible to the student and general practitioner, especially as indicating principles or means of treatment." This is by far the most pretentious work on skin diseases that has yet appeared in the Homœopathic school, and in general it is to be commended. We are rather surprised to see scales included among the primary lesions.

The work is arranged under six classes: class one, diseases of the cutaneous appendages; class two, idiopathic affections; class three, diathetic affections; class four, neuropathic affections; class five, parasitic affections; class six, new growths. Under each class there is given a clear, concise description of the disease with its etiology, pathology, diagnosis and treatment. At the end of each disease is given a list of homœopathic remedies applicable, and at the end of the class is given a supplement presenting the symptoms of these remedies. It is just here that we think the book fails to fulfill its promise. It is no improvement over the old homœopathic text-book on other subjects, where at the close of every article a list of innumerable remedies is given whose symptoms and applicability to the case in hand must be dug out of a repertory. It would seem that the only advantage of this book is having the repertory near at hand in being at the end of every class. What students need in the matter of treatment is that, at the end of the article on each disease, there should be given with symptoms, a few drugs whose efficacy in that disease has been clinically proven, and we sincerely hope that in future editions of this work, the author

will see his way of doing something of this kind, which a long experience in teaching and in practice amply qualifies him to do. The type of the book is most excellent; the illustrations many and apropos, but we regret to see that a book which is liable to be used as constantly as this, is not bound a little more firmly.

J. L. C.

A TEXT-BOOK OF PHARMACOLOGY AND THERAPEUTICS OR THE ACTION OF DRUGS IN HEALTH AND DISEASE. By Arthur R. Cushny, M.A., M.D., Aberd., Professor of Materia Medica and Therapeutics in the University of Michigan, etc. Third edition, revised and enlarged. Illus. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 756. Price, cloth, \$3.75 *net*; ; leather, \$4.75 *net*.

In spite of the unremitting industry of many investigators the field of pharmacology has been only very partially explored. It lies between the biological sciences and practical therapeutics, trenching upon both. The work already accomplished in this field, and dating from the earliest period of the study of medicine has furnished us with a great mass of facts and theories.

Only a thoroughly competent man can sift these so as to approximate success in discriminating between that which should be retained, and that which should be rejected; that which is of great, and that which is of less importance.

This difficult task we feel Dr. Cushny has accomplished with commendable skill. He has not only well chosen his subjects and subject matter, but also in his arrangement of material has constantly kept in view such essentials as brevity, clearness, sufficiency of detail and the ultimate application which is to be made of the knowledge imparted.

In his own words his object has been "to bridge over the hiatus which exists between the phenomena occurring in the normal organism and those which are elicited in the therapeutic use of drugs to show how far the clinical effect of remedies may be explained by their action on the normal body, and how these may in turn be correlated with physiological phenomena."

In the six parts into which the work is divided these subjects are presented: organic substances which are characterized chiefly by their local action; organic substances characterized chiefly by their

action after absorption; combinations of the alkalies, alkaline earths, acids and allied bodies; the heavy metals; ferments, secretions, and tox albumins; menstrua and mechanical remedies.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. VOL. III. THE EYE, EAR, NOSE AND THROAT. Edited by Casey A. Wood, C.M., M.D., Albert H. Andrews, M.D., T. Melville Hardie, A.M., M.D. December, 1902. Chicago: The Year Book Publishers. pp. 321. Price, \$1.50.

Here is a timely volume for the general practitioner absorbed in the oft-repeated problem of how to diagnose and treat successfully eye, ear, nose and throat cases not requiring the attention of a specialist. While none of the Year Book Series is, or purports to be, a treatise on these or other subjects, the present volume tells what experts have proved to be the best methods and means of detecting, identifying and curing diseased conditions of the special organs named above. The entire series, covering the principal departments in medicine, costs seven dollars and a half for the year and comprises ten volumes.

THE OFFICE STANDARD DICTIONARY OF THE ENGLISH LANGUAGE. ABRIDGED FROM THE FUNK AND WAGNALLS STANDARD DICTIONARY OF THE ENGLISH LANGUAGE. By James C. Fernald, Editor; Francis A. March, LL.D., Consulting Editor, and others. 1,225 Pictorial Illustrations. New York and London: Funk & Wagnalls Company. 1903. pp. 921. Price, cloth, leather back, \$2.50; patent thumb index, 50 cents extra.

We desire to bring the above named work to the special attention of our readers because we find it to be a most excellent condensation of the Standard Dictionary, that unabridged and deservedly successful lexicon of our mother tongue. The Office Standard Dictionary preserves the leading characteristics of the larger work, giving the orthography, pronunciation, meaning and etymology, with synonyms and antonyms of the words included. These number 62,000. There is an appendix of proper names, foreign phrases, faulty diction, disputed pronunciations, abbreviations, etc., etc. The definitions really define, and are not misleading by reason of too great condensation and ill-advised omissions, as is so often the

case in other shorter publications of the kind. The etymologies are numerous and authoritative, quite extensive but not unnecessarily so, and are placed after, instead of before, definitions. An unusually large number of words are included. The synonyms have been carefully differentiated, and the antonyms are systematically grouped.

For all practical purposes the Office Standard Dictionary will prove sufficient for the needs of the average business man, for it combines accuracy with compactness, simplicity with clearness, and large value with small cost.

LEA'S SERIES OF POCKET TEXT-BOOKS, ANATOMY: A MANUAL FOR STUDENTS AND PRACTITIONERS. By William H. Rockwell, Jr., M.D., formerly Assistant Demonstrator of Anatomy in the College of Physicians and Surgeons, Columbia University, New York. Illus. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 620. Price, cloth, \$2.25

Gray, Gerrish, Morris have given minutely detailed and voluminous accounts of the science of anatomy. The volumes are of unapproachable excellence as complete expositions of the subject; on occasion, however, they are cumbersome and extended beyond the needs of the seeker after anatomical knowledge. When such is the case there is Rockwell's "Manual of Anatomy;" a terse, condensed hand-book of osteology, arthrology, myology, angiology, neurology, and splanchnology; in a word, of descriptive anatomy. No important point is omitted in this manual and no unnecessary phrase included. The book is intended to be a safe and reliable guide to the student, and a convenient, trustworthy and time-saving reference work for the physician. We should think it might be all this, and even more. Seventy engravings supplement the clarity of the text.

WEIS ENVELOPE SCRAP BOOK. Toledo, Ohio: The Weis Binder Co., Manufacturers. Price, Vellum, 75 cents; cloth, \$1.00.

Many a book has been evolved from the contents of a scrap book, and unnumbered articles of literary and scientific interest, but the average scrap book is a delusion and a snare; nothing in it can be found when wanted, and, as a rule, the owner is not even aware of what it really contains. Indexing takes time, and is generally incomplete at best.

The Weis Envelope Scrap Book is a scrap book perfected. It has twenty heavy Manila envelopes, each ruled and indexed on the back. Clippings can be sorted and placed in them without the loss of a moment. Not only clippings — our editorial mania — but also notes, bills, prescriptions, receipts, advertisements, letters and memoranda. The envelopes are so arranged that ample space is allowed for them when well filled. The book is six by ten inches, while the better binding, canvas, is strong and durable and a pleasing shade of red.

There is no busy man or woman who will not find such a book a help and great convenience. The manufacturers will send it to any address on receipt of price.

URICACIDÆMIA; ITS CAUSES, EFFECTS AND TREATMENT. By Perry Dickie, M.D. Philadelphia: Bœricke & Tafel, 1903. pp. 148. Price, \$1.00.

Almost any of the other synonyms for the uric acid diathesis would have been preferable, it seems to us, to the cumbersome one chosen as a title for this miniature treatise. The subject, however, is one now engaging the attention of the profession to a considerable extent and rightly, since uric acid in excess is productive of many conditions hostile to health and indicative of impairment of the eliminative functions of the body.

Dr. Dickie's monograph outlines causes, symptoms, pathology, complications, etc., and suggests remedial measures including diet, hygiene, and medicines.

MEDICAL MICROSCOPY. By F. E. Oertel, M.D.

Messrs. Blakiston's Son & Co. are calling attention to one of their recent publications, Oertel's Medical Microscopy, which is especially designed to aid students in laboratory work or physicians needing the assistance of brief practical descriptions, directions and explanations in microscopic investigations and technique.

We have already reviewed this book, commenting upon its clearness, judicious condensation of material, and helpful illustrations. The net price of two dollars makes this work generally available, and in many instances no more extended treatise will be found necessary.

ARCHIVES OF PEDIATRICS: A MONTHLY JOURNAL DEVOTED TO THE DISEASES OF INFANTS AND CHILDREN. New York: E. B. Treat & Co. Price, \$2.00 a year in advance; single copies, 20 cents.

In January this well and widely known journal entered upon its twentieth year. Although the publishers, whose name is a guarantee of excellence, offer special opportunities to new subscribers, the journal alone is good value, with its original selected articles of merit and interesting reports of society transactions.

It is a conservative yet progressive publication of high standards, ably edited and attractively brought out, and is the oldest in the English language devoted exclusively to the diseases of infants and children. Leading pediatricists in the United States and abroad will contribute to its pages in the future as heretofore.

ANNOUNCEMENT. The Messrs. F. A. Davis Company will shortly bring out the first volume of an important work on "The Internal Secretions and the Principles of Medicine," by C. E. de M. Sajous, M.D., of Philadelphia.

This will be a most searching and elaborate work, relating in part to the functions of the ductless glands, their relation to vital phenomena, and the deductions to be drawn from the investigations made by the author. As the subject of "Immunizing Medication" receives much attention, the work will be of great interest to the profession at large.

THE SPECIALIST.

DISEASES OF THE NOSE AND THROAT.

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

DIPHTHERIA ANTITOXIN IN AUSTRIA. — Every drug store in Austria, according to the order of the government, must keep and sell at less than cost, diphtheria antitoxin. — *Exchange.*

SANGUINARIA IN CHRONIC RHINITIS. — Sanguinaria is an excellent remedy in chronic rhinitis where the membrane is congested and yet very dry. It is also a remedy for mucous polypi, but the dryness is a prominent symptom. — *Medical Century.*

NERVOUS COUGH. — It is well to remember hyoscyamus in those cases of "nervous cough," that are so troublesome to cure. Usually, the cough is dry, and worse when the patient is in a recumbent position. Hyoscyamus is many times the remedy for whooping cough. We believe that it will prove beneficial in a greater number of cases of this disease than belladonna, which is a generally recognized whooping-cough medicine. — *Chicago Medical Times.*

ENLARGED TONSILS IN CHILDREN. — With the removal of enlarged tonsils, pharyngeal and faucial, comes improved health. The child takes on flesh and the complexion slowly approaches an appearance of improvement. Post-nasal secretion lessens or disappears entirely, and cough largely dependent upon mucous deposits in the walls of the pharynx and naso-pharynx disappears. The whole appearance of the child is altered, and what has hitherto given the impression of idiocy is replaced by an intelligent facial expression. — *American Medical Monthly.*

NASOPHARYNGEAL SOFT FIBROMA. — The following case is reported: A woman, aged 19, well developed and healthy, had difficult breathing from second year. In January, 1901,

after an attack of the grip, the pharyngeal space appeared filled with a firm tumor-mass growing from the right side. It was removed by twisting. Examination showed that the point of attachment was above and anterior to the mouth of the Eustachian tube, and it had also grown into the nares. The tumor was found to be a soft fibroma. — *Journal of Laryngology, Rhinology and Otology.*

THUJA IN PAPILLOMA OF THE LARYNX. — James Moreau Brown reports a case of papilloma of the larynx, in which the application of thuja caused such shrinking of the growth, after partial removal by operation, that further operation was abandoned and the thuja only applied, with the result of complete disappearance of the growth. In addition the author knows of several cases of a recurrent type in which the growths have entirely disappeared under the use of thuja, with no evidence of recurrence after several years. — *Medical Century.*

THE COUGH OF AGARICUS. — Agaricus muscarius is frequently curative in nose bleed, particularly when it occurs in old people. Agaricus also has a tendency to a cough, which can be suppressed by an effort of the will, but which often comes on in violent attacks, one quickly succeeding the other; then not appearing again for some time. The cough is often terminated in paroxysms of sneezing. There is a pus-like sputa with the cough. There is a scratching in the throat, making it impossible to sing a note. Sense of oppression in the cardiac region, as if the cavity of the thorax was narrowed. — *Homœopathic Eye, Ear and Throat Journal.*

REMOVAL OF NASAL POLYPI. — The operator should throw the reflected light into the nostril which is dilated with the speculum, the nose should be sprayed with a 5 per cent. solution of cocaine and the growth should have an application of a 10 per cent. solution. In the course of from three to five minutes the snare may be applied. In doing this it is desirable to get as near the pedicle as possible, which can be accomplished with a little manipulation of the snare, some-

times, however, the use of a small probe will assist. The wire is then tightened and the polypus is removed by traction. — *Oklahoma Medical News Journal.*

COUGH CAUSED BY ENLARGED LINGUAL TONSIL. — The most marked and annoying symptom produced by hypertrophy of the lingual tonsil is, however, the racking cough that very often accompanies it. A cough of this kind is usually paroxysmal in character, and is most often present at night when the patient first goes to bed, although it may occur intermittently throughout the sleeping hours. It would seem as though this night cough could be explained by the gravitation of the tongue deep down into the pharynx, thus bringing the lymphoid mass into more intimate relations with the epiglottis, while the subject is in the recumbent attitude. Whether this theory is correct or not, patients state that the only relief they obtain is by a change in the position of the body, and then it is only a temporary one. — *Medical Record.*

A DULCAMARA CASE. — A young man (aged 32) came to me suffering from a short, hacking cough, accompanied with a difficult expulsion of phlegm. On questioning him I learnt that he had caught a cold some time back, through getting a thorough wetting on a rainy day on his way to business. He kept the wet clothing on all day. I told him to take dulcamara ix tincture, 3m every two hours in a tablespoonful of water. I saw him a week afterwards, when he stated that his cough was much better and affected him only occasionally. I advised him to keep on with the medicine, but to take a dose three times a day only. This he did, and when I saw him again, a little while afterwards, there was no trace left of his complaint. — *Homœopathic World, London.*

DIPHTHERIA AND ANTITOXIN. — Seven years' experience as Health Officer, in a town of 14,000 inhabitants, has afforded opportunity for observing the comparative results in patients treated by internal medication, with others who have been injected with antitoxin. In each instance noted, the patient was afflicted with *genuine specific diphtheria*, the diagnosis

having been confirmed by culture test. Many other cases, which proved to be non-specific, are eliminated from the present list. At the present writing, I have collected ninety-three cases with but five deaths. These patients were seen in all stages of the disease, from the simple tonsillar patch, to the condition in which intubation was necessary for entrance of air. As a result, so firm is my faith in the absolute curative properties in antitoxin, that I should feel myself culpable in losing a patient seen early in the disease, in whom there was no complicating element, were the antitoxin not employed. — *Dr. H. N. Rowell in Pacific Medical Journal.*

INFLUENZA. — Dr. F. T. Lord, after a careful study of 100 cases of cough taken from the out-patient service of the Massachusetts General Hospital, in 60 of which the influenza bacillus was found, and in 29 of them present in overwhelming numbers, deduces the following :

(1.) Infection with influenza bacilli is prevalent apart from an epidemic of influenza. Influenza bacilli have been found in the sputa of sixty of one hundred unselected cases with cough. In about one half of these sixty cases the influenza bacilli were in practically pure culture. (2.) There is nothing distinctive in the clinical manifestations of influenza apart from epidemics, and the diagnosis can with certainty be made only by the examination of the sputum for influenza bacilli. (3.) The duration of the cough and the expectoration after an attack of acute influenza does not usually exceed six weeks, but in some cases the duration is for months and years. (4.) Many of the cases formerly classed as chronic bronchitis are cases of chronic influenza. (5.) Cases of chronic influenza with paroxysmal dyspnoea may closely resemble asthma. (6.) Chronic influenza is not infrequently mistaken for pulmonary tuberculosis." — *Boston Medical and Surgical Journal.*

PARAFFIN IN DEFORMITIES OF THE NOSE. — The paraffin used is the *soft* paraffin or white vaseline, and *not* the hard

substance from which candles are made. It should have a melting point above 99° and below 104° F., for if it is too soft it will be taken up by the lymphatics, and if too hard necrosis will result. The preparation which I use has a melting point of 102° .

The technique is very simple. The field of operation is prepared as for any other surgical procedure, and the instruments and paraffin thoroughly sterilized. I usually precede the paraffin injection by the injection of a few drops of a four per cent. solution of cocaine in order to make the operation painless. The melted paraffin is then drawn into the syringe and allowed to cool until it emerges from the needle as a worm-like mass; the needle should be inserted above the site of the depression, and as the injection is made the nose should be moulded to the shape desired. After the withdrawal of the needle an antiseptic collodion dressing over the puncture is all that is necessary. The reaction is very slight — usually a feeling of fullness and tension and tenderness of the nose for a day or two. — *Virginia Medical Semi-Monthly.*

REMEDIES FOR THE CATARRHAL FORM OF LA GRIPPE. — Belladonna. Intense throbbing frontal or occipital headache, soreness of the pharynx and an early sense of tightness of the throat and chest, with the redness of the eyes and frontal engorgement. It should not be given below the sixth if the best effects are to be expected.

Bryonia Alba. Chest becomes the site of attack quickly, with pleuritic and intercostal stitches and harsh, dry cough. Headache is intense, throbbing or beating in character. The cough hurts; it is aggravated from every motion, as in the headache. I generally give it low, the second or third attenuation; but excellent effects are derived from the 30th to the 200th potencies, especially in children.

Gelsemium. Great muscular soreness and weakness, associated with sharp fever. No remedy is better adapted to the characteristic fatigue and muscular weakness. Severe basilar headache. Gelsemium is grossly abused by being given low.

The best effects are to be obtained from the 10th to the 30th, and even the 200th. Children particularly are responsive to the more dynamic potency.

Eupatorium Perfoliatum. Not sufficiently often thought of except in connection with malarious states. A remedy of prime value in the intense bone pains and muscular, sacral and lumbar aching, as well as in the diarrheic form wherein are experienced severe aching of the long muscles and bony system. The back of the neck and base of the brain are the seat of severe congestion and suffering. Compare with *gelsemium*. The lower 3x to 6x potencies have always been relied upon. — *Dr. C. E. Fisher in Medical Century*.

COLLEGE, HOSPITAL, AND LABORATORY NOTES.

THE New York Infirmary for Women and Children will receive \$1,000 under the will of the late Isaac T. Carpenter.

As many of the Paris hospitals are out of date it is proposed to pull them down and build new ones. The cost of the changes would be about \$15,000,000.

UNDER the will of the late Emily E. Sears, of Boston, the Children's Hospital in that city will receive \$5,000.

OWING to the death from consumption recently of a teacher in the Malden public schools, the school board of that place has passed a rule which will prevent either teacher or pupil suffering from phthisis or tuberculosis, mumps, whooping cough or chicken-pox from attending sessions of the schools.

WHAT is known as the David Gaylord farm, consisting of 250 acres on the crest of a long ridge in the town of Wallingford, Ct., was purchased, January 31, 1903, by the New Haven County Anti-Tuberculosis Association, where a sanatorium for the treatment of consumptive patients will be established within the next six months. The cash for the purchase of the property was given to the association by a citizen who is deeply interested in the project. He declines

to make his name public. The place was worth \$25,000. The same gentleman has furnished to the directors of the association, the money to erect the first four cottages on the premises for patients.

A LABORATORY for Clinical Diagnosis has been established in Chicago for the benefit of homœopathic physicians wishing examinations made of urine, blood, sputum, curettements, tumors, etc. The staff is composed of Dr. Clifford Mitchell, urologist, Dr. Edgar G. Davis, bacteriologist, and Dr. Edward C. Streeter, pathologist. The office of the laboratory is in Suite 412, Bay State Building, 70 State Street, Chicago.

A COMPETITIVE examination for interns of the Rochester Homœopathic Hospital will be held in Rochester on the third Saturday of March, 1903. Candidates will please report at the Hospital 224 Alexander Street, at 10 A.M. The term of service will be sixteen months. There will be three vacancies, one each on June 15th, October 15th and February 15th. Address all correspondence to Herbert W. Hoyt, M.D., Secretary of the Staff of the Rochester Homœopathic Hospital, 75 South Fitzhugh Street.

OBITUARY.

DR. FRANKLIN A. GARDNER died in Washington, D. C., February 13, 1903, of typhoid fever. He was a native of Salem, Mass., but moved to Washington nearly twenty years ago. He was the family physician of the late Thomas B. Reed, and of the Harrison family when they were in the White House.

DR. GEORGE N. GAGE, a graduate of Boston University School of Medicine, Class of 1877, died at his home at East Washington, N. H., January 10, 1903, of phthisis. A contemporary, writing of Dr. Gage says: "During an acquaintance of twenty-five years I never heard him speak harshly of any human being. He despised shams and detested hypoc-

risy; he read extensively and formed his own opinion upon all subjects, but such was his modesty in expressing them that only those who knew him best could appreciate the breadth of his mind. He was public spirited and labored at all times for whatever tended toward the improvement of the village or town. He was ever charitable to a fault; in the practice of his profession he was untiring to the interests of his patients, often going on foot and out of the way to render gratuitous service to those unable to pay."

In 1883, Dr. Gage married Miss Ella F. Brockway who survives him, as does also one son.

PERSONAL AND GENERAL ITEMS.

DR. HERBERT E. MAYNARD is located at 31 Church Street, Winchester, Mass. Hours until 9 A.M., 3 to 6 P.M.

IN accordance with the by-laws of the American Institute of Homœopathy it is necessary that invitations for places of meeting for the session of 1904, should be received by the Secretary, Ch. Gatchell, M.D., 100 State Street, Chicago, Ill., on or before the first of April. Invitations should be accompanied by all possible information for the guidance of the Executive Committee.

THE fund for rebuilding the convalescent Home of the Children's Hospital, Boston, now amounts to about \$55,000.

SWEDEN's last census records the lowest death rate yet attained by a civilized nation. During the last ten years it only averaged 16.49 per 1000.

DR. G. F. SHRADY, of New York, is quoted by the daily press as expressing the opinion that the formalin treatment in septicemia is a failure

IT is interesting to note what measures have been carried out at Odessa to prevent the spread of the plague. All owners of houses are obliged, under penalty of 300 roubles' fine, to poison the rats with a culture of the septicemic

microbe, which is fatal to the rats. The latter is sold by the bacteriological institute of Odessa, at 40 cents for half a liter, which is enough to infect two pounds of bread. All old flooring must be taken up, covered with tar and the slits filled with dry lime.

THE following letter concerning the Hughes Memorial Fund is self-explanatory : —

“ BRITISH HOMŒOPATHIC SOCIETY, LONDON,

“ January, 1903.

“ DEAR SIR, — I am desired by my Committee to inform you of the results of our work, which are as follows :

“ The total sum collected is as nearly as possible £800 including subscriptions from medical colleagues in America and France, and private friends and patients of Dr. Hughes in Brighton.

“ It has been decided to deal with this sum in the following manner : —

“ 1. Two trustees are to be appointed, one of whom shall always be a fellow member of the British Homœopathic Society, and the other chosen by the family of the late Dr. Hughes.

“ 2. The money will be invested in the name of trustees, and the income paid during their lives to Mrs. and Miss Hughes, or the survivor of them, or until voluntary surrender by them or her.

“ 3. The trustees shall have power to pay to Mrs. or Miss Hughes, out of capital, such sums as they may in writing request for, in order to meet any special need, not exceeding on the whole the sum of £300.

“ 4. And when the fund, or the balance remaining of it, ultimately comes into the possession of the trustees for the perpetuation of Dr. Hughes's name in connection with homœopathy, the income thereof will be devoted to the development of Homœopathic Materia Medica in whatever manner (that is to say, by scholarship, lectureship, or otherwise) the trustees, in consultation with the then existing Council of the British Homœopathic Society, may deem the best.

“ I remain, dear sir,

“ Yours faithfully,

EDWD. W. MADDEN,

“ Secretary to the Hughes Memorial Fund Committee
of the British Homœopathic Society.

THE NEW ENGLAND MEDICAL GAZETTE

No. 4.

APRIL, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

THE PROGNOSIS OF INOPERABLE MALIGNANT DISEASES UNDER TREATMENT BY THE X-RAYS.

(With Eight Illustrations.)

BY GEORGE R. SOUTHWICK, M.D., BOSTON, MASS.

The successful treatment of many cases of malignant disease hitherto regarded as hopeless, has opened a new field for investigation, the importance of which is scarcely appreciated.

The records of apparent cures of cancer, both operable, and inoperable, by the X-rays, aided often by the violet ray or the high frequency current, are too numerous to be considered lightly.

One of the first questions asked is, "What is the prognosis of malignant disease under this treatment?" The writer has endeavored to state here the results of his personal observations. In a general way patients must have good power of assimilation, be fairly well nourished and able to walk about, if any material benefit is to be expected. The treatment rarely fails to relieve pain not due to direct pressure on nerves. It is almost sure to diminish the discharge, remove the odor from an open ulcerating surface and to

check the progress of the disease. This effect may be classed as palliative, but there is a large class of cases in which the result of treatment is an apparent cure.

In many cases a definite opinion as to the result of treatment cannot be given without observing its effect for a few weeks. The personal equation is important. Two cases may closely resemble each other. One is entirely relieved, and the other may not be. A variety of apparatus, X-ray, violet ray, high frequency, etc., is needed to meet such cases.

The prognosis will depend also upon the location of the growth, its condition and pathological characteristics. Advanced age does not preclude successful treatment. Location of the growth is important as much depends on the thoroughness with which it can be saturated by the rays.

If bone covers the tumor to any extent, it may be impossible to obtain sufficient penetration to destroy the growth. There is no difficulty in obtaining X-rays which penetrate the body, and any tumor occupying a central position will receive at least two or three times the amount of rays sufficient to penetrate the body, and which, after passing through it, are strong enough to photograph easily an object. At the present time it seems that the chief therapeutic effect of light is exerted on the surface of the body, and much less in proportion on the internal organs. It has been impracticable until recently to concentrate or focus the light from the X-ray tube, but a new device enabling the operator to do this may lead to better results in the treatment of cancer of the digestive tract. Cancer of the lip is treated very successfully, but when the disease affects the tongue the lymphatics are involved early, and if the disease is well under way the effect of treatment is more likely to be palliative than curative. Cancer of the stomach or intestine is usually so far advanced when a diagnosis is made, that removal of the growth by the X-ray is often impossible, though excellent palliative effects are obtained in thin patients who are still

able to assimilate food well. Cancer of the rectum affords a better prospect for treatment by the X-ray, as it can be supplemented to advantage by the high frequency current.

Cancer recurring in the vaginal vault after total hysterectomy, can be much benefited if taken early, but in these cases and in cancer of the penis the pelvic glands are soon involved, and these are seldom treated effectually by the X-ray. Epithelioma limited to the cervix uteri can be checked to a remarkable degree, and a preliminary curetting is desirable if practicable, but not to the exclusion of, hysterectomy when all the diseased tissue can be removed.

Most brilliant results frequently follow the use of X-rays, violet rays, or high frequency currents in the treatment of inoperable cancer of the breast, in either inoperable primary growths or in recurrent tumors. Some cases of ulcerating recurrent growths after a first or second operation, heal over and the patients are apparently well. This is true even when numerous metastases and enlarged lymphatics are present. It is often more easy to heal over a large ulcerating cancer than it is to remove the numerous metastases.

The effect of the treatment on the enlarged lymphatics deserves much wider recognition than has been given to it. It is important to remember that an ulcerating cancer is a septic ulcer, and lymphatic enlargement may be due to septic infection. Disappearance of enlargement of the lymphatics would be a natural result of the healing of the ulcer, and removal of the source of infection. This will not account for the disappearance of the enlarged lymphatics before ulceration has taken place, nor for the favorable results of the treatment of Hodgkin's disease by the X-ray. The weight of evidence suggests very strongly that the X-ray can destroy small enlargements of lymphatic glands, and metastases too small or too remote to be recognized or reached by the operator, and points out the great value of X-ray treatment as a post operative measure to improve the remote results of the operation.

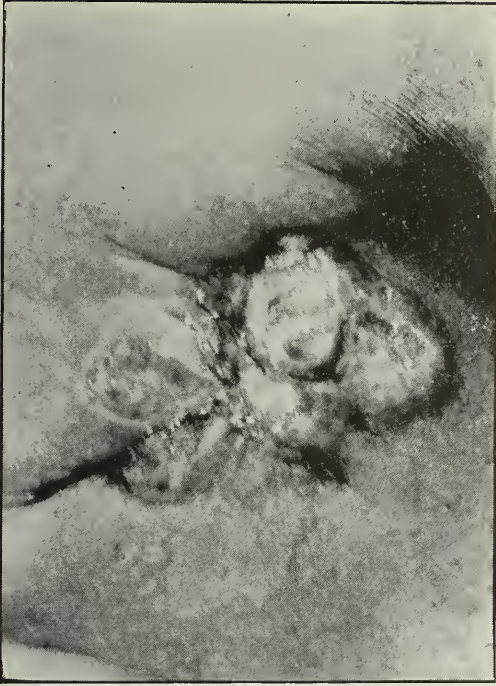
Cancer of the breast which has grown slowly, and presumably is of a less malignant type, has a much better prognosis, even though it may be more extensive than one of rapid growth. If a primary growth has appeared so rapidly that in two or three months the entire breast has become converted into a large, stony, nodular mass, more or less adherent to the skin and underlying tissue, with beginning ulceration, the result of treatment is far more likely to be palliative than curative. The same is true when the deep lymphatics are involved compressing the axillary vein, and causing much swelling of the arm.

The prognosis of X-ray treatment for inoperable diseases depends somewhat on the character of the growth itself. Large rodent ulcers often heal with surprising rapidity. Lupus requires more time, and superficial epithelioma occupies middle ground, the time required depending on the extent of the disease.

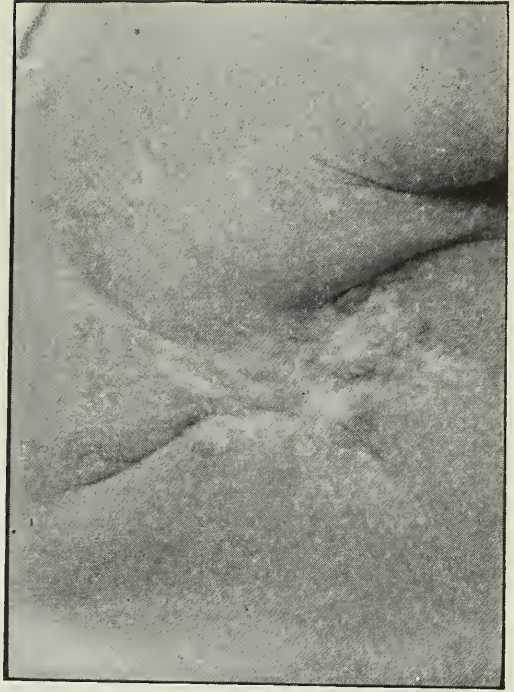
The round cell sarcoma on the surface of the body has given wonderfully good results, but the melanotic sarcoma is much more apt to show palliation than a cure. Osteo-sarcoma has given doubtful results as the rays do not rapidly saturate the growth. Tumors of the parotid gland must be treated early as they are likely to extend under bone, which materially hinders the action of the rays. With the invasion of the ear, the orbit, the antrum, and the pharynx, there is almost invariably much persistent pain from compression of the facial nerve.

Lack of space makes it impossible to give full details of the cases illustrated as this report is intended to be preliminary rather than final.

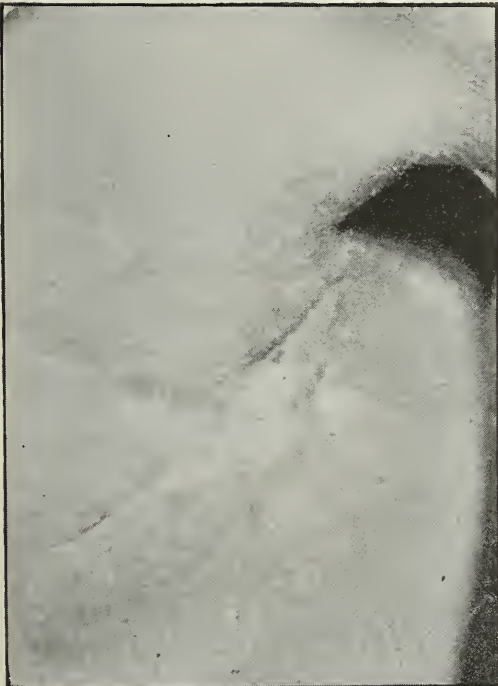
The first illustration shows an ulcerating, recurrent cancer of the breast, of eighteen months duration, with a number of secondary growths *cancer en cuirasse*, usually considered incurable by X-ray treatment, in a woman seventy-four years old, after a month of treatment. The photograph was taken one month after beginning X-ray treatment. During this



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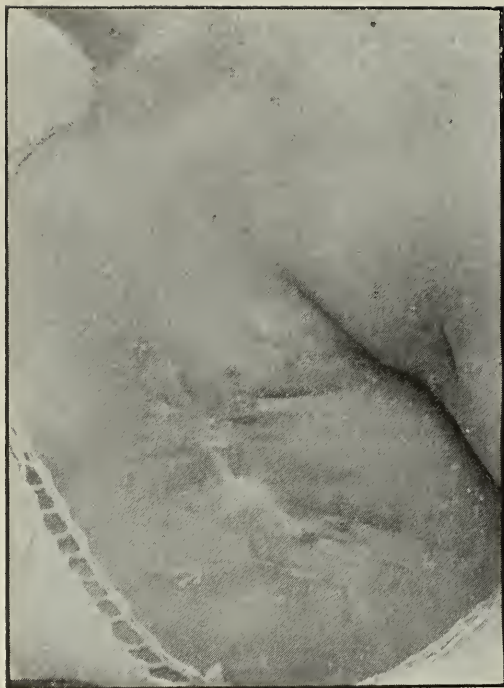
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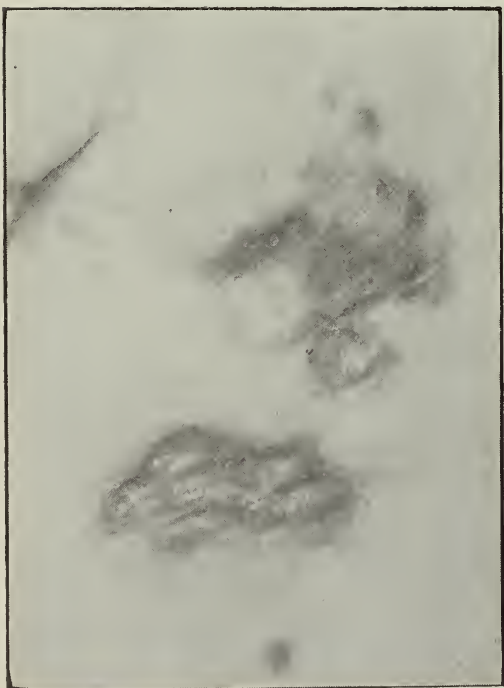
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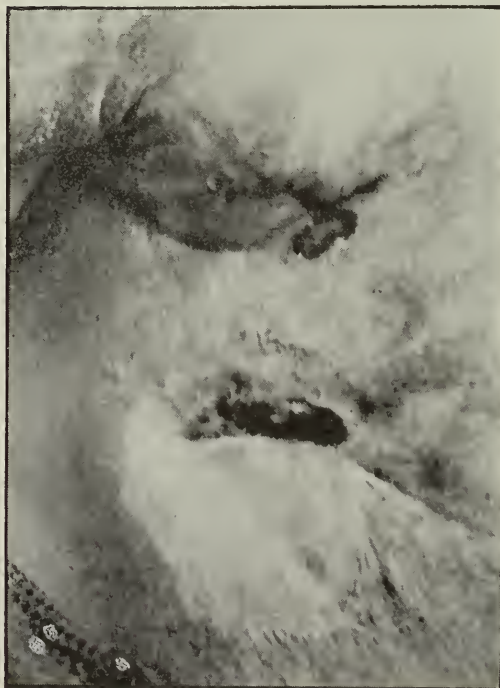
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time all pain and stinking odor disappeared, and the discharge materially diminished. The improvement was constant, and in four months the ulcerating surface was replaced by a firm scar. Most, but not all, of the secondary growths had also disappeared. The second illustration shows the condition ten months after beginning treatment, and speaks for itself. The patient has had excellent health, grip excepted, for five months. The third illustration shows her present condition at the end of one year.

The fourth illustration is also a case of recurrent cancer of the breast, of six months duration, with thirty-two small secondary metastases, *cancer en cuirasse*, which was kindly referred to me by Dr. G. Forrest Martin. A very marked feature of the case was the enlargement of the supra-clavicular and cervical glands, which projected from the surface as a mass the size of a hen's egg. This case has progressed steadily toward recovery. The ulcer has healed, and the lymphatics are now so small as to be scarcely felt. As usual, the small metastatic nodules are the last to go, and a few traces of three of them are still visible in the fifth illustration which was taken about ten months after beginning treatment. The sixth illustration shows her present condition. The seventh illustration is also an ulcerating recurrent cancer of the breast, with the usual history of such cases, which was kindly referred to me by Dr. Horace Packard. The eighth illustration shows the result of three months' treatment; the new skin formed over the site of previous ulceration is easily seen as this photograph was taken on a larger scale. The large nodular masses have nearly gone, and are quite soft. A large lymphatic gland high up in the axilla has nearly disappeared, and the patient has practically regained the entire use of her arm.

It may be thought that extravagant claims have been made for the results of X-ray treatment, but no other has hitherto accomplished these results or approached anywhere near them, and yet this treatment has hardly emerged from

its swaddling clothes. Success in treatment is in proportion to the early period in which treatment is begun. It is not to be undertaken in any hap-hazard manner. It requires a variety of expensive apparatus. The best obtainable is not too good. Careful training, thorough study of the subject, and the knowledge of possible danger to the operator as well as to the patient are also requisites.

SOME ASPECTS OF TERTIARY SYPHILIS.

BY JOHN L. COFFIN, M. D., BOSTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

The term tertiary as applied to syphilis, should apply to the character of the lesion presented, rather than its chronology. This is a fact not to be overlooked, for though those lesions ordinarily so-called, do not generally occur for some time after infection, they may present themselves comparatively early, and unless this is borne in mind, a mistake in diagnosis is neither impossible nor improbable. The title of this paper as given to the Chairman of the Bureau, was "Some Aspects of Tertiary Syphilis." I shall, therefore, speak of but one manifestation: the "tubercular" or nodular syphilide, with some remarks upon the contagiousness of these lesions.

The nodular syphilide usually occurs from the second to the tenth year, or even later; so late that any reliable history of infection is often unavailable. It presents itself as one or more nodules or tubercles in the skin, varying in size from a pea to a bean or chestnut, often grouped, not numerous, yellowish red or brown in color, or upon a brawny, purplish patch. Frequently not much raised above the surface of the skin, but easily felt as involving the skin throughout its whole depth, and sometimes the sub-cutaneous tissue. The most frequent locations are the face, especially the forehead and *alæ nasi*, the elbows, knees and buttocks. Subjective symp-

toms, except when extensive ulceration takes place, are slight or absent, and the course of the lesions is slow. Not infrequently a single lesion is soon surrounded by "satellites," and as the disease progresses, new lesions appear as the old ones fade, and a progressive patch extends, always maintaining the characteristic grouping, in circles or segments of circles. The lesions disappear by resolution or ulceration, and it is a peculiarity of the former method that it is followed by scar, although there may have been no break in the continuity of the skin. When ulceration takes place, it often involves only the single lesion, rather than causing contiguous lesions to coalesce in one destructive ulceration. We get most often a brawny, dark reddish or purplish patch with numerous circular ulcerations, the size of the pre-existing lesions, the whole having a "pepper-box" appearance.

About the face and head a good deal of destructive ulceration is not infrequent, especially when occurring about the nose. Robert Barclay reported, some years ago, a case of serpiginous syphilide where the cartilage of the concha tragus and canal were totally destroyed. Again, about the nose, especially, the lesions take on quite a rapid proliferation, and a fungating, foul-smelling growth results.

On the face, the disease most apt to be confounded with it is lupus in the ulcerated stage, but the lesions of lupus are usually of much slower growth and development, and careful examination will almost always find somewhere on the patch the characteristic lupus nodule.

Upon the body the tubercular syphilide is not infrequently mistaken for other affections, largely, I believe, because the possibility of a syphilis having pre-existed does not occur to the mind of the attending physician. Let me illustrate with a case :—

Mr. M. came to me August 4, 1900 ; he presented on the left hip a dark, purplish red patch, slightly raised, with a crescentic serpiginous outline, covered with small, pea-sized ulcerations,—the whole patch measuring five by two and one-

half inches. The history he gave me was, that a year previous he had a carbuncle on the hip which did not yield readily, and was followed by "pimples" which were very indolent, and did not heal. Some time previous to the appearance of this carbuncle, he had a carbuncle on the right knee which acted much the same until thoroughly scraped out by a surgeon. An examination showed a smooth circular, punched-out scar just below the knee, surrounded by several smaller, similar scars: a scar the like of which is caused by nothing of which I had any knowledge, except syphilis. There could be elicited from the patient absolutely nothing of a history of syphilis, and great indignation was aroused in the patient by my suggestion. The lesion had lasted a year, been treated by all kinds of local application with no effect, so that, notwithstanding the indignation of the patient, I made a diagnosis of tubercular, serpiginous, ulcerative syphilide, and I put him on ten-grain doses of potassium iodide. In one week the patch was flat and the ulcerations dry. In two weeks the ulcerations healed, and in three weeks the color had nearly disappeared. This is but one of several cases I could cite, but one is sufficient for illustration.

As regards the contagiousness of these latter manifestations of syphilis, the general verdict is that they are not contagious; that is, they do not transmit the specific contagium of syphilis, although this opinion is not shared equally by all.

Dr. J. Henry Dowd of Buffalo, in the *Journal of Cutaneous and Genito-Urinary Diseases*, cites a case of genuine syphilis contracted from a woman twelve years after her own infection. Taylor in his fifth edition, page 459, says, "The inoculability of tertiary symptoms has never been tested upon persons free from syphilitic taint, and its possibility, therefore, may yet be demonstrated as that of secondary symptoms has been. Their transmission by hereditary descent in a few instances still preserving their peculiar type is a known fact.

The general explanation has been that the tertiary lesions of syphilis are not due directly to the syphilitic virus itself,

but to some permanent local enfeeblement caused by the virus, and that in later years, owing to the impaired power of resistance in these localized foci, they inflame and break down under some irritation which would otherwise produce no effect, but this explanation, unfortunately, does not account for those cases of precocious, malignant syphilis where those lesions, usually called tertiary, occur early in the disease.

In the *Journal of Cutaneous and Genito-Urinary Diseases* of August, 1893, Dr. Herman Klotz has a most exhaustive and interesting article on this subject, in which he advances the theory that the tertiary lesions are due to the development of a secondary micro-organism produced by the original syphilis, which may remain dormant in the system for a long time, and then, under proper exciting conditions, may produce the tertiary manifestation of syphilis, and that this secondary micro-organism may be inoculable, producing, not primary syphilis, but tertiary manifestations. This theory, so far as I know, has not been generally accepted, and while it, undoubtedly, is true that these manifestations are not eminently contagious, it is wise to exercise great care so as to prevent an accident of this kind.

DRUG AGENTS AND DRUGGING.

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

As you listen to the seductive voice of the drug agent as he displays tablets, tinctures, pills and syrups of all the colors of the rainbow, it seems so easy to cure the sick without careful case taking that perhaps you give him an order; something for cephalalgia, gastralgia, coryza, for dyspepsia in all its forms, a cardiac stimulant, general tonic, cough cure, etc., etc. But the sad thing about this is the fact that many a young doctor is thus enticed out of the path of good old-fashioned homœopathic rectitude, and to my mind just to that extent he becomes a menace to the community

in which he practices ; for, after studying the matter thirty years, I am sure that looking at drugs from the allopathic standpoint, there never was a truer saying than that of Oliver Wendell Holmes : “ It would be better for mankind if all drugs, with one or two exceptions, were thrown into the sea.” Of course he refers to the allopathic use of drugs, being himself an allopath doctor.

If his eyes could have been opened to the beauties of homœopathic medication, he would never have made the statement.

“ I am afraid we do not keep before the rising generation of doctors, the value of homœopathic medication,” said a colleague to me, a short time since. “ I find that the nearer I stick to good straight homœopathy, the better I and my patients come out.” But *facilis descensus Avernî*, and we cannot overcome the tendency to depart from truth without a struggle.

A case from my experience will show that homœopathy is sometimes quite effective : Mrs. A., unbeliever in homœopathy, stricken with a severe attack of cholera morbus, called her allopathic adviser. He is considered by many as exceptionally skillful, and undoubtedly did his best for the old lady, but she grew steadily worse. He finally told her son that her case was hopeless. During the following night, which was supposed to be her last, she called her son and requested him to send for me. He thought her delirious, and said, “ You mean Dr. H.” On being convinced that she was mentally clear, he very gladly sent for me. When I arrived she was in collapse, pulse slow, skin cold, temperature subnormal, and the restlessness of exhaustion was marked. It did not look as if she could live an hour. I did not give her nitroglycerine, digitalis, strychnia, or stimulants. I did give her arsenicum, 20 drops to a half glass of water, one teaspoonful to be taken every quarter hour. Reaction set in within an hour, and she became quiet and slept. Convalescence was well established the next morning. What a beautiful result, and what a positive proof that “ *Die milde macht is gross.*”

EDITORIALLY SPEAKING.

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

TEMPERANCE VERSUS "TEMPERANCE."

Of all the many much abused words in the English language, temperance may fairly claim to be among the most conspicuous. To what other word in common usage does a certain limited meaning more tenaciously cling? To what other word is a misleading, if not erroneous, definition more frequently applied?

"Temperance!" It is a word to conjure with. John B. Gough and all his following pass rampantly before our eyes. Frances Willard and her white ribboned sisters join the procession. Tracts flutter through the air like snowflakes, and every pictured lamp-post supports a limp and beer-soaked sinner who, presto, changes into a persevering signer of pledges, or—with greater probability—into a perpetual pilgrim to civic retreats for the perennially thirsty.

Let no reader mistake our appreciation of effectiveness of description for levity of spirit. Most heartily we commend every rational endeavor to prevent and check the multiplication of victims of the debasing drink habit, and to release and rehabilitate its slaves. What constitutes rational endeavors is a matter of opinion, and one we do not care to enter into now. Temperance, however, and not "temperance," as just now lightly sketched, is our theme; our wish, to emphasize its broader, truer meaning, and to invite and secure the co-operation of our confrères in obtaining the more general practice of this virtue so essential to the physical, mental and moral health and well-being of every individual.

We once very nearly drew upon us from a valued friend

the criticism of absolute lack of sympathy, because, after a grave dietetic indiscretion on his part, followed by an acute attack of indigestion and the development of most painful and even alarming symptoms, we refrained from condolences, and rehearsed the story of the good bishop who, being quite ill after a similar indulgence, was asked by a brother churchman if he was afraid to meet his God. "No," said the honest cleric, "but I am ashamed to." No comment is needed to bring out the significance of this anecdote or its bearing upon one aspect, at least, of our subject. It furnishes an apt, if but a partial, illustration of our meaning.

Temperance merely in the abstract is a word whose definition should no more be limited and circumscribed than charity, another much miscomprehended term. But because of its practical importance in the field of our work, if for no other reason, it should arrest our attention ; while as educated to a perhaps calculable, and influential to a certainly incalculable extent, as well as specially commissioned members of society, it is our evident duty to promote, as well as to practice its observance, and to make the popular conception of temperance what it apparently is not, but what it undoubtedly ought to be.

The exercise of that degree of abstinence from alcoholic beverages which the inclinations of the individual make desirable and his circumstances and surroundings demand, is undoubtedly necessary and laudable ; but no less needful and praiseworthy is the exercise of that self-control and self-restraint which will prevent habitual or even occasional over-eating ; the excessive use of tea, tobacco, coffee, sweets, and spices ; over-indulgence in work or recreation, in business or books, and the harboring and exhibition of unworthy passions, prejudices and self-love.

Health of body and mind is what we aim to secure for others. The means to that end are various, but not one is more all-embracing or far-reaching in its efficacy than temperance as thus broadly and rightly interpreted. Our lives, we

trust, exemplify this *sine quâ non* of clean, self-contained and upright living ; but the self-control and moderation we practise we must also teach, patiently and unceasingly ; and must exact, so far as possible, from each and every patient to the extent deemed beneficial to him.

The individual is humanity epitomized. In rightly serving the former we are serving the latter,—and not the present generation merely, but future generations as well.

ON VERIFYING VERIFIABLE BELIEFS.

In a short, practical, well-written paper appearing in the March number of the *Hahnemannian Monthly*, no less authority than Dr. Charles Mohr, of Philadelphia, presents ample proof of the efficacy of remedies prepared in accordance with the rules of the “Homœopathic Pharmacopeia of the United States.” We commend this article to the attention of our readers, because of the clear common sense and adherence to facts which it exhibits.

Since September, 1901, Dr. Mohr has used dilutions and tinctures made in conformity with the rules of present standard pharmacopeia. The results obtained were entirely satisfactory. During February and March, 1902, he proved similarly prepared tinctures of leading remedies upon fourteen healthy students. None of the provers knew what drug was being taken. The symptom lists, compared with the pathogenic record of the same drugs as found in Hahnemann’s “*Materia Medica Pura*,” were identical to a most gratifying and conclusive extent.

Such a test of the pharmaceutical methods which the Institute has seen fit to endorse, is a rational and praiseworthy way of determining whether or not such methods are worthy of general adoption. Divisions in our school upon this or any other matter of importance are greatly to be deplored, as furnishing welcome opportunities to our critics and de-

tractors to deride our system, and to attempt to lessen the confidence placed in us. There are reasons upon higher grounds than this why we should make mutual concessions, and cultivate a spirit of tolerance and forbearance ; but even the one given should prove sufficient to those who have — as we all should have — the advancement of homœopathy at heart.

That we may reasonably differ in our beliefs upon many subjects no one can deny, but whenever possible, let us form our opinions and seek for the recognition of our views, upon the basis of the fairly obtained and honestly reported results of our own or others' experiences, at all time avoiding the errors into which personal feeling or prejudice may unwittingly lead us. And especially let us refrain from the regrettable extravagances of speech, into which a sense of irritation with our opponents may betray us, despite our best intentions, remembering that the allowances we make for others, do us far greater credit than those we often too readily make for ourselves.

VALUE OF MEDICAL SOCIETIES. — Our national, State, and local societies are our great bulwarks against professional abuses of one sort and another ; they demand and are entitled to our allegiance and support. But aside from our obligation to these organizations, attendance upon their meetings is more than profitable to every physician ; it is a constant education. It brings one in direct contact with the brightest and best minds in the profession, and keeps alive the ambition and enthusiasm of youth. The man who stays at home and spends his entire time visiting patients and congratulating himself over his own success is intolerable to his confreres and soon becomes so to his patients. — *Dr. G. W. Roberts of New York Homœopathic Medical College.*

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the Boston Homœopathic Medical Society was held at the Boston University School of Medicine, East Concord Street, Boston, Thursday evening, March 5, 1903, at eight o'clock, the President, William F. Wesselhoeft, M. D., in the chair.

SCIENTIFIC SESSION.

REPORT OF THE SECTION OF GYNECOLOGY AND OBSTETRICS.
S. S. Windsor, M.D., Chairman; E. P. Ruggles, M.D., Secretary; M.B. Currier, M.D., Treasurer.

PROGRAMME.

1. "Some Remedial Measures in Certain Forms of Dysmenorrhœa." Marion Coon, M.D.
2. "A Condition of Sapremia; Diagnosis and Treatment." J. Arnold Rockwell, M.D.
3. "Is Symphyseotomy a Conservative Operation?" George H. Earl, M.D.

Discussion of Dr. Coon's Paper.

Dr. Packard: As a surgeon I suppose it is expected I should say that all these cases of retroversion must be operated upon and ventrofixation effected; but I do not say so. In my early experience, before I became so engrossed in surgery, and cases of this kind came to me for treatment, unaccompanied by adhesion, I became convinced that they were curable without operation, and I believe they are cases for the office gynecologist, rather than the surgeon. Where there exist retroversion and adhesions, it is absolutely impossible to restore to a normal position without abdominal incision and breaking up the adhesions.

Attempts to repose an adherent uterus in any way are futile. If apparent success attend such, you may be sure it

is but temporary. Adhesions do not give way under such manipulations. When the uterus is free, the knee chest posture, accompanied by the use of a repositor, will easily repose the organ. With good perineal support, a pessary may be effectively adjusted. It is particularly desirable in these cases to look to the habits of dress. Tight corsets, and heavy skirts supported by bands about the waist, will annul all your efforts toward maintenance of normal position of the uterus.

Dr. Wesselhoeft: With regard to the hospital records, I must confess my ignorance. In my own practice I have been much disappointed in dealing with those cases.

There is a point about which I have been mistaken. I have delivered a number of women where the uterus has been comparatively small, retroverted, and has returned to that position without discomfort. It is not wholly the position. I feel that in dysmenorrhœa and pelvic disorders, if there is anything else to be done it should be, without considering any abdominal operation.

Dr Sutherland: I would like to inquire as to the usefulness of dilatation of the os uteri. The os may be of fair size, yet at the beginning and close of period there is some obstruction. I once advocated a free dilatation of the os, but have not for some time. Is it upheld or condemned by gynecologists and surgeons?

Dr. H. E. Spalding: In regard to the question Dr. Sutherland has asked, judging from my own experience I doubt if much is gained by simple dilatation of the cervix. In some cases I have found it all that could be desired and in others have been disappointed in the results, so that I have come to the conclusion that it is only one of the things to be done.

If the uterus is not finally fixed, I think the best results are obtained by restoring the uterus to its normal position, maintaining it there by tampons, and having the patient take the postural treatment with exercises. I once showed to this society an instrument that Otis Clapp & Son made for me. It is a simple tube with a funnel or trumpet shaped

end. The woman inserts this in the vagina, takes the knee chest position, and if there are no adhesions to prevent it, the uterus, aided by atmospheric pressure, promptly falls back to its normal position. The instrument is removed. The patient lies down upon her side, or better in a semiprone position, and the chances are that the uterus maintains its normal position through the night or until she again assumes the upright position. This being carried out nightly does much toward bringing about an absolute cure. I have found this worth more to me than most any other one expedient or method. In many cases congestion of the uterus and surrounding parts has been relieved by glycerine and iodine or other compounds on the tampon.

We can not do anything in a great many cases of retroflexion, without relieving the abdomen of the burden of skirts and corsets. The pressure from these is so great as to baffle all efforts of treatment. Some patients will not stay with me, because I require them to take off their corsets, while other physicians will allow them to wear them.

Dr. Wood: My experience is very slight. I have frequently known women about 30 years of age, who have never married and have had dilatation, with relief for six months, and then a return to their former condition. I have not advised operation in these cases, but have had them use a rectal suppository, containing five drops of tincture viburnum opulus, every half hour. After using these for some months they have had no more trouble from the conditions that have been hanging over them for years.

Dr. Earl: I have not been treating cases of dysmenorrhœa for a long time, but my opinion is that dilatation is of very little use.

Regarding the matter of corsets. It seems to me that to say a woman ought not to wear corsets is just as wrong as to say a woman ought to wear a certain kind of boots. I see patients occasionally that are not comfortable unless they wear high heels. Careful examination shows that the ball of the foot cannot be raised as far from the floor as ordinarily.

They are unable to raise the ball from the floor ; can stand on their toes but not on their heels. Now, it seems to me, in a general way, the ordinary woman will carry a greater weight on her hips, where it is better supported, than she can carry comfortably from her shoulders. If the corset is arranged in such a way that it does not restrict, but prevents any undue pressure being made in the waist line by heavy skirts, it will not do any harm. One simple measure that helps in that direction is in the arrangement of the lacing. You will find it very common that the corset is laced with one lacing from top to bottom, which restricts the waist line, and is wrong ; that corset is doing harm. If arranged in three separate parts and tied separately, all restriction of of the waist line is prevented.

Dr Earl in his address on " Is Symphyseotomy a Conservative Operation ? " said that it seemed to be an operation suitable in a pretty well defined class of cases, a narrow field but distinct. The production of premature labor, podalic version, symphyseotomy and Cæsarean section are four means which we may consider and study in the question of delivery of a living child at or near term in cases where there is disproportion between the head and the pelvis.

The induction of premature labor is a suitable operation in a generally contracted pelvis, where all diameters are somewhat shortened. Much has been said in regard to the production of premature labor that is worth considering, but the induction of labor should be put off as near as possible to birth. In any case of parturition the sensible way is to watch the case every day, and by careful tests try to see if you can press the head down into the brim. If the head is persistently high and with a good deal of pressure you can not bring it into the brim, then is the time, if delivery must be comparatively premature. There is an old superstition that a seven months' child will live, and an eight months' will die. Such tradition as that usually has some foundation. It has been said that tradition, is a story accepted by the whole tribe, and that history is written by some preju-

diced credulous individual. An eight months' child has developed more, but has not reached the point of full development and still must undergo the hardships of labor. A seven months' child will make the journey without difficulty, will almost drop through, while an eight months' child has difficulty in the labor which counts for nothing in a matured child, but is hard for an eight months'.

Cæsarean section is suitable where the contraction is considerable, and where it is the only way of delivering a living child. It should always be an operation of choice. It becomes more dangerous the longer the labor, up to the proper limits, and the better condition she is in for the operation of symphyseotomy. I need not describe the two distinct methods, the open, and the more or less concealed. The open is the better, and the reason for devising the concealed method was to avoid the wound near the vagina and so avoid the danger of infection. The concealed operation, if performed at all, is done by making an opening farther above the symphysis and cutting from the above downwards. The difficulty is in dividing the ligament under the symphysis, and that with a little care presents no difficulty.

A recent case was that of Mrs. M., 28 years of age, decidedly under size. She was in labor with her first child January 12, 1903. I saw her in the evening of that day. Pains frequent and forcible, good, hard labor; measurements showed that the distance between the anterior spines was only eight inches, where it should be ten, and between the crests of the ilium, nine inches, where it should be eleven. The external conjugate was only six and one-half inches, where it should be seven and one-half. A very small pelvis, and a probability that she was two weeks over time. With a large, fully developed child and small pelvis, we had a typical case for symphyseotomy. She was removed to the hospital that night, and pains kept up all night. At 7 A.M. pulse was 120, temperature about 100°. Operation at 8.30. Long forceps were applied to the head and as much force was used as was justifiable, without sacrificing the child, for ten or twelve minutes, and then incision was made in the symphysis, per-

mitting a separation of the bones, one and one-half inch; the head slipped through easily. No wiring of the cores was done. It seems to me that it is not only a question of being able to deliver a living child, but the woman was saved the terrible bruising that a woman is often subjected to, and from which it is a wonder she recovers as well as she does. At first the patient was put in an ordinary bed with sand bags on each side. It occurred to me to make a modification of the hammock bed, using a narrow hammock, which only took in the hips, and hanging this to a frame above the bed. A woman lying in bed with sand bags can not easily make any change in her position, but when the pelvis is hung by the method just described, she can move her feet and arms without making any change in the security of the hips.

Not discussed.

Adjourned at 10.05 o'clock.

H. O. SPALDING,
Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The following letter, which has been sent to the homœopathic physicians of Massachusetts, constitutes a direct appeal to each one to cordially support their representatives who are to prepare for the reception of the Institute next June. This support should take the form of generous contributions to the needed fund, and the stimulating of interest in the coming session by personal co-operation whenever and wherever possible. There may be those among our friends and patients able and willing to aid in assuring the success of the arrangements, which necessarily require expenditures of money, as well as of time and labor:

BOSTON, March 1, 1903.

DEAR DOCTOR: —

The American Institute of Homœopathy will hold its fifty-ninth session in Boston, June 22d to 27th, 1903. It will be, at that date, thirty-four years since the Institute met in Boston, and only once within that period in New England. The initial movement to invite the Institute to hold its coming session with us was made by

the Boston Homœopathic Medical Society, and promptly endorsed by the Massachusetts Surgical and Gynecological Society at its regular session in June, 1902. A joint committee of these societies, with Dr. J. Herbert Moore as chairman, presented this invitation at the recent meeting in Cleveland, Ohio, and under a suspension of the By-Laws, which called for a test postal card vote of the members in deciding a place of meeting, it was accepted without a dissenting vote; a graceful act of courtesy which we all appreciate.

Later the Boston Homœopathic Medical Society called a meeting to receive the report of its committee; at the same time inviting the executive committees of the Massachusetts Homœopathic Medical, and the Massachusetts Surgical and Gynecological Societies, respectively, to meet with it officially. A "Local Committee of Arrangements" equally representative of these societies was then appointed, and from that time this committee, and the individual members of these societies, became responsible for the success of the coming session of the Institute. This committee consists of Drs. Howard P. Bellows, J. Herbert Moore, George B. Rice, Frank C. Richardson, and John P. Sutherland, representing the Boston Homœopathic Medical Society; Drs. Carl Crisand, Joseph W. Hayward, Winfield Smith, David W. Wells, and Henry A. Whitmarsh, representing the Massachusetts Homœopathic Medical Society; Drs. Frank E. Allard, Nathaniel W. Emerson, G. Forrest Martin, Henry E. Spalding, and T. Morris Strong, representing the Massachusetts Surgical and Gynecological Society. The officers of the Local Committee of Arrangements are Drs. John P. Sutherland, Chairman; Henry E. Spalding and Frank C. Richardson, Vice-Chairmen; J. Herbert Moore, Secretary; and T. Morris Strong, Treasurer.

By unanimous vote of the Local Committee, its officers were appointed an executive committee with full power to carry out the necessary details. To do this successfully and with credit to the homœopathic school in Massachusetts in particular, and New England in general, requires the active co-operation of each and all of our physicians. It will be necessary to raise a guarantee fund of at least \$3000, so that there may not arise any emergency which can not be promptly met. Any unexpended balance will, of course, be returned pro rata. We feel that this simple statement of the facts is all that is necessary to awaken your interest, and to have you realize that on you as an individual rests the successful issue of the

meeting of 1903, to which the entire body of the Institute is looking with keenest anticipation. This is to be the work of the entire homœopathic profession of Massachusetts, whether in affiliation with these societies or not, but for all the members of our school are the hosts of the Institute, although the carrying out of the infinite details must, of necessity, lie with the physicians in and about Boston. Will you then make it your first and continuous duty to solicit the aid of, and give aid to, those in your community, who will willingly take up the labor of love, and thus help to carry it to the successful issue we all desire? The two fields of work are, (1) a very large increase in the membership of the Institute from the profession in New England, and (2) the raising of the fund already referred to, for the use of the various committees.

A number of our members have already contributed generously towards this fund, and to secure the balance it is only necessary that each one decides what he or she can give, and send the amount promptly to the Treasurer. Common courtesy will demand at least an acknowledgement of the receipt of this communication, whether you decide to contribute or not. You will understand that while the largest portion of this fund will be spent next June, the committees are not able to make any plans until they know the actual sum in hand rather than the amount promised. He gives generously who gives promptly. On the other hand we urgently invite each and all to unite with us as hosts on this occasion whether contributors or not.

Please make all checks payable to the undesigned as "Treasurer."

In behalf of the Local Committee of Arrangements, we are,

Yours fraternally,

T. M. STRONG, *Treasurer*,
Chairman Committee Ways and Means.

176 Huntington Ave., Boston, Mass.

BOOKS AND READING.

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

DISEASES OF THE SKIN: THEIR DESCRIPTION, PATHOLOGY, DIAGNOSIS AND TREATMENT, WITH SPECIAL REFERENCE TO THE SKIN ERUPTIONS OF CHILDREN AND AN ANALYSIS OF FIFTY THOUSAND CASES OF SKIN DISEASES. By H. Radcliffe-Crocker, M.D. (Lond.), F. R. C. P., Physician for Diseases of the Skin in University College Hospital, etc. Third edition. Illus. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 1466. Price, cloth, \$5.00 *net*; sheep, \$6.00 *net*.

Here is a work which, owing to the demand for it, has been out of print three years, and which is so all embracing in its character as to have necessitated a revision of all sections, and the rewriting and extension of many.

It is offered to experts and students as a well-rounded, complete and modern treatise on diseases of the skin. Its schema provides for the presentation of the following classes: Congestions, inflammations, hemorrhages, hypertrophies, anomalies of pigmentation, atrophies, sensory diseases, new growths, diseases of the appendages, hyphomycetic parasites, animal parasites of the skin. The etiology, symptomatology, pathology, and minute anatomy, constitutional conditions, diagnosis and treatment of each disease mentioned are fully entered upon; the therapeutics, dietetics and general regimen also coming in for their due share of attention. The newer remedies, and bacteriological researches in their bearing upon dermatology are carefully noted.

This comprehensive study of individual diseases constitutes the second part of the work. In the first will be found many well written pages on semeiology, etiology, pathology, diagnosis, internal and local treatment, and classification.

Supplementary to both parts is an appendix containing an analysis of fifteen thousand cases, instructions in clinical examination and staining of bacilli and fungi, and various important formulæ. The whole is carefully indexed.

A most helpful feature is a page of practical suggestions to stu-

dents as to be best selections to be made in commencing the study of this subject. Though so complete, the work is a good text as well as reference book, and its matter is so clearly presented and systematized as to be adapted to the beginner as well as to the experienced specialist, for whom, however, there is everything in the way of minutiae he can need or desire.

THE INTERNAL SECRETIONS AND THE PRINCIPLES OF MEDICINE. By Charles E. de Sajous, M.D., Fellow of the College of Physicians of Philadelphia, etc. In two volumes. Vol. I. Illus. Philadelphia: F. A. Davis Company. 1903. pp. 800. Price, cloth, \$6.00; two volumes, cloth, \$12.00.

Following the belief and example of the late Professor Virchow, that in medical science observations and experiments alone have permanent value, Dr. Sajous has been careful to present as many well supported facts as possible, and to eliminate mere theory. Nevertheless, considerable readjustment of opinions and beliefs now held will necessarily have to be made, before his somewhat revolutionizing deductions can be altogether accepted.

The present volume embodies the results of Dr. Sajous' searching investigations of the physiology and functions of the ductless glands, the relations of the secretions of these organs to bodily health and disease, to the causes of predilection to or apparent immunity from certain affections, and the vital phenomena involved in the production within or introduction into the system of toxins and antitoxins.

The above includes a careful study of the circulatory, respiratory, nervous, and digestive systems. In a second volume, to follow shortly, special pharmacodynamics and physiological pathology will be considered.

Dr. Sajous partially summarizes his estimate of what he feels his investigations justify him in announcing in these words: "Briefly our inquiry seems to us to have shown that the adrenal system is the source of the secretion which, with the oxygen of the air, forms the oxidizing substance of the blood plasma. It has also revealed, we believe, the origin and mode of distribution of the bodies with which this oxygen directly or indirectly combines to assure the continuation of life and efficiency of all organic functions. In addition, it has suggested, that all leucocytes, and, under certain circumstan-

ces, the plasma contain a protective agency, trypsin, which, with Metchnikoff's phagocyte cells, serves to destroy micro-organisms and convert their toxins into harmless products. Considered jointly, these various factors seem to us to represent the aggregate of vital phenomena."

A MANUAL OF PRACTICAL HYGIENE FOR STUDENTS, PHYSICIANS, AND MEDICAL OFFICERS. By Charles Harrington, M.D., Assistant Professor of Hygiene in the Medical School of Harvard University, Second edition, revised and enlarged. Illus. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 760. Price, cloth, \$4.25 net.

Preventive medicine promises more to-day in the direction of the lessening of disease than any other single department of medicine. For this reason good text-books on hygiene are more than welcome, and undoubtedly essential to a correct understanding of the prevention and limitation, not only of disease, but also of conditions favorable to its development. "Harrington's Hygiene" has passed to a second edition in little more than a year. It is a practical guide, non-technical in language, and interesting and instructive reading for the laity as well as for the profession. It should be used for reference by teachers in our public and private schools and as a text-book in colleges. Medical students and their instructors will equally endorse it. The new edition is somewhat enlarged, with many portions revised, and contains a chapter on the part insects play indirectly in the dissemination of diseases, and even directly as causative factors. There are twelve plates in colors and monochrome, and one hundred and thirteen engravings. The book is well-bound, and the type and paper are excellent. This is, and will be a standard, as well as a popular work.

THE MEDICAL EPITOME SERIES. OBSTETRICS. A MANUAL FOR STUDENTS AND PRACTITIONERS. By W. P. Manton, M.D., Adjunct-Professor of Obstetrics and Professor of Clinical Gynecology, Detroit College of Medicine, etc. Illus. Philadelphia: Lea Brothers & Co. 1903. pp. 265. Price, cloth, \$1.00.

Even the shortest exposition of the subject of obstetrics should be freely illustrated. Eighty-two engravings are used in the above epitome, doubling the serviceability of the well written text. The manual as a whole is a clear, compendious account of the essentials

of modern obstetrics; a good introduction to, and commentary upon, larger treatises.

At the end of each chapter are questions covering the ground just gone over.

The volumes of this series are uniform in the attention paid to mechanical excellence, amount of information expressed in good English, and adaptability to the needs of those for whom they are intended.

CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION. By Prof. Dr. Carl von Noorden, Senior Physician to the City Hospital, Frankfort-on-Main. Authorized American Edition translated under the direction of Boardman Reed, M.D., Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology, Department of Medicine, Temple College, Philadelphia. New York: E. B. Treat & Company. 1903.

The clinical treatises so far issued are three in number, viz.: I. "Obesity, the Indications for Reduction Cures." Price, fifty cents. This monograph furnishes the physician with the principles by which he may be governed in his treatment of slight and excessive simple obesity cases, and of others, complicated by organic lesions. It is a critical, helpful, scientific study of the subject.

II. "Nephritis." Price, one dollar. In nephritis we have a topic of perennial interest and importance. Professor von Noorden explains clearly and succinctly the customary therapy of kidney diseases, how to save the kidneys in renal diseases, the relation between metabolism and the dietary regulations which should be adopted, and discusses, in an illuminating way, the two chief forms of renal disease, acute nephritis and the contracted kidney.

III. "Membranous Catarrh of the Intestines." Price, fifty cents. Here we have a masterly, if brief, exposition of the pathology and treatment of *colica mucosa*; a review of cases treated, and a summary of deductions.

Each of these little monographs is complete in itself, but the series should be purchased as forming a unique and compact library. A volume on "Diabetes," and one on "Acetonuria," will soon appear. The three here reviewed, will be sent carriage paid by the publishers on receipt of two dollars.

A COMPEND OF THE DISEASES OF CHILDREN. ESPECIALLY ADAPTED FOR THE USE OF MEDICAL STUDENTS. By Marcus P. Hatfield, A.M., M.D., Emeritus Professor of Diseases of Children, N. W. U. Medical School, etc. Third edition. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 241. Price, 80 cents *net*.

A colored diagram of the fetal circulation introduces the student to the study of the anatomy and physiology of fetal life, the growth of the infant, the physiological and traumatic accidents of birth, early ailments and dietetics of the infant diseases of malnutrition, epidemic, and endemic infectious diseases, diseases of the nervous system, of the respiratory organs, and the mouth, throat, and digestive apparatus. The appendix on milk modification is a helpful addition, and contains a table of normal weight for height in children from birth to twelve years of age. This little book is one of an extended series of helpful aids to the student.

PEARLS OF HOMŒOPATHY. By M. E. Douglass, M.D., Associate Professor of Materia Medica; lecturer on Dermatology, and Professor of Mental and Nervous Diseases, in the Southern Homœopathic Medical College of Baltimore, Md., etc. New York: Boericke & Runyon. 1903. pp. 231. Price, flexible leather, \$1.25; interleaved, \$1.50.

It is a difficult matter in sifting essentials from a vast amount of material of unequal value, to make both a wise and a sufficient selection. Too little may be as misleading or more misleading than too much, while the latter defeats one's ends when the book is to contain only characteristics.

It is not too much to say that Dr. Douglass has attained more than the average degree of success in his difficult task. Some errors of judgment have been made perhaps, such, for instance, as dismissing that valuable remedy in influenza, arsenicum iodatum, with wo lines and those containing no reference to this sphere of its action. Zincum phosphoratum, most serviceable in some neurasthenic conditions, is given but half a line. Macrotinum is not mentioned, and strychninum occupies one line, while thuja has a page and a half.

Still it is a good little book in many ways, in size, in type, and binding as well as in substance. As to the latter it would have been difficult to have apportioned space so as to please all.

We think it a great mistake to give such a title to a work on a scientific subject.

HISTORIC SKETCH of the Monument Erected in Washington City, under the Auspices of the American Institute of Homœopathy, to the Honor of Samuel Hahnemann, and for the Ornamentation of the National Capital. Dedicated, June 21, 1900, in the Presence of the President of the United States, and with the Active Participation of Public Officials and Military. Compiled for the Monument Committee by the Rev. B. F. Bittinger, D.D., Washington, D. C., from materials collected by the late Henry M. Smith, M.D., Secretary.

Additional copies of this historic sketch can be had of the Homœopathic Pharmacies, and from the medical department of G. P. Putnam's Sons, 27 and 29 West Twenty-third Street, New York. The price of the regular edition is one dollar. A few copies of a special *de luxe* edition are at the disposal of the subscribers at two dollars per volume, and may be ordered from G. P. Putnam's Sons.

ANNOUNCEMENT. Only a few days before this number of the GAZETTE reaches our readers, The Outlook Company, 287 Fourth Avenue, New York, will publish two books of equal, though diverse interest, viz., "British Political Portraits," by Justin McCarthy, whose long career as a M. P. and a prominent member of the Irish Nationalist party has brought him into close contact with the leaders in English political life, and "The Story of a Bird Lover," by William E. D. Scott, Curator of Ornithology at Princeton University. The latter work will be unique, for Mr. Scott writes literally from a most intimate association with his feathered friends, having a "laboratory," six rooms filled with live birds, in his own house. It will be as pleasant a relaxation for the medical man to turn from his studies to these books, as it is for him weekly to turn the pages of that unequaled every Saturday reminder of the world's doings, "The Outlook."

THE SPECIALIST.

ELECTRO-THERAPEUTICS.

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

ORIGIN OF THE TERM "RÖENTGEN RAY." — It is from the cathode or chemical pole of the battery that the Röntgen (X) ray has received its name.

Russell, of England, in 1836, first suggested the possibility that a valuable occult force would be found in the wake of the cathodal ray, but it remained for Röntgen, of Germany, sixty years later, to discover and put into practical use this important force.

NEURALGIA CURED BY X-RAYS. — The effect upon painful conditions of neurotic character are truly wonderful. A case of tic douloureux of eight years' standing, during which time paroxysmal attacks have been constant, was relieved after each exposure and had remained cured for five months after four X-ray exposures at which a tube of high vacuum was employed. Another case of brachial neuritis, involving the plexus within the chest, was greatly relieved, and the cure hastened by exposure to the rays from a high-vacuum tube. — *Dr. W. P. Snow in Journal of Advanced Therapeutics.*

ELECTRICITY IN SALPINGITIS. — The pain is relieved by using either high-tension or sinusoidal current with the bipolar vaginal electrode. In subacute or chronic cases the intra-uterine electrode passed into the uterus and turned to the tube to set up a drainage relieves the congestion. The amount of current varies with the amount of inflammation. Do not make the treatment painful; the amount of current may vary from 20 to 50 mam. In gonorrhœal salpingitis you can use copper or silver-topped electrode as positive, getting the action of the oxychloride of those metals. — *Dr. W. H. White in Boston Medical Journal.*

THERAPEUTIC APPLICATION OF STATIC ELECTRICITY.—Mr. S. Age 30. Furniture mover. On May 2, 1902, while moving piano with three other men, piano slipped, throwing entire weight on patient's left shoulder. On May 5th, was call to see him, and found him in bed with severe pain in shoulder and unable to move left arm. As there was no evidence of fracture, patient was ordered to call at office for static treatment. Before treatment he had to be assisted in removing his coat, but after fifteen minutes treatment, consisting of pretty hard percussion sparks, the pain had subsided and putting on his coat without assistance, he declared himself able to go to work at once. — *Chicago Clinic.*

X-RAY IN GOITRE.—Mrs. R., age 40; married; nervous temperament; thin, fair skin; had goitre of five years' standing which had become troublesome on account of pressure on the air passages. I gave six treatments; distance, 6 inches; time, 5 minutes; German tube; medium soft. A burn resulted, about three inches in diameter, which was quite painful and very intractable, requiring five or six weeks to cure. No local application seemed to give relief. Oxide of zinc ointment gave as much relief as anything we used. When the burn was cured there was no sign of goitre left. She is apparently well now. — *Dr. N. G. Blalock in Medical Sentinel.*

MAGNETISM AND MAGNETIC HEALING.—Pliny, seventy years after Christ, demonstrated the effect of magnetism, and amber necklaces were worn for their medical effect in his time. Scribonus Largus, a physician in the time of Tiberius, prescribed magnetism for the cure of gout. It is supposed that magnetic healing was known for centuries before to the negroes of Western Africa, as they dipped their sick children in the water which the magnetic fish frequented—especially the torpedo fish—for the cure of diseases. It was believed to be from this source that the idea of voodooism, subsequently called hoodooism, and all other such isms following to the present time have sprung.—*American Practitioner and News.*

TREATMENT OF ACNE BY THE X-RAYS.—Mrs. D., aged twenty-nine, brunette; severe acne of the forehead, cheeks and chin, with rosacea of the nose; eruption existing to greater or less degree for twelve years, the face and nose never in this time presenting an appearance even approaching a normal or healthy condition. Between April 22 and June 4, 1902, twenty exposures to the X-rays were given, ten minutes each at 10 to 15 cm. Exposures were made every other day and resulted in the entire disappearance of the eruption. No dermatitis or erythema was produced in this case, and no tendency to recurrence can be noticed at this writing. — *Journal of the American Medical Association.*

THE X-RAY AS A THERAPEUTIC AGENT. — Since the vacuum of an ordinary X-ray tube changes constantly, such tubes are useless for radio-therapeutic work, and only tubes which allow of perfect control of vacuum should be used. The X-ray has a selective influence upon cells of the body, abnormal cells being affected more readily than the normal. Hemorrhages and discharges are decidedly lessened and ultimately cease in the majority of cases. Even in the hopeless, inoperable cases, the X-ray prolongs life, makes the patient comfortable, and the last hours of life free from pain. While it would be premature to claim that malignant diseases can positively be cured, it is to be hoped that further investigations may surpass our expectations. — *Medical Record.*

THE USE OF ELECTRICITY IN THE TREATMENT OF HABITUAL CONSTIPATION. — Taking into consideration the fact that of twelve cases reported, 75 per cent. were completely cured, S. Cohn offers the following conclusions: (1) Electricity should not be employed as a last desperate chance after all other means have failed, but should be given a front rank in the treatment of this disease; (2) Especially the static currents, with their powerful vibratory effects, should be employed more frequently than has been done heretofore; (3) The reduction of abdominal circumference by the use of these currents is a proof of their tonic influence upon the ab-

dominal muscles ; (4) The most powerful means of obtaining this tonic condition is the administration of the swelling or undulating current.—*New York Medical Journal.*

A STATIC ELECTRICITY CASE.—Mrs. E., aged twenty-eight, wife of a physician, had been subject to attacks of acute sciatica during the winter and spring months for several years. An attack would usually last for three or four weeks, then after a month or more of relief, would be repeated. In January, 1901, she had an unusually severe paroxysm which had continued for a week when I saw her, her only relief coming from the use of morphine. She was brought to the office where I could give her static treatment, which was done morning and evening. There was no relief after the first day's treatment, due I think, to her extreme fear of the current. But after the second day's treatment she had a fairly good night's rest, and two days later the pain had entirely disappeared. Treatment was continued for ten days, since then she has been free from the trouble—*The Clinical Reporter.*

ACTINIC RAYS IN MINOR SURGERY.—A set of lamps for utilizing the ultra-violet rays of the electric light has been devised by Minin of St. Petersburg, who has reported the treatment by this means of burns, hematoma, acute myositis, and who has utilized it further for the relief of the pains accompanying contusions, pleurisy, etc. Minin claims that the rays from his apparatus produce cutaneous anesthesia and thus make skin stitching and incisions painless. In a number of minor surgical cases reported by E. A. Tracy (Boston Medical and Surgical Journal, Nov. 6, 1902) the Minin apparatus was used to produce ether anesthesia or antisepsis by means of the actinic rays. For anesthesia the operator applied the rays from a No. 3 Minin lamp at a distance of 10 inches for 15 minutes. In one case two one-inch incisions were made for the removal of a cyst; the patient felt no pain. Similar cases are reported by Minin, who shows that after illumination with his lamp primary union occurs in wounds which otherwise would heal less kindly.—*Exchange.*

X-RAY APPARATUS : TUBES. — The most important part of the X-ray apparatus is the tube. Its efficiency depends upon the spark length, the volume of the spark and the technic of the operator. Perhaps the most important point in technic is the regulation of the current, the vacuum and the interruptor so as to keep the tube uniform in action and the light as constant in intensity of radiation as possible. This feature has not yet been perfected and requires much thoughtful research. It is probably one of the most difficult features of the X-ray work.

Tubes vary greatly in efficiency, the same tube giving different results under the same conditions at different times. The vacuum varies or at least the resistance of the tube fluctuates, from time to time. For a complete outfit for therapeutic and photographic work, five or six tubes are necessary. They should be of different degrees of exhaustion. The tube used for photography should not be used for therapy, and the therapeutic tubes are not desirable for photographic work.

A tube's capacity should be determined and much care should be exercised to avoid crowding the tube to its limit ; neither should it be run greatly below its average capacity. Tubes are sensitive to abuse and their efficiency is impaired. Periods of rest are beneficial to tubes. They should not be worked constantly. — *Southern Practitioner*.

ABSTRACTS FROM BOOKS AND JOURNALS.

AN APPLICATION FOR BURNS. — Seventy-five grains of picric acid dissolved in two ounces of alcohol, to which a quart of water is added, makes an excellent application for burns. There is nothing which deadens the pain better. It should not be used after granulation begins. — *Medical Arena*.

THE STANDARD THAT SHOULD OBTAIN. — No sincere and educated physician belonging to any school should be ostracized because of his particular belief in therapeutics. The

one standard should be that of knowledge, character, and and personal conduct. The real sectarians in either religion or the sciences are the intolerant and the bigoted. — *Dr. James C. Wood.*

RHEUMATISM. — Persons who take the least care of themselves and incur the greatest risks in all their relations to life, are most prone to this disease. Excessive wear and expenditure of the physical and mental powers with insufficient or improper nourishment and a lack of suitable clothing for changeable weather, and irregular and intemperate habits, are prolific factors in the development of rheumatism. — *Exchange.*

PARETIC DEMENTIA. — To sum up: Paretic dementia is an incurable, progressive form of insanity, affecting both the motor and mental faculties; characterized by changes in the intellectual and moral character, and the development of unsystematized delusions of grandeur and self-importance; finally merging into absolute dementia and gradual development of tremor; slurring speech; ataxic gait; impaired and increased reflexes; trophic changes; convulsive attacks, and finally paralysis and death. — *Cleveland Journal of Medicine.*

ENDOCARDITIS A SECONDARY DISEASE. — Endocarditis is for the most part secondary to pre-existing disease. That it can exist alone is beyond question, for autopsies have shown endocardial lesions as the sole cause of death, but such cases are rare in comparison with the great number occurring with or after other diseases. It is occasioned by two classes of causes, the infectious and the non-infectious. Of these the former comprises by far the majority of the cases recorded. — *Providence Medical Journal.*

USE OF THE STOMACH TUBE. — Contra-indications for the use of the tube, are in thoracic aneurism, serious heart disease, advanced carcinoma of the stomach, and any debilitating disease in which there is a tendency to syncope. It must be remembered also that sometimes the early use of the tube is attended with a good deal of nervous shock.

Under this condition great care should be exercised, not persisting in the washing until tolerance shall be established. — *N. S. Upshur, M.D.*

QUID PRO QUO. — An old gentleman who was just recovering from a severe illness was waited upon by a messenger from his doctor, who presented his bill, for the purpose of being paid. After cogitating for some time over its contents, he desired the young man who called with it to convey the following message: "I will pay for the medicine, but certainly not for the visits, as I will return them as soon as I am able to get out and about." — *Answers.*

PREVENTION OF TYPHOID INFECTION. — As typhoid fever is purely an infectious disease, the sources of transmission should not be overlooked in any particular. All articles of the patient's clothing which are soiled, such as sheets, napkins and towels used by the patient should be boiled thoroughly to destroy all germs. Rubber sheets should be used to protect the bedding from dejecta. The excretion should be destroyed at once by strong disinfectants, as bi-chloride of mercury and chloride of lime. — *Dr. S. J. Quint, Asst. Health Officer of Los Angeles.*

SIMPLE CURE FOR STAMMERING — A gentleman who stammered from childhood almost to manhood gives a very simple remedy for the misfortune: "Go into a room where you will be quite alone, get some book that will interest but not excite you, and sit down and read two hours aloud, to yourself, keeping your teeth together. Do the same thing every two or three days, or once a week, if tiresome, always taking care to read slowly and distinctly, moving the lips and not the teeth. Then conversing with others, try to speak as slowly and distinctly as possible, and make up your mind that you will not stammer. — *London Health.*

AN EDITORIAL OPINION. — Homœopathy is essentially a specialty in therapeutics. As such it is but a branch of medicine, yet a most important one; as such it should be taught in every medical college. When this concession has

been made, the homœopathic profession will no longer have any reason for individual existence. Its colleges can close their doors, and its students enroll themselves as members of the one great "regular" medical profession. Is this idea Utopian? To-day, yes; to-morrow, no. Benèvolent assimilation is sure to come. Medical sects are certain to be things of the past. Every conscientious physician could and should do his share, quietly, firmly, persistently, toward hastening the great and glad end. — *The Medical Magazine.*

INSOMNIA AND ITS TREATMENT—In cases of insomnia depending on an overwrought and enfeebled nervous system there is hyperesthesia, and vigorous kneading cannot be employed with benefit. In these instances general stroking of the back and limbs must be substituted, or gentle kneading of the abdomen, followed by a neat abdominal compress. This compress consists of two bandages four yards long, and one and a half wide; heated dry in a hot oven, and brought to the bedside in a covered jar. The end of one of them is dropped in water for as much of it as is necessary to cover the abdomen, applied to the surface, and the rest of the bandages wound around this. — *St. Louis Medical Review.*

CAUSES OF DEATH. — Dr. McHull, of Atlanta, Ga., writes to *American Medicine* that he has had occasion recently to look through the death certificates in the office of the Board of Health. The following were assigned as causes of death in certain cases: "Broken thye," "bad blood," "hemorrhage from nable," "mesals," "heart dropse," "bilious liver," "grastritis," "anginæ becgrois," "ptesis." "Parlices" caused death in one, while "perrallisis" was the cause in another. Multitudes died of "colery infantum;" a few of "colarah morbus;" one physician was not sure whether it was "dirhea" or "disentary;" another, however, was quite sure that "dyorhear" was the cause of the death of his patient. One infant succumbed to "choaking croup;" another patient passed away for "want of proper treatment." — *Exchange.*

SYCOSIS—Sycosis begins with inflammation surrounding the hair-follicles, the walls of which soften and break down, admitting serum and pus, separating the hair from its bed, while the matter oozes out between the hair-sheath and the walls of the cavity in which it is lodged. As a rule, the hair-papilla remain intact, and the locks can be reproduced after subsidence of the malady. The disease may be due to external sources of irritation, as uncleanliness and extremes of temperature, either high or low, but these agencies are customarily abetted by internal deviations from perfect health. Mental or physical overwork, debility, chronic indigestion, habitual excesses, and convalescence from severe illness are conditions in which sycosis is very apt to occur. — *Medical Bulletin.*

MASSAGE IN SCIATICA. — Mitchell's directions to the masseur are as follows: "Let him arrange the patient on his face, with pillows so placed as to be comfortable. Then let him slowly and gently, with the flat hand, extended fingers, or heel of the hand, follow the nerve trunk downward with gentle deliberate friction, increased in force day by day. A half-hour of this twice a day is desirable. Let him deal with sections of the nerve at a time, with most attention to such as are yet painful, and let this treatment be done without any form of grease, until after a time the increasing pressure begins to wear out the skin, when he may use a little vaseline or other like agent." — *Medical Times.*

ETHER PLUS NITROUS OXIDE. — IT is in the commencement of the anesthesia that gas has proved to be of the greatest utility. To start the case with the administration of nitrous oxide, and when the patient is fully under its influence, to substitute for the feeble action of the gas, the more powerful action of another anesthetic in the shape of ether. This constitutes what is known as the combined or gas and ether method of anesthesia. This method has become very popular and I think deservedly so, for those who have employed it must be pleased by the results obtained, and cer-

tainly by the primary use of nitrous oxide, the surgeon's time and the feelings of the patient are spared to a great extent, and the disagreeable preliminary stages are made as short as possible. — *North American Journal of Homœopathy.*

INTRA-OCULAR TUMORS. — The intra-ocular structures most frequently involved in tumor growths, and in which the growth is of primary origin are the choroid and retina. . . . The malignant tumors which involve the choroid are in the majority of cases sarcoma, in a very few cases carcinoma, and in still more limited number of instances adenomata have been observed. In all three of these conditions the clinical observations will be the same, and by these can not be differentiated. The microscopical structure here is the only means of differentiation.

Differentiation of these growths is of the greatest importance, for sarcoma of choroid is primary in origin, and if removed before secondary and metastatic changes take place a cure is insured, while in carcinoma and adenoma the involvement of choroid is always secondary, so that removal is simply palliative rather than curative. — *Homœopathic Eye, Ear and Throat Journal.*

PRESCRIBING MADE EASY. — The Surgeon-General's office is constantly in receipt of communications with regard to "sure cures" for disease, most of which are curiosities from both the medical and literary standpoints. The following letter, the chirography of which should be seen to be appreciated, is a fair type of a certain large class of communications:

"Sirgint of U. S. Army
Washington D C

Sir I seat myself to pen you a few lines to till you that I have found the thing sought after this is to take Poison out of the blood & still not impair what blood is left to do this with Purity & loose none this is the bigest invention in the

world I can Cure all kind of diseases now if the government wants this kind of medacine they Can buy it & you know this is what they want yours truly

Prof J—— — & —— Sts

Omaha

write soon

neb" —

PRACTISING MEDICINE. — A number of States that recognize the benefits of interstate exchange of licensures have provided more or less fully for such exchange in their respective acts, namely, California, Delaware, District of Columbia, Illinois, Indiana, Kansas, Maine, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Porto Rico, Texas, Virginia, Washington, and Wisconsin. Of the above named States Illinois, New Jersey, Ohio, and one or two others, provide for only partial or modified reciprocity; that is, these States can exchange certificates or licenses obtained by an examination before a State board, provided the holder thereof is possessed of a medical diploma recognized by the two States in reciprocity, and also has a recognized certificate of preliminary education. In other words, the latter States' acts mentioned provide for the going out and the coming in of a very recent graduate in medicine, and denies these privileges to the teachers and examiners of such graduates. — *Medico Legal Bulletin.*

HEART LESIONS. — Each patient showing a heart lesion must be a study unto himself. No heart medicine is needed unless the myocardium is unable to do its work in a physiological way. The heart muscles should demand more consideration than the heart murmur. Rest is one of our best therapeutic agents. We should try by every possible means to prevent myocarditis in all diseases where this condition is apt to arise. After any severe diseased process we should insist upon the patient resting in bed long enough to allow the myocardium to be restored. We should improve the general nutrition of our patients and restore the blood to a normal standard by the use of blood tonics. We should

investigate the kidneys in all cases showing all signs of cardiac incompetency. Physical exercise, light gymnastics, and properly selected diet are valuable aids in the treatment of cardiac disease.— *Medical News.*

SCARLET FEVER AND BELLADONNA — I have learned never to call a case of scarlet fever not dangerous, but always warn the parents of the danger of complications, especially of the kidneys. I have learned to seldom send medicine without seeing the patient, if I am morally certain that it is scarlet fever or even scarlatina. I have learned that belladonna will not cure every case of scarlet fever, even when it seems to be the indicated remedy; in that case, I have learned to change the potency, often with marked results, and the 6x has perhaps given me the most satisfaction in my practice, though I have used it and may again, from the 2x to the 500th potency. I always give belladonna to the other children, should there be any in the family, with good results, generally making the disease of a light form, and many entirely escaping it. That belladonna will cure and prevent scarlet fever more than any other drug known, there is no manner of doubt. — *Dr. C. J. Loiseaux in Homœopathic Journal of Obstetrics.*

FORMS OF ENDOMETRITIS: DIFFERENTIAL DIAGNOSIS. — The senile endometritis which is sometimes met with in women long past the menopause at times presents symptoms resembling cancer of the corporeal endometrium, namely slight irregular bleeding and at times a very putrescent discharge from the uterine cavity. A careful microscopical examination of the scapings by a competent pathologist will decide the question. A similar procedure is frequently necessary to distinguish between other forms of endometritis and cancer, malignant disease being the condition from which a differential diagnosis is often requisite to properly treat such patients.

Neither tuberculous nor syphilitic endometritis shows distinctive subjective or objective symptoms from other forms of

endometrial inflammation, the diagnosis of tuberculous endometritis resting upon the microscopical findings, that of the syphilitic form upon the history and perhaps other existing symptoms of syphilis. The diagnosis of diphtheritic endometritis is based upon the finding of Loeffler's diphtheria bacillus. — *Exchange*.

CHRONIC NEPHRITIS DUE TO LEAD.— A typical case of chronic nephritis produced by the action of lead is reported by Jaccoud. The patient had been exposed to the action of lead for many years, without inconvenience. At last he began to complain of intense headaches, of slight failure of eyesight, of edema of the legs, of an urgent necessity of nocturnal urination. Albumen was found in the urine. The case succumbed, within a month after entrance into the hospital, from uremia, and the autopsy confirmed the original diagnosis of a chronic interstitial nephritis. Similar to lead and the other members of its class can be mentioned the products of incomplete or pernicious digestion. The incomplete transformation of the albumens leads to the production of a relative albuminemia, and from this by easy steps an albuminuria; so, too, the various toxic substances from perverted digestion are brought to the kidneys, and in their excretion produce a similar series of events. — *Medical Times*.

RULES FOR FEEDING YOUNG CHILDREN.— 1. Allow time for meals. 2. See that the food is thoroughly masticated. 3. Do not allow nibbling between meals. 4. Do not tempt the child with the sight of rich, indigestible food. 5. Do not force the child to eat against its will, but examine the mouth, which may be sore from erupting teeth, and examine the food, which may not be properly cooked or flavored. If good food is refused from peevishness merely remove it, and do not offer it again before next meal time. 6. In acute illness reduce and dilute the food at once, 8. In very hot weather give about one-fourth or one-third less food and offer more water. The young infant depends wholly on animal food and derives the necessary carbon largely from

the sugar of milk. The older child lives on animal food in part only, and begins to derive additional carbon from bread and other cereal foods. — *Thompson's Practical Dietetics.*

DIET IN GASTRIC ULCER. — Milk is a great reliance. After some days he passes to such things as custards, which are readily digestible and so smooth that they can cause no irritation. Next in sequence pounded fish or pounded meat is allowed. By the process of pounding the fibers are separated and softened. They are placed in such a condition that they may be acted upon by the gastric juice. A good liquid food which the lecturer recommends is made of pounded chicken, which is very useful, not only in cases of gastric ulcer, but also in diseases of all kinds when the patients will not take meat. It is made by cutting the breast of a chicken into thin slices, mincing it, grinding it in a mortar with a little chicken-broth or beef-tea until it is about the consistence of milk. This can be drunk just as one would take milk, and is often better relished by patients than other varieties of food. — *The Medical Bulletin.*

SURGICAL ASPECTS OF DIABETES. — The surgeon will naturally never undertake operations in diabetic patients when their performance may be avoided. In cases of gangrene, however, while there are some in which the establishment of a line of demarcation may be awaited, there are others in which operation is early indicated, as for instance, when there is distinct evidence of sepsis. Rather high amputation is advocated, that is to say, above the point where there is marked arteriosclerosis.

The great dangers incident to operations upon these patients consist in the fact that they bear anesthetics badly; that diabetic coma may supervene, and that septic complications are peculiarly liable to occur.

The actual amount of sugar in the urine does not seem to influence the prognosis much, for the latter appears to de-

pend, for its gravity, upon the degree of acidity of the blood, which is "an expression of decrepitude of all the physiochemical functions." The absence of the patellar reflexes, according to Reynier, constitutes an infallible sign for an unfavorable prognosis. — *International Journal of Surgery.*

COLLEGE, HOSPITAL, AND LABORATORY NOTES.

THE official report of illness in Harvard University for the year 1901 to 1902, shows a total of 5,388 cases, which is a decrease of 827 over the preceding year.

HARVARD COLLEGE has received a gift of \$3000, the income of which is to be used to defray the cost for needy students at the Stillman Infirmary.

THE Brigham Hospital, to be built with money left for the purpose by R. B. Brigham, of Boston, has been incorporated, and it is to be erected as soon as possible. It will receive a class of cases generally rejected, viz., the chronic and incurable. The trust fund now approximates \$3,500,000.

MR. J. H. CENTER, of Roxbury, Mass., who died early in March, left \$7000 to the Massachusetts Homœopathic Hospital for the establishment of a fund for a free bed, to be known as the "Mary Center Free Bed," in memory of his mother. The Children's Hospital in Boston will also receive \$1000.

THE will of the late Dr. Bushrod James devises to the city of Philadelphia \$55,000, several pieces of real estate in the city, and several lots at Island Beach, N. J., for the purpose of establishing in Philadelphia a free hospital for the treatment of diseases of the eye, ear, throat, and lungs. The will directs that the \$55,000 be invested as an endowment fund. The proposed hospital is to be called the Washington James Eye and Ear Institute.

THE Intermediate Class of the Nurses Training School connected with the Johns Hopkins Hospital is given a course in urinary analysis, consisting of lectures and laboratory work. They meet on six days, one hour a day, and are trained to make the following tests: Specific gravity; the presence of albumin (head and Heller tests), its amount as measured by the Esbach tube; the presence of sugar (Fehling's test) and the determination of urea with the Doremus tube. After this course they have a practical examination, testing various urines.

MR. J. C. BAYLES, formerly President of the Board of Health of New York City, after a careful study of existing conditions at Ithaca, N.Y., concludes that it will be inexpedient for Cornell University to hold its summer school, and that it is possible the college cannot be re-opened next fall. To cause a cessation of epidemic typhoid, the authorities of the city of Ithaca are inaugurating radical sanitary reforms.

THE Massachusetts Pharmaceutical Association having severely criticised the condition at the Bussey Institute at Forest Hills, Mass., where antitoxin is made under the auspices of the State Board of Agriculture, Dr. Theobald Smith, superintendent, has replied by claiming that the antitoxin sent out from the laboratory, has cured 5000 people during the past seven years.

IN connection with the medical work of the American Board in Ahmednager, in the Marathi Mission, India, classes have been opened for training nurses and hospital assistants. It is believed that this work will accomplish much for the success and permanence of the influence of medical missions in India. A fine new hospital is under construction, the funds having been furnished by the Woman's Board, Boston, and the Indian Government.

AN effort is being made to raise an endowment of \$75,000 for the Homœopathic Medical Dispensary, corner of Harrison Avenue and Stoughton Street, Boston. The completion of the building as originally designed is earnestly desired,

and increased facilities are greatly needed. The work accomplished by the dispensary staff is worthy of warm commendation, and those who generously give their skill and time should receive the active support of the profession and the public.

AT Professor Pozzi's clinic, at the Hospital Broca, in Paris, a series of courses in gynecology is given, and only twelve students are allowed at each course. The subjects treated are of practical value, and are as follows: How to ask questions of the patient; the ovarian function; gynecological examination; abdominal examination; interrogation of a patient by the students; examination of the same; vaginal and uterine dressing; diet tables in gynecology. Other courses on surgical operations in gynecology, on the treatment by physical agents, and on bacteriology and pathology, as applied to gynecology, will take place in Pozzi's clinic.

A BILL has been introduced into the New York Legislature, at the instance of the State Commission in Lunacy providing for a psychopathic hospital in New York City. The hospital would afford a place for detention and expert examination for persons suspected of incipient insanity. The detention ward at Bellevue serves something of the same purpose now. The hospital would be conducted in connection with the existing psychological institution on Ward's Island, and would be located probably on the East River, opposite Ward's Island institution. The bill appropriates \$300,000 for the establishment of the hospital, for which the city is to furnish the site. It would accommodate from 150 to 200 patients.

SEVENTY-SIX thousand dollars have been given to erect, in conjunction with the new Harvard Medical School buildings to be constructed near the Fenway in Boston, an infants' hospital in memory of Thomas Morgan Rotch, Jr., of the class of 1901. Sixty thousand dollars additional are needed for the building as planned, and when this is raised work on the hospital will begin.

The hospital, for the care exclusively of babies under two years, is designed to be the most complete and perfect of its kind in the world. It will accommodate fifty patients, allowing for each bed an unusually large amount of room and air space. Within the hospital will be a memorial laboratory for the scientific study of infants' diseases. The hospital will contain also a laboratory for the scientific modification of milk, an incubator room, and a large lecture room for clinical lectures on diseases of children.

THE Annual Reunion and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Tuesday, May 14, 1903. 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 9.45 P.M. at the Hotel Walton, Broad and Locust 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 Fifty-fifth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, southwest corner Broad and Locust Streets, Philadelphia.

Banquet cards can be obtained, but only before May 13, 1903, by applying to the Secretary, Dr. W. D. Carter, 1311 South Broad Street, Philadelphia, Pa.

PERSONAL AND GENERAL ITEMS.

DR. H. H. HAWKHURST will continue the practice of the late Dr. F. A. Gardner, at 1018 Fourteenth Street, New York City. Office hours week days only from 2 to 5 P.M.

DR. PERRY DICKIE, whose specialty is diseases of the ear, announces that he will devote himself wholly to office work. Office hours, 9 A.M. to 12 M. at 17 Schermerhorn Street, Brooklyn, N. Y.

A TENT city for consumptives is to be established in the suburbs of Sata Fe. A tract of land has been bought in the foothills southeast of the city, with southern exposure, whereon will be laid out a model tent city, with water supply, electric lights, telephone, sewer, etc., to be a sanitarium on a new and large scale. A number of New York health seekers have already applied for tents.

A PATIENT in the Williamsport, Pa., Hospital, suffering from rabies, is reported to have been cured by intravenous injections of formalin solution. His arm had been mangled by a mad dog, and was amputated, but rabies developed later. A rapid fall of temperature and improvement in all the symptoms is said to have followed the administration of the remedy.

THE library of the late Richard Hughes is now on sale by Messrs. E. Gould and Sons, of London, for the benefit of Dr. Hughes' widow. The above mentioned firm will gladly send lists of the books to be sold to any physicians interested, and Messrs. Otis Clapp and Son, Boston, have a very limited number of these lists which may be had on application.

DR. BERTHA LADD HOSKINS, who is making a specialty of X-rays and electricity, has opened an office at Hotel Nottingham, Copley Square, Boston, having office hours afternoons from 2 until 5.

Dr. Hoskins will keep her office hours in Dedham as before, from 8 until 12, mornings.

THE osteopaths in Alabama have just sustained a signal defeat. If the bill they tried to get through the Legislature had passed all of the osteopaths who had practised in the State before the 1st of January, 1903, would have been legalized practitioners by the act. The bill provides for an osteopath on the State Board, and these persons would have had three-tenths of the branches to propound questions on and rate the answers, including gynecology, obstetrics, toxicology, and the practice and principles of osteopathy. We congratulate Alabama on her escape.

A SHORT time ago agents of the New York City Board of Health detected a small number of druggists selling various other and much cheaper drugs when the prescription given them called for phenacetin. The excuse offered by some of the offenders, when charged with the substitution, was that they had bought the drug in good faith of peddlers who had smuggled it, and so were in a position to sell it cheap. The health inspectors have continued their investigations, and now announce that of 215 samples of Jamaica ginger made by as many different druggists, forty were found to have been made with wood alcohol instead of ethylic alcohol.

THE Department of Agriculture is starting experiments in the cultivation of drug and medicinal plants, and about an acre is being devoted to this purpose in the neighborhood of Washington, including a patch on the Potomac flats and another bit of land on the new model Government farm at Arlington.

Secretary Wilson says that we pay something like \$8,000,000 per annum for such plants imported from abroad, and there is no reason why we should not save most of this money if we would only take the trouble to find out how to do it. No attention whatever has been paid to this kind of gardening in the United States, and comparatively little is known about the climatic and other soil conditions demanded.

* The experiments are being made under the direction of Mr. F. V. Coville, botanist-in-chief. Small plats are being grown of belladonna, digitalis, stramonium, aconite, arnica, hyoscyamus, valerian, golden seal, Seneca snakeroot, and the opium poppy that yields the familiar drug of commerce.

The experiments will be pushed with a view to ascertaining not only the best methods of growing these plants, but also what areas of this country are best adapted for the production of the different kinds of medicinal crops. Thus before very long we may become comparatively independent of foreign sources of supply in the matter of materia medica.

THE NEW ENGLAND MEDICAL GAZETTE

No. 5.

MAY, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

THE CLINICAL SIGNIFICANCE OF CERTAIN DEFECTS IN VOICE AND SPEECH.

BY GEORGE B. RICE, M.D., BOSTON, MASS.

[Read before the Homœopathic Medical Society of the County of New York.]

In this paper no attempt is made to differentiate the various intricate cerebral pathological lesions, by means of alteration in speech, but simply to indicate the varied effects on the voice, and speech, of local changes produced either by disease or congenital influences.

I must first tax your attention by brief reference to the physiology of the voice as now understood. The first requisite to the production of normal tone lies in the proper control of the breath. Primarily, an inspiration is taken which thoroughly fills the trachea and larger bronchi, the air contained thus being under the control of the respiratory muscles, the contractions of which are so modified as to control the pressure of the contained air.

Tone originates through vibration of the vocal bands by means of expired air. The sound wave just started, acting upon the column of air in the trachea and larynx, is modified, first, by the degree of compression to which it is subjected in

the laryngeal cavity, and afterwards by the shape of the resonant chambers of the pharynx, buccal cavity, naso-pharynx and nose.

The proper adjustment of the vocal bands and the modification of the resonant cavities control the pitch and quality, while the amount of the air pressure in the glottis determines the power of the tone. The cortical centre presides over the voluntary voice function of the larynx, and a bulbar centre, over the respiratory or automatic function of the larynx.

Du Bois Raymond found that the sound "Ah" was an elementary vowel sound from which all vowel sounds were derived, and that a change in the tuning, that is, in the shape and dimension of the resonant cavity changed the character of the primary sound, so that an approach to the sound of other vowels was produced.

When the sound "Ah" is produced the tongue lies flat on the floor of the mouth, the mouth is opened, and the soft palate drawn upward and backward partially closing the naso-pharyngeal cavity. When the lips and the teeth are brought somewhat closer together, and the sides of the tongue raised, the sound "A" is produced. By a little greater approximation of the teeth and lips, the corners of the mouth being drawn outwards, the edge of the tongue being elevated, the sound "E" is produced. "O" is produced by the circular approximation of the lips, the tongue rises at the base and its tip is drawn away from the teeth.

The consonants are formed by the obstruction of the outflowing current of air, by the application of the tip of the tongue to the incisors, by the application of the back of the tongue to the soft palate, and by closure of the lips.

The nose in conjunction with the naso-pharynx, has an important part to fulfill in voice production. In uttering the vowel sounds the nasal cavity is nearly shut off from the mouth by the soft palate, and only indirectly do the naso-pharynx and nasal cavities act as resonators, while in uttering the consonants the vellum is relaxed. The well trained speaker or

singer, however, is enabled to bring to aid these resonant chambers in the use of both vowels and consonants.

I first wish to call your attention to a form of imperfect speech which is caused by two abnormal conditions, one mechanical and the other neurotic. The mechanical defect is that of cleft palate. In these cases, the peculiar well known quality is due to the inability to control the air column as it escapes from the larynx by the palate. We have noticed that the vowel sounds are made principally by the buccal resonance, and that the consonants are produced by the aid of the naso-pharyngeal and nasal resonators, that is, there is a constant change in the vellum palate, dividing and directing the air column. The defect above alluded to is familiar to all, but a condition in children, has been brought to my notice presenting the same peculiarities of speech, yet showing no apparent mechanical malformation of the palatal muscles.

Cursory examination also fails to show any defect in the muscular movements of the soft palate and tongue, but if the patient is directed to sing the word "Ah" in an ascending scale, the difficulty will be apparent at once, for, although the palate is drawn upward and backward, the movements are made at the expense of great effort. If the patient is asked to repeat the sound spasmodically in the upper range of the voice, it will be noticed that the muscles hardly respond at all to the mental effort. Whether the fault is due to imperfect innervation or to partial loss of co-ordination, I have not been able to determine, and have searched medical literature in vain for information. I have learned, however, that the use of exercises which bring these muscles strongly into use, with electrical stimulation, if persistently carried out during a child's development, will overcome this difficulty so that it will not be noticed in all ordinary conversation.

The case of M. S., age twelve, will serve to illustrate this. She was brought to me on January 12, 1895, with this peculiar form of speech. I found enlarged faucial tonsils, and quite a large mass of lymphoid tissue in the naso-pharynx, but could

not discover at this visit any condition of the throat which seemed to account for the condition of the voice.

In February, the tonsils, both faucial and naso-pharyngeal, were removed, and after healing had taken place the throat was examined by the method suggested. I then gave the child daily exercises for the palate, and twice a week made an application of the galvanic current, carrying on the treatments for about three months. After this there was slight improvement in the quality of the voice. I did not see the patient again until the following December when, again the galvanic current was used twice weekly, for another period of three months. The improvement was not very pronounced and the patient at present speaks normally but more slowly, perhaps, than would be natural to one of her temperament.

The so-called nasal voice or thick voice is produced by a variety of conditions, each of which interferes in some way with the nasal resonance. The consonants are pronounced with difficulty, and the voice is dull and lacks carrying power.

Hyperplastic and hypertrophic rhinitis, deflections, tumors of the nose and naso-pharynx, all produce this voice in a more or less aggravated degree according to the amount of interference with nasal vibration. I have noticed that the dead, thick voice is more characteristic of naso-pharyngeal growths, and hypertrophies of the posterior portion of the turbinated bodies, and that nasal obstructions situated more anteriorly give rise to the reedy quality of voice, but having more resonance and greater carrying power than in the first considered condition. You will perhaps remember Dr. Holmes's reference to this voice in the first stanza of "How the Old Horse Won the Bet."

'Twas on the famous trotting ground,
The betting men were gathered round
From far and near; the "cracks" were there
Whose deeds the sporting prints declare:
The swift g. m., Old Hiram's nag,
The fleet s. h., Dan Pfeiffer's brag,
With these a third—and who is he
That stands beside his fast b. g.?
Budd Doble, whose catarrhal name
So fills the nasal trump of fame.

The thick voice from post-nasal growths needs no illustration, but the latter condition mentioned, may not have been so prominently or so frequently brought to your attention as to those of us who are doing special work, and therefore a striking example of this condition will not be out of place.

Mr. G. W., a tenor singer, consulted me on April 13, 1896, complaining of difficulty in breathing through the nose, of dryness and irritation of the pharynx and larynx, and of hoarseness with a peculiar reedy, thick quality of the voice. I found upon examination a deflection of the cartilaginous septum toward the left with a thickening at the place of greatest deflection, and a dislocation of the columnar cartilage partly occluding the right side. There was also a general rhinitis present, presumably due to the mechanical obstruction and pressure. April 16th the thickened cartilage was removed on the left side, and the dislocated columnar cartilage on the right side was resected after dissecting away the mucous membrane which covered it. The flaps were then stitched over the site of the wound. These simple operations gave him complete relief from the troublesome symptoms, changing entirely the quality of his voice.

Deafness, when sufficient to make the finer sounds of the patient's voice indistinct, causes a certain monotony of tone and usually a very pronounced loss of volume. The aurist can frequently tell on hearing the voice of a patient under treatment, and before making an examination of the ears, whether he be better or worse from the quality and volume of the tone emitted. It is interesting to note how short a time of increased difficulty in hearing is necessary to produce these tone changes, and with improvement in the hearing, how quickly the voice regains both in variety and pitch, and increase in volume.

Stammering and Stuttering.—These defects are due to imperfect muscular co-ordination as in the palatal voice before alluded to, but here the difficulty is caused in most cases by imperfect co-ordination of the laryngeal elements of speech. The patient has the greatest difficulty in pronouncing words

predominating in the consonant sounds, and therefore the general idea seems to be that the defect is due to inability to pronounce these sounds. Ahnott has taught, and his view is generally accepted, that this abnormality is occasioned by delayed action in the vocal mechanism, in the failure to begin the vowel sound in the larynx from which other sounds are made; that is, that pronunciation of words is attempted before the tone is produced by the expiratory effort and vocal bands. When the vowel sound predominates and the attention of the patient is thus directed to the larynx, no difficulty is experienced. Usually the difficulty is not noticed in singing, or in speaking if the primary sound is made continuous.

Delevan believes that the defect is aggravated by enlarged tonsils, post-nasal growths, and chronic inflammatory states of the pharynx, and fauces, thereby causing increased effort and attention to the oral formation of words.

Maknen, of Philadelphia, states that of two hundred cases coming to him for treatment for defect of speech, one hundred and forty were stammerers.

The treatment should consist, first, in correcting the diseased conditions mentioned. Second, in increasing the general nerve force of the patient, and third, in directing the patient's mind to the respiratory and laryngeal mechanism, allowing the oral function to be passive and automatic. By following these methods, a number of patients coming under my observation, suffering from these speech defects, have been much aided.

In considering abnormalities causing hoarseness and aphonia, those common causes such as laryngeal inflammations, acute and chronic, tuberculous and syphilitic infiltrations, laryngeal growths and similar affections, will not be dwelt upon. Other less easily recognized pathological changes, however, deserve mention.

Now, it is not always an easy matter to determine the difference between hysterical aphonia, and the loss of voice

from paralysis of the laryngeal muscles. The laryngoscopic image in hysterical aphonia, and in paralysis of all of the adductors (inferior laryngeal nerve) is almost identical. In the latter condition the vocal bands assume a median position on attempts at phonation. In hysterical aphonia, attempts at phonation bring the vocal bands almost together but not long enough to produce sound, and they then return immediately to the inspiratory or median position. The difference is so very slight in many cases, that the differential diagnosis is not easy. A careful inquiry into the history of the case will, perhaps, give some clue to the origin of the affection, but even here it is easy to confound the two conditions, or although we may in some cases be able to determine the central lesions, or find the causes of loss of function to be due to pressure along the nerve trunk, yet this is sometimes impossible to demonstrate. I have found one symptom of hysterical aphonia quite constant, and I have come to rely on it strongly, and this is the audible cough which can almost always be induced. An audible cough is impossible in true paralysis.

Unilateral paralysis, and bilateral thyro-arytenoid and arytenoid paralysis can easily be recognized by the laryngeal image.

Persistent hoarseness is sometimes a symptom, the cause of which cannot always at once be recognized, for the laryngeal image does not always show tissue change. For instance, rheumatism of the pharynx, fauces and larynx is not always associated with visible changes in these tissues. Patients will complain of pain on swallowing, pain on attempting phonation and vocalizing, and of hoarseness. If the lesion is articular, the difficulty may be located by external palpation of the larynx. If muscular, careful inspection of the action of the intrinsic laryngeal, and the palatal and pharyngeal muscles, during attempted phonation and vocalization will establish the diagnosis.

It is a well established fact that hoarseness, as well as cough, is frequently a reflex disturbance, dependent upon pathologi-

cal changes of remote organs. A number of articles have recently appeared establishing a relation between the upper respiratory tract and the pelvic organs. Seiler in the fourth edition of his work on "Diseases of the Throat" writes of this relation, and also that, in co-operation with Prof. Howard C. Kelley, of the Johns Hopkins University, he was able to prove this relationship. The laryngeal symptoms as a uterine reflex, were, a slight hacking cough, feeling of heat and burning in the throat, in some cases a choking sensation, and hoarseness and even aphonia. The appearance of the larynx was almost impossible to describe, but the mucous membrane had a bluish-red appearance with a certain amount of relaxation of the laryngeal tissues. The hoarseness peculiar to prostitutes is no doubt a uterine reflex also, for laryngeal inspection does not always show tissue changes.

Hoarseness and weakness of the voice due to hypertrophy of the normally small mass of lymphoid tissue in the glosso-epiglottic fossa, and known as the lingual tonsil, is of so common occurrence in those patients who use their voices for public singing and speaking, and it is so frequently overlooked even by specialists, that I cannot refrain from giving this abnormality brief consideration.

It is only ten years since these hypertrophies have been recognized as productive of definite symptoms. In sixty cases on my record books, I find that all the patients complained of a desire to clear the throat; 25 per cent. of sensations of a lump in the throat, and 50 per cent. of weakness and hoarseness on prolonged use of the voice in speaking and singing. These hypertrophies can be easily recognized, and as easily removed by means of a guillotine devised for this purpose. The use of astringents, caustic acids, and the actual cautery are, as a rule, in my experience, not of much value compared with excision.

*Anemia causes the voice to be raised in pitch, to become thin in quality, and to break easily from sustained use.

*Skene, "The Voice in Diagnosis," a paper read before the Brooklyn Medical Society, March 17, 1899.

In marked aortic insufficiency is it also high in pitch and ill sustained, but soft in quality. With mitral insufficiency, accompanied by cardiac hypertrophy, the voice is husky and tremulous, and not easily sustained. Many surgeons regard the condition of the voice as a valuable sign for good or ill, following severe surgical operations. In surgical shock it is reduced in volume and resonance, and may even become completely aphonic, and this may be the case even before the pulse is markedly affected. The condition of the voice is also a guide in making a diagnosis of the severity of shock following injuries.

In closing this paper, allow me to say, that it is my firm conviction that successful treatment must be based upon close observation, by all the means at our command, and upon accurate diagnosis, for it is only by these processes that we can accurately separate these cases which are amenable to treatment by the indicated remedy, from those which must be cured by mental and physical training or by surgery.

THE PSYCHOPATHIC HOSPITAL: ITS SPHERE AND LOCATION.

BY ELLEN L. KEITH, M.D.

[Read before the Boston Homœopathic Medical Society]

The question of what to do for, and with, cases of acute mental disease, has to be answered afresh by the physician and friends of each new case that develops in a community. If the symptoms are mild and there is even a little money in the family, their first thought is usually of some private place where the patient will not need to be considered as insane, and of which when he leaves there will not be the memory of association with insane patients. If the symptoms are severe and the patient violent to himself or to others, some prompt action is needed, and the State Hospital seems to be the only alternative. For admission there, certain prelimin-

aries are essential, which take more or less time according to the accessibility and promptness of physicians and the judge, and in some cases the delay results disastrously. It may be in an assault on some member of his family or on himself. The following account, noticed recently in a daily paper, shows how some cases suffer from the delays incident to legal commitment.

“January 19, 1903 . . . committed suicide in the woman’s cell at the police station this afternoon. He was brought to the station Saturday evening, and was to have been sent to the insane hospital at Augusta this evening. While the physicians and aldermen were considering his case, and papers being made out for his commitment he hung himself. He was about thirty years of age, and was employed in one of the cotton mills.”

This is not an isolated case, and in some sections of the country the police station is frequently used as a temporary refuge for mental cases. It can hardly be considered a suitable place even if it is usually a safe one.

Within the last few years there has been considerable discussion on the subject of hospital care for the mentally sick, and something has been done on this line in several states. The belief is that, if mental disease could be treated in its early stages, severer attacks would be aborted and fewer cases become chronic. It is said that if some hospital, managed on the same plan as our surgical and medical hospitals, was open freely to these patients, they would apply earlier for treatment and so have a better chance for recovery. Incidentally, it is also stated that such a hospital should be in or near a large city, in order that medical students might have a better opportunity to become acquainted with mental diseases. Some claim that it should be a part of the general hospital, and that many of the patients might well be cared for in the same wards as the medical cases. Very strong emphasis is laid on the objections to the use of the word insane in connection with

such cases, and a new name for those thus diseased, and for their hospital, is strongly urged.

Psychopathic seems to be considered the correct designation, and it is believed that it will prove more acceptable to the patient and his friends. They certainly are willing, as a rule, to acknowledge that there is mind sickness but not insanity. Whether, when the public realizes that changing the name does not change the disease, they will be any more ready to allow its existence under its new title, remains to be seen.

The disease has already passed through as many changes of name as it has variations in treatment.

That acute cases of mental diseases need, and should have hospital care, has been recognized for many years, and from the establishment of the first homœopathic hospital for the insane it has been provided for those of our school. At Middletown, N. Y., twenty-five years ago, the recent cases were considered as physically ill and cared for as bed patients. Eight-teen years ago in building the Westborough Hospital, provision was made for certain wards to be used as hospital wards for the acute cases, in distinction to the infirmary wards for aged and helpless patients. The results proved the wisdom of the theory, and the plan has been adopted in many state hospitals. In several, special hospital buildings have been erected. Among the latest in this state is the set of buildings planned as an addition to the Boston Insane Hospital, the description of which seems to promise excellent opportunity for carrying out the hospital idea for patients having a claim on Boston.

There are certain special requirements essential for the care of mental patients, and disguise the disease by whatever name we will, these requirements must be met. There are others, that to those actively engaged in this work, have seemed essential and have been provided at considerable expense.

Among the former are provision for safety to self and others, suitable food, sufficient care from nurses to insure cleanliness

and neatness of person, and a reasonable amount of classification and separation of the different types of the disease, with seclusion of those who are noisy and turbulent.

Among the things considered as very desirable are ample grounds, affording opportunity for exercise out of doors free from observation of strangers, or for healthful occupation for those who might be benefited by some work, and for the pure air and invigoration which space alone can give. Entertainment and occupation both in doors and out have also been deemed important.

As it is only for acute and incipient cases that the Psychopathic Hospital is intended, and chiefly for such as are of limited means, it is possible that some of the essentials of the average state hospital can be eliminated, but others will need to be added.

As has been stated, the Boston Hospital is building, in connection with its present wards for chiefly chronic cases, a set of buildings which affords separation, seclusion, observation, and nursing, together with rooms for laboratory and surgical work. These buildings are in the open country and yet near to the city, thus affording easy transit for patients and their visitors, as well as for classes of medical students, if desired.

At Westborough we are especially favored in already having the beginning of a most excellent hospital. Perhaps we ought not to allow that it is only the beginning, but to those who have been obliged to send patients from homes or from private hospitals to a public hospital, and have chosen Westborough as the best to be had, there must have come the trying thought that if the patient proved noisy or very disturbing, the new hospital building would be closed to all such, no matter what the pay might be, and that a transfer to the chronic ward would be inevitable. This fact, alone, emphasizes the necessity for ample space for several buildings and for a variety of buildings. With two or three additional buildings located at suitable distances from each other and from the Talbot Ward, we should have the housing of a Psychopathic Hospi-

tal of which we might well be proud, and to which we could send acute and curable cases with full assurance to themselves and their friends that they would not be put with chronic insane patients.

A great need, both at Westborough and at most state hospitals is additional space for the noisy chronic insane, an entirely separate and secluded small ward for the noisy cases among the acute insane, who may be so either temporarily or for a long time. Such a ward separated from the main building would be a source of care and anxiety to the superintendent and to all who had any responsibility in the matter, but we are seeking not to lessen care, but to improve conditions.

Another of the additional buildings should be for convalescing patients. This could be of less expensive construction and be fitted in many ways like a private house.

Westborough already has its apparatus for electro-therapeutics and for hydro-therapeutics, and does excellent pathological and surgical work in spite of its limited accommodations.

It has its training school, and it has been the rule from its beginning to inculcate the principles of kindness and gentleness in the care of patients, as well as to study how to care for any sick person. It is found that nurses trained in our state hospitals show more skill and tact in dealing with mental cases than the general nurse even after her years of training. It is also found, as a rule, that a nurse whose first training has been in a surgical hospital does not like to take up work with mental or nervous cases.

On the other hand, a course of study in Westborough stimulates a large portion of the graduates to take either a full course in a general training school, or to go to New York for the shorter course in the Post Graduate Hospital where they have been warmly welcomed.

I have spoken especially of the hospital at Westborough, because it can be taken for granted that as homœopathic physicians we shall prefer to put our patients in a homœopathic

institution; also because the State has already provided there a valuable building for acute cases, and it is probable that it might add what was needed to complete that plant when it would not provide an entirely new one elsewhere.

The theory that it must be located near a city for convenience to medical students does not seem a necessity, so far as permitting clinical advantage.

There is one thing that it would be desirable to attain in some way, and that is a greater interest on the part of the general physician in mental diseases, and greater sympathy for mentally sick patients. That there is this lack of interest seems to be shown by the practical dropping of the consideration of the subject from the meetings of the Institute during the last few years. It is also shown by the frequently expressed wonder that anyone should be willing to undertake medical work in hospitals for nervous and mental patients.

Whether physicians would be sufficiently interested in a psychopathic hospital, if one were established in or near a city, to serve for periods of three months each as they now do in the general hospitals, and whether this method would ensure better results than the present one, is an open question. That more physicians should be employed in our state hospitals as assistants and internes, giving all more freedom for study, more time for recreation and for mingling with the outside world, as well as opportunity for a greater number of young physicians to become familiar with mental cases is undoubtedly true.

The McLean Hospital offers a good example in the training of men for this line of work, averaging one to about twenty patients. Much is expected of them, but very much is offered them in the opportunity to study, both clinically and in the various fully equipped laboratories.

Our state hospitals do something in this line but when the average physician of one to about twenty patients is compared to one to a daily average of about one hundred and thirty patients, it can be seen what the proportion of laboratory work

must be, as well as the amount of clinical study that can be given. The acute cases in an insane hospital like acute cases anywhere, are the ones that demand most of medical skill, special nursing and generous supplies of every kind, and all these things cost money; but if the patient can be cured before the disease becomes chronic, much money will be saved. It is estimated that, in New York, the average cost to the state of every undischarged patient is six thousand dollars. It cannot be expected that all acute cases will recover, but it is with these that hope lies.

If it should be decided that, at least for the present, the most feasible location for psychopathic hospitals be on grounds now owned by the state, and managed as adjuncts of our present state hospitals, with additional working facilities, what is the class of cases that should be admitted to them, and how shall they be induced to go there?

Some claim that the neuropathic equally with the psychopathic need hospital care, that their symptoms are as often interchangeable, and that the treatment for one is often applicable to the other. As one writer has truly stated, both are found in most private hospitals and sanitariums, "living together in a manner that goes to show one of two things—either the two classes belong together to a great extent, or else their separate needs are largely ignored." As both classes frequently recover in these private hospitals, it is fair to conclude that they are not wholly ignored.

When one considers how long the nervous or mental patient has been losing ground physically before applying for admission to even a private hospital, and how faithfully the family physician has studied the case and suggested one course of treatment after another, before advising or consenting to a change from home care, is it any wonder that the hospital physician learns not to expect quick results, and cultivates patience as a necessary virtue both for his patient and for himself?

However, there comes a time when a change seems desirable

to all, and a suitable place is sought. Here is where easy access to some public hospital is so greatly needed. The means of the family, though ample for comfortable living while in health, are not sufficient to provide for prolonged and expensive care at home or in a sanitarium, though the family will often insist on spending nearly all they have in this way before they consent to send a friend to a state hospital. It is because of this fact so often met and advised against in my experience, that I have chosen this subject for my paper.

If the public could be brought to realize that insanity or mental sickness was not a disgrace, but a disease the same as any other disease, that the state hospital was as respectable as the city hospital, that a moderate amount of money expended there would rank the patient as "private," and, aided by the large investment of public money which every hospital, every school and every college has, would secure as good, and in many cases better, treatment than a private place could afford to furnish for several times the amount, it seems as though much would be gained.

The State already permits patients to commit themselves voluntarily to its care, but under such restrictions that many are excluded, who otherwise might be received into its psychopathic department without the necessity of being adjudged legally insane.

To those who know the constant demands that are made on the Adams Nervine Asylum, for accommodations for so-called nervous cases able to pay a moderate amount, but who show some mild symptoms of mental disorder that would exclude them from its care even if the long waiting list of legitimate cases did not prohibit their consideration, feel that some institution similar in its scope but open to mental cases, should be made as attractive and as reputable.

The word reputable is used with consideration. Perhaps "fashionable" would be even a better one. Were such a place provided and its character fully understood, and the public made acquainted with its aims and methods, there would be

less demand for private sanitariums and quite as many recoveries to record.

As a summary of the practical points in my paper I would like to suggest: 1st. The desirability of the establishment of psychopathic hospitals in such numbers and at such locations as the demand proves to be wise. 2d. The feasibility of so expanding and improving the present hospital for acute cases at Westborough by additional buildings, by a largely increased working force both of resident physicians and of internes, by the supplying of such facilities for study as will prove attractive to the best graduates from our medical schools, and by such full course of clinical lectures to students as shall give them a taste for further study, and that we shall have no need to be ashamed of the psychopathic hospital provided for homœopaths, either for patients or for students. 3d. The so presenting the facilities of this hospital to those of our patients needing its care that they will be ready to avail themselves of it in an early stage of their disease and thus have a better chance for recovery.

THE TREATMENT OF FLAT FOOT.

BY GEORGE H. EARL, M.D., BOSTON, MASS.

A few points in the treatment of flat foot have not received the attention they deserve, and a consideration of them, somewhat in detail, may be of service.

Especial attention is directed to the plan of gradual correction by means of adjustable pads, which constitutes essentially a preparatory treatment, and second, the adjustment of a plate which embodies some special features not in common use. The etiology and pathology of the condition are pretty well understood, and even the patients themselves, are sufficiently familiar with the symptoms to often present themselves with the diagnosis already made, and asking for plates.

A flat or weak foot is one in which there has been more or

less sinking of the plantar arch, or a drifting or rolling inward of the ankle, or a combination of both these changes. It is caused, usually, by undue strain upon the ligaments, as in continued standing, especially if in a faulty attitude.

The treatment aside from the application of a proper support consists in correcting the attitude, directing the patient to avoid toeing-out in standing and walking; proper boots; raising the inner border of the sole, and the so-called heel and toe exercises. The latter consist of raising the body upon the heels alternately, with the toes, and should be done slowly and with the boots off.

The most satisfactory treatment, however, is the application of a support, which aims to hold the foot and ankle in the normal position, without interfering in the least with the function of either. This is usually accomplished by the use of a plate, popularly known as a flat foot plate.

The preparation of the foot by gradual correction, and the model of plate to be used, cover the scope of this paper.

The foot as a support for the weight of the body, is an arch, stable and strong. Swaying of the body in any direction should not change the relation of any of the parts of the arch to each other. The foot should not roll. So a support for the weakened, or flattened foot should possess these features. It should be stable and of such a model that when resting on a flat surface, and pressure is applied from above, it will remain in position and not roll. Only in this way can the foot be given the absolute support which it needs. This object is not secured in many of the plates in common use.

To illustrate: In the following accompanying diagram, the points A, B, C, D, Fig. 1, are four points at which the foot rests upon the bottom of the shoe. A, B, represents one pier of an arch, and C, D, the other. If these four points are on the same horizontal plane, and held there the foot is stable, and self-supporting.

It is when the weight is not evenly distributed over these four points in standing that we have the condition known as

FIG. 1.

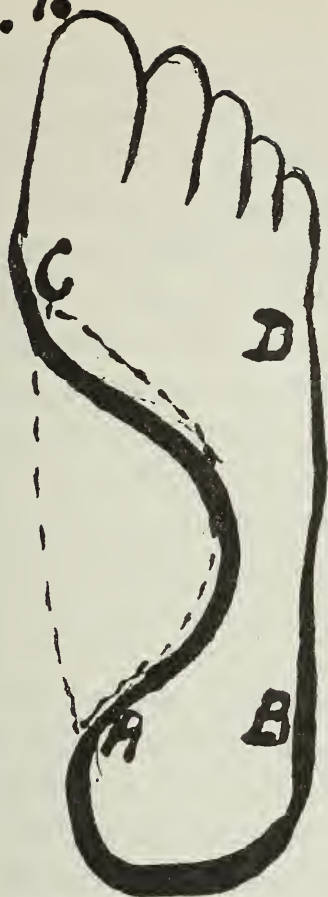


FIG. 2.

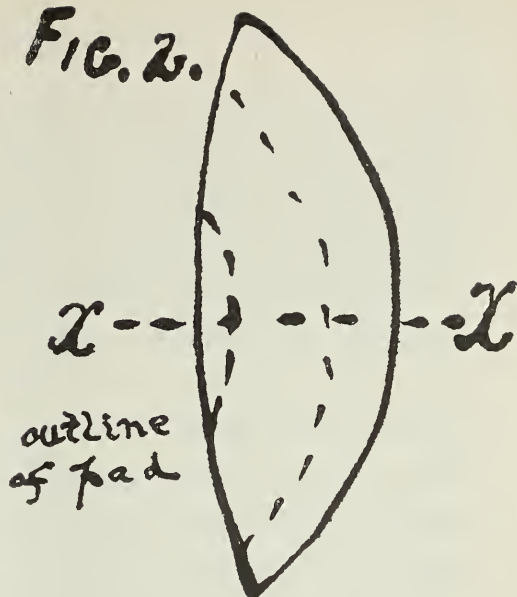


FIG. 3.

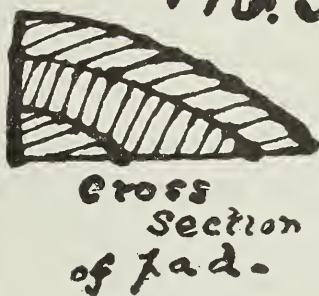
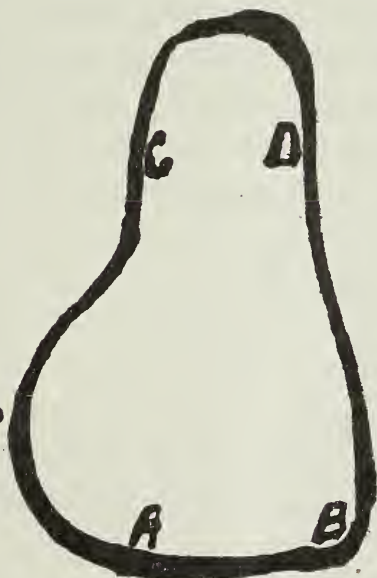


FIG. 4.



outline of plate.

flat, or weak foot. If the arch is dropped, or the ankle rolled inward, more weight is brought to bear on the points A, and C, than on B, and D, and with a plate as usually constructed, this tendency of the foot to follow is not restricted.

The preparatory treatment varies according to the severity of the symptoms. A foot which has become very sensitive, may require rest in the bed, with the application of corrective bandages as a first step. It may require support from a plaster of paris bandage, in which has been incorporated the felt pad for the first attempts at walking. The average case, however, will be relieved by the application of a pad at once. The pads are made of firm felt about one-fourth to three-eighths of an inch in thickness, and from one to three or four layers may be used.

In the plate, Fig. 2 shows the outline of the pad and Fig. 3, a cross section, along the dotted line x x, Fig. 2. The pad should accurately fit the "hollow" of the foot, i.e., it should correspond in outline to that part of the foot which does not touch the ground, as indicated by the dotted outline in Fig. 1. Its highest point is just midway of the length of the pad, and on the inner edge.

The pad thus becomes a wedge, with rounded sides, which may be pushed farther under the depressed arch, or partly withdrawn as can be borne. Successive layers may be added until the arch is restored. The firm felt furnishes the unyielding support which is found to be necessary. This pad is applied outside the stocking and held in place by a couple of turns of gauze bandage. The patient quickly learns to apply them, and usually three to six weeks prepares the foot so that a flat plate with practically a normal arch can be applied and worn with comfort.

The method of preparing the plate is as follows: The foot is wrapped in a few turns of plaster bandage, two or three times entirely around the foot, then six or eight turns back and forth across the bottom, and a final turn entirely around. The foot is then allowed to rest on the floor, the leg perpendicu-

lar. This brings the four points A, B, C, and D, on the same horizontal plane, and when "set" the plate is a *mold* for the *cast* of the foot. The cast is made by pouring plaster and when set, is corrected. The correction consists in carving out a proper arch for that particular foot. The outline of the plate is marked on the cast, and the plate is made to correspond in outline and shape.

Fig. 4 shows the outline of a plate. A plate made after this plan, having pressure applied from above, at the point E, which is the point to which the weight of the body is transmitted, becomes more stable and firm, the greater the weight. No lip is required on the outer side to hold it in place.

At the point F, the plate is rounded slightly to support the transverse arch, and also serves to keep the plate from any tendency to move laterally. It is a common occurrence for an average flat foot to recover after wearing a plate six to eight months.

The material to be used in the plate is a matter of some importance. Steel and aluminum bronze have been extensively used. The aluminum is light, but is apt to flatten, not being stiff enough. Steel rusts, even when protected by heavy copper and nickel plating. The steel must be tempered after being fitted, and any change in shape requires "drawing" the temper and replating. German silver has been found most satisfactory. The sole objection is its weight, but this is not often objected to by the patient, if relief is afforded. The metal is not expensive, requires no tempering or plating. It takes a good polish, and stiffens in process of shaping. The shape can be changed easily without injuring the plate; in fact, the pounding adds to the rigidity of the plate. The plate is sometimes "raised" two or three times during its use.

It is an advantage to have the under side of the plate rough as it is thereby the better held in place in the boot.

EDITORIALLY SPEAKING.

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

PREFATORY NOTE.

The June issue of the GAZETTE will be a special and enlarged number in honor of the meeting of the American Institute of Homœopathy, and will contain many valuable contributions, as well as the latest information regarding the plans and arrangements for the welcoming and entertaining of the visiting members and their families.

It is with pleasure that we give place editorially, in the present number, to the following statement of reasons, by a prominent Boston physician, why homœopathic practitioners should identify themselves with the Institute, and endeavor to be present at its sessions, especially at the one to be held in Boston in June. New England physicians will certainly never have a better opportunity to evidence their interest and sympathy in the aims and efforts of our national organization, to aid in increasing its influence, its power to confer benefits on the individual, and its ability to command a more general and complete recognition of the merits of homœopathy.

THE BENEFITS OF ATTENDING THE INSTITUTE MEETINGS.

It is probable that hundreds of physicians, the country over are asking themselves, in these days, whether it "will pay" for them to attend the meetings, in June next, of the American Institute of Homœopathy. For such, and indeed for ourselves, it may be profitable and interesting to consider the reasons why membership in and attendance on the Institute, in the long run, distinctly "pay" the members of the homœopathic medical profession.

It has been well said that the wages of every career may be viewed from two standpoints: the wages of the trade, and the wages of the life. The former is the standpoint of commercialism, pure and simple. The latter is the broader standpoint that takes into account man's business in life as a whole, apart from the earning of money enough to carry on successfully the outside functions of that life.

From the standpoint of pure commercialism — of the wages of his trade — it pays a physician to attend the Institute sessions. For one thing he becomes known, in proportion to his power to make his individuality felt, outside the narrow limits of his own particular bailiwick. That means, that when there is any position of importance waiting to be filled, a place in the councils of the State or the nation where a strong medical man is needed, he will stand a chance at being considered for that position that the stay-at-home could never stand. It means that when his brother physicians, at a distance, have occasion to recommend a medical attendant to patients who are migrating to his part of the world, he will be naturally thought of as a desirable physician to be recommended; having made himself known to his brethren from afar. In a single case, thus recommended to his care, he may make twice his expenses for any given Institute trip.

Again, close attendance on the work of the various bureaus, with the opportunity to ask all desired questions as to the cases reported and the theories advanced by the speakers, is, in itself, a sort of brief post-graduate course in very practical medicine. By attendance upon it, the doctor brings himself up to date, as he could not do by months of reading of the current magazines, even should he have access to all these. There is not a department of medicine or surgery, in which he cannot reap new and helpful fact and thought.

Thus from the standpoint of absolute commercialism, of sole self-interest. It is to be hoped, and it is most heartily to be believed that few, indeed, of our great army of workers

in the field of medicine in general, and of homœopathy in particular, will look at the question of Institute attendance from a point of view so limited and so cheaply expedient. But if there be such, it would be well for them to take into their reckoning the considerations above set forth.

Turning to the wages of the life, as earned by interest in and identification with the Institute, and we find ourselves in a pleasant field. The busy doctor, whose purse forbids long excursions, and yet whose hearty Americanism makes him eager to know by personal observation something of his great country has, in the reduced travel-rates that always obtain for Institute members, annual opportunity to see some novel, distant, and appealingly interesting section of our common country. It is a law of our being that change of nerve stimulation is the best incentive to increase of working energy. Such a change we find, in leaving our routine work for a larger outlook. There is alike rest and inspiration in feeling one's self a part of an organic whole. We leave, for an hour, our life as units, and breath a common, a universal air when we join our brethren from the great country over in planning the advance of our common Cause, and in pledging ourselves anew to the service of the cause. We learn modesty, by measuring our achievement by that of men greater than ourselves. We receive encouragement in recognizing how instinct with life is the Cause for which alike we labor; and in seeing what wisdom, what unselfish work, what affectionate energy are being poured out in its service. We know that the best good to be had from church-going, is often the unifying of our own working with that of the Church Universal. So with the coming together on the basis of medical service, a thousand can, by commingling in one interest, serve that interest ten thousand times better than can one individual man. The vibration of the wholeness of things is a vibration from which the individual worker can draw lasting strength and power.

The Institute meetings offer opportunity of service to one's

fellow workers, of the most practical sort, Individual experiences become common instruction. The remotest worker in a country village may be able, in discussion, to furnish in some case that has come under his observation, the key to a vexed question. The practitioner of a wide field of labor, may help his more circumscribed brother, by statistical testimony to the efficacy of a questioned treatment. In the mere hand-clasp with a thousand men who are working to a like purpose with ourselves, there is an uplift and an inspiration. Our visits to the Institute pay very high wages, when viewed from the standpoint of their contribution to the worth and the interest of life.

We want the forthcoming meeting of the Institute to be the most memorable in its history. With the background of our old historic city, and the united and eager welcome our men of New England stand ready to offer, there is no reason why this ambition should not find fulfillment.

* * *

ON ADVERTISING AS A SPECIALIST.

One of our constituents has bespoken an expression of our opinion on the desirability of advertising one's self as a specialist. Our correspondent had not, of course, any crime in contemplation, such as the unethical exploitation of one's wonder working powers through the medium of the press. Strange, by the way, is it not? how newspaper correspondents will get hold of a full, true and particular account of a man's equipment—mental and material—to deal with the ills of the flesh.

Most extraordinary how they are able to become so well posted upon his methods and even his daily doings. No promulgation of any society, prohibitive of ephemeral notoriety, seems to give sufficient protection. We are willing to believe in mind reading if, for no other reason, because it is clearly

impossible that the would be interviewer could ever obtain from the would be interviewed—from the would-not-be interviewed we, of course, must have meant—such accurate and unlimited information.

But we digress. Our correspondent merely-raised the ques- as to whether it is or is not desirable to announce one's specialty upon one's business cards. At first we are tempted to exclaim: "Why not? If a man is qualified to do special work, i. e., is not merely a six-week's-post-graduate-course-production, what else can he or shall he do but inform his brethren and the public of the fact?" But reflection convinces us that the question is by no means to be so readily and simply dismissed. There are arguments which may be advanced against, as well as in favor of pursuing such a course. It is not a deterrent that by so doing he, to all intents and purposes, lays claim to a peculiar degree of expertness, and to knowledge and experience beyond the ordinary, or that, by such an announcement, he virtually informs the public afflicted with certain forms of disease, of his confidence in his ability to relieve and cure them, so far as such afflictions are remediable or curable. It is exactly this knowledge of his qualifications and chosen field of work he wishes to convey, and which he has a right to publish if he is fully competent. But it is a matter of importance whether this method is best adapted to the securing of those cases he is most desirous of treating. Will it retard or hasten his success? increase or decrease his opportunities?

It is difficult to answer such questions with satisfying directness, so much depends upon each man's personality and environment, and, as a result, that little insignificant, significant word "if" steps at once to the fore.

A man must undoubtedly have capital or resources of some kind, if he is off hand to set up as a specialist, and as a specialist only. And his location must be a city of considerable size. An extensive circle of acquaintance is desirable, if not necessary, and some form of active professional service, such

as a clinic, which will keep him before his public and the public at large—the larger the better. It is obviously a necessity to such a man that he should make known his department of work in medicine by every legitimate means, business cards included. The same holds good if, similarly located, he voluntarily and wholly resigns an established general practice for special work.

But all physicians are not located in large cities; not all have capital; not all resign from general practice. How about those, for instance, who wish to specialize in towns and villages? Perhaps *Punch's* conservative advice on marriage might best meet their case.

Many years of rather close observation of the evolutionary processes through which the generality of men pass before attaining permanent success as specialists, leads us to believe that the number outside of cities who thrive by work exclusively in one department is very limited, and that this number would be greatly lessened, if those who specialized announced in black and white their intention of confining themselves strictly to their specialty.

Observation also confirms the belief, that the specialist in the city is often but the onetime general practitioner in the country, who has graduated from a general practice, and naturally gravitated toward the larger, more promising field for special work, meanwhile supported and sustained by fees acquired as a family physician.

The gist of the matter probably is that, without capital, a paying professional position, or a good allround practice to start from, it is inadvisable for a man to attempt, whether in a city or a town, to immediately grasp the rewards and pleasures of specializing. For the majority the old way is, perhaps, the best as it is the safest, that is, to make the most of selected cases, gradually calling attention through them to one's ability and preferences, letting one patient bring others, and one good result occasion other opportunities to exercise one's skill. Reporting cases before societies and in medical journals

makes the profession aware of a man's work, and often helps his professional standing, though unproductive of direct returns.

By degrees, by such simple methods, by good work and persistent effort, a more genuine and lasting recognition is often obtained than comes, in the majority of instances, to the specialist who dispenses with preliminaries and boldly announces his devotion to a single department of medicine, by business cards, medical journals and in other ways perfectly justifiable, but not productive of immediate financial returns.

THE POTENCY QUESTION.

The reasons why no uniform dose or potency can be asserted to be the right one are as follows: (1) The mental temperament of the physician. (2) The individuality of the patient. No two patients are alike. They differ in temperament, in diathesis, in mental characteristics, in susceptibility to medicines and in a hundred different ways. (3) The disease. It is quite understandable and known in practice that certain diseases, for example, most acute forms of diseases, require lower dilutions than chronic ones, while the frequency of administration of doses has to be raised in a similar way. (4) The medicines. Certain drugs are universally, or at all events largely, admitted to be most efficacious, as a rule, in the lower dilutions, while others are as universally found to act best in the higher dilutions. It seems to me, therefore, that a hard and fast rule as to potency is impossible at present.

When we find two camps of high and low dilutions existing, and each successful in practice, the wise and broad view to take is that there must be truth on both sides and that success is obtained by both high and low dilutions, according to the circumstances.—*Dr. D. D. Brown in Medical Century.*

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the society was held at the Boston University School of Medicine, East Concord Street, Boston, Thursday evening, April 2, 1903, at eight o'clock, the President, W. F. Wesselhoeft, M. D., in the chair.

Dr. Watters exhibited the following specimens: one specimen from Dr. J. E. Briggs, showing a tubal pregnancy, the tube having ruptured and the fetus now appearing still connected with the mucosa by the placenta and umbilical cord. Also two ovarian tumors removed that day, showing quite well two types of neoplasms; one is a cysto-fibroma, the other a sarcoma.

Mr. Chadwell exhibited a case of double ureter removed postmortem from a woman. The anomaly was on the left side, the kidney being normal except the pelvis which was completely divided into two chambers, each drained by a separate ureter. The two latter organs were normal in size and their vesical ends were both patent.

Dr. Roberts presented several specimens of the lesions referred to in his paper, for microscopic examination.

Dr. Turner reported a decidedly uncommon case, which had been under his observation, and exhibited a section of the brain prepared by Dr. Watters.

The patient, a woman 57 years of age, had been in quite poor health for a number of years, and her mental condition gradually became less acute than normal. About three years ago she began to have extremely severe headaches on the left side of the occiput, extending from thence down the neck and forward to the frontal region. These headaches were worse at night. At that time (three years ago) he suggested the possibility of there being a brain tumor, on account of the persistent localized pain. Shortly after

that, two and a half years ago, the typical condition of myxœdema developed; she was then put on thyroid extract. All the symptoms became less severe, the headache disappeared almost entirely and, of course, the question of an intra-cranial growth was dropped.

From that time until last December, she had attacks of headaches returning at intervals of one, two, four or six weeks, the pain being very severe, with vomiting, and after a few hours she would become semi-comatose; this condition lasting generally twenty-four, and exceptionally forty-eight hours. She always claimed that she remembered nothing of what occurred during the time she was partially unconscious, but appeared to know what was going on, and would answer questions correctly.

Since the first of the year she has been less strong, and the mental condition weaker. The headache, also, gradually increased until about ten days ago it became very severe; she passed into coma, and remained in that condition for a week. The last three days of the comatose state she developed increase in temperature, respiration, and pulse, so that a diagnosis was made by one consultant of a terminal pneumonia of the right side, which proved later, on autopsy by Dr. Watters, to be hypostatic congestion.

There was every evidence of the myxœdema, and absence of the right lobe of the thyroid gland was noted, nothing but fibrous tissue remaining.

As to the brain condition, i.e., the comatose state and the cause of it, several diagnoses were made by the different physicians called in consultation, such as thrombosis of the cerebral sinuses, hemorrhagic pachymeningitis, etc., but on opening the brain cavity, at autopsy, Dr. Watters found in the left hemisphere of the cerebrum, in the parieto-occipital lobe, a fibroma. Now that is one of the places in the brain where if a tumor develops there may be very few resulting symptoms, so that one would have great difficulty in diagnosing the growth. She had absolutely no symptoms that would

indicate a cerebral tumor, except the persistent pain on that side of the head, and curiously enough, during the last ten days that the patient was conscious, the pain was felt altogether on the right side of the head in the temporal and frontal regions.

Dr. Briggs exhibited a specimen of a fetus removed by him in a case of extrauterine pregnancy, and said that the case was one of unusual interest, as a second rupture had occurred. The first preceded the second about a week or ten days, when the fetus made its way from the tube to the broad ligament.

Dr. Briggs: The patient at that time experienced severe pain, and suffered from shock and hemorrhage. Now this fetus, with the placenta, had escaped among the intestines. When the second rupture occurred she bled excessively. I found her in great collapse, pulse not to be counted (160 or 170), temperature 96°. Upon opening the abdominal cavity, there was a quantity of blood clots. We stopped the bleeding, took out the fetus, and she rallied from the operation, but developed a high temperature (105°) very unexpectedly. The next morning the right lung was quite solid, and she had an ordinary pneumonia, from which she has made a fair recovery. The lung is still somewhat solidified, but clearing up as well as could be expected.

REPORT OF THE SECTION OF PATHOLOGY AND THERAPEUTICS.

W. H. Watters, M. D., Chairman; D. P. Butler, M. D., Secretary; E. T. Ransom, M. D., Treasurer.

PROGRAMME.

1. "Pathology of Typhoid Fever." W. F. Roberts, M. D., Boston City Hospital.
2. "Diagnosis of Typhoid Fever." J. P. Sutherland, M. D.
3. "Treatment of Typhoid Fever."
 - (1) Materia Medica, W. P. Defriez, M. D.
 - (2) Hydrotherapy, H. E. Spalding, M. D.
 - (3) Dietetic, F. B. Percy, M. D.

General discussion opened by C. H. Thomas, M. D. and E. T. Ransom, M. D.

Dr. Ransom: I have had a little experience, either in general practice or general hospital work, with typhoid fever, but in regard to the treatment of this disease by hydrotherapy I am very much interested, but I feel entirely inadequate to discuss this paper.

Dr. Spalding has, I think, very clearly described the different methods. Among the special methods, the one that interested me the most is known as the tubbing method, and is the only one I had any experience with when working in the Johns Hopkins Hospital for several months under Dr. Osler, and was practically the only kind of treatment given, except in extreme cases. Dr. Osler, who is one of the firm believers in this country in this treatment, agrees with Dr. Spalding that it seems cruel, but thinks it is better to be a little cruel if by doing so he can save one in a hundred. About the only indication for the tubbing was a temperature of, or above, 102.5°, and the bath was rarely changed from a temperature of 70°; sometimes it was raised to 80°, rarely to 85°, never below 70°, I think, and Dr. Osler never allows the bath to be over 80°. As a rule patients did not dread the bath; occasionally, one did. A bath was given once in three hours, and never more than seven during the twenty-four. The patients are never dried after taking the bath, but are wrapped in sheets and covered with blankets to allow of evaporation. I have heard it called a very rigid treatment, but when you consider the decrease in mortality from 24.2 per cent. to 7.3 per cent., it does not seem so severe. The average in all American hospitals is still uniform. I have made a short list showing the mortality in some of the hospitals.

Johns Hopkins, 7 per cent. Dr. Osler.

German Hospital, Philadelphia, 7.25 per cent., Dr. Wilson.

U. of P. Hospital, 7.3 per cent., Dr. Tyson.

Presbyterian, 7.5 per cent., Dr. Thompson.

Bellevue (worse cases), 9.0 per cent.

Brisbane, Australia, 7.5 per cent.

Brand himself reports 1.0 per cent.

There are complications, but I think Dr. Spalding has spoken of them. It has been said that hemorrhage seems more common with the tubbing treatment, but I am inclined to think that when cases die, it is from perforation, or some complication of that kind, instead that the tubbing caused it.

As Dr. Spalding has spoken of the bad results of the cold baths, I should like to speak of the good results:

(1) The reduction of temperature.

(2) Strengthening of heart and pulse.

(3) Deepening and slowing of respiration.

(4) Decrease of nervous symptoms, delirium; apathetic symptoms disappear; insomnia is relieved.

(5) Decrease in mortality, which is the greatest benefit of all.

(6) Improvement in digestive symptoms, a moist and clean tongue; more appetite.

Since the adoption of the Brand bath the so-called typhoid state is rarely seen now in hospitals.

I have seen several cases where perforation had taken place, and in fifty-two cases operated upon seventeen were saved. The operation should be performed just as soon as the patient has recovered from the shock attending the perforation, and is the only treatment for this condition and should be used except when the patient is in a moribund condition. The symptoms are: Severe abdominal pain during third or fourth week; nausea and vomiting; leucocytosis, which never develops in typhoid except immediately after perforation.

Dr. Cushing reports three successive laparotomies with recovery.

The percentage of life saved by operation after perforation should not be lost sight of.

Dr. Moore. I should like to ask Dr. Roberts how long the typhoid bacillus has been recognized?

Dr. Roberts: I think it has been recognized a number of years, but the last two years the name has been changed. All the work that has been done at the City hospital in this direction has been accomplished in the last four years.

Dr. Stedman; I have been very much interested in the topics of the evening.

During the first few years of my practice, typhoid fever was the *bête noire* of my existence. I dreaded it more than the ordinary layman dreads the small-pox. In my practice I followed the suggestions, as laid down by various authorities, in the matter of tubbing and diet. As far as hydrotherapy is concerned, I have come to the conclusion that, to subject a patient to the Brand bath, is practically submitting him to a John L. Sullivan or a Jeffries. I do not believe in using physical force, when we can obtain just as good results by tepid or chilling baths.

In the matter of diet, when Dr. Percy was speaking of the Russian physician's liberal diet treatment, I was reminded of the old country doctor who fed a Nova Scotian on herring for typhoid fever, and he recovered. The entry made was: "Salt herring is a fine diet for typhoid fever." The next time a Yankee was ill, was given herring and died. The old doctor had to change his entry and say, "Good for Nova Scotians, but death to a Yankee." I feel similarly about Boucher's dietary. As to alcohol, I have failed to find any good results from its use in severe illness; I believe that it is absolutely worthless in sickness, except as a food, and its so-called stimulating effect is more than counterbalanced by its deleterious effect on the higher cerebral centres, and I as a physician, do not believe in its use.

Adjourned at 10:15 o'clock.

H. O. SPALDING,
Secretary

BOOKS AND READING.

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

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By Robert Bartholow, M. A., M. D. LL. D., Professor Emeritus of Materia Medica, General Therapeutics, and Hygiene, in the Jefferson Medical College of Philadelphia etc. Eleventh edition, revised and enlarged. New York and London: D. Appleton & Co. 1903. pp. 866. Price, cloth, \$5.00.

Our ability to determine whether a given book is one we want or not depends, to a great extent, upon our knowledge of its scope and general character. It will be well, therefore, to acquaint the reader with the principal features of Dr. Bartholow's work, although the many editions through which it has passed have given large numbers of readers familiarity with it. The methods in which medicines are introduced into the organism occupy the first thirty pages. One method of special interest is that of transfusion, which is explained in detail and which follows pages on insufflation, inhalations, atomization, hypodermic injections, etc. The great body of the work is devoted to a thorough and comprehensive consideration of the actions and uses of remedial agents. These are broadly divided into two classes, systemic and topical remedies. The first class includes tonics, or remedies used to promote the constructive tissue metamorphosis; alteratives, those which increase retrograde tissue change; antiseptics, those used to destroy microorganisms or morbid germs, and to prevent or arrest septic processes, and finally, those which pre-eminently modify the functions of organs.

It is impossible to particularize to any great extent in commenting upon a work of such magnitude, yet some sections are of special general worth, such as those on ailments, denutrition, alimentation in disease, hydrotherapy, massage, etc.

The simplicity of the classification of remedies is commendable, and the condensed, connected description of the physiolo-

gical action of drugs with summaries of the opinions of leading authorities is remarkably complete. The bibliography is quite extended, and the descriptive matter on pharmacopeial preparations and upon therapeutic applications, is eminently satisfactory. There is a clinical index as well as an index of remedies. Type and binding are well up to the standard. The great care which has been exercised to include every drug, which a physician might wish to know about, if not to use, is very noticeable, and such painstaking work is in itself a guarantee of conscientious verification of the reliability of all statements made.

RATIONAL HYDROTHERAPY: A MANUAL OF THE PHYSIOLOGICAL AND THERAPEUTIC EFFECTS OF HYDRIATIC PROCEDURES, AND THE TECHNIQUE OF THEIR APPLICATION IN THE TREATMENT OF DISEASE. By J. H. Kellogg, M. D., Member of the British Gynecological Society, etc. Illus. Second edition. Philadelphia: F. A. Davis Company. 1903. pp. 1193. Price, cloth, \$6.00; half russia, \$7.00.

The scheme of this work includes first, a short historical sketch and a brief resumé of the physical, anatomical, and physiological facts which are especially related to the subject; second, a study of the physiological effects of thermic applications; third, a description of the technique of all useful hydriatic procedures; and, fourth, a section on hydriatic prescription making, in which is represented a brief summary of the indications presented by the diseases most commonly encountered in practice, and of the hydric measures required to meet the same.

An excellent feature of this book is the intelligent recognition of the author of the fact, that hydrotherapy is not a substitute for other equally approved and well tried therapeutic agents, but that it is only a department of medicine, though an important one. Electricity, massage, medical gymnastics, hygienic measures and internal medication are all allowed their proper place as means of curing disease.

Hydrotherapy is discussed by Dr. Kellogg solely on its merit, and these he has determined by experimental scientific observation, using modern methods and instruments. As super-

intendent of the widely known Battle Creek Sanitarium, he has had unequalled opportunities for practical work .

The text is supplied with innumerable cross references making it easier for the reader to refer to all related matter. For instance, in a given place a hot blanket pack is prescribed, with a reference number enabling the reader to turn to the section informing him how to give it. There is also a complete index. Of the 293 illustrations, 18 are in colors. These cuts will be found of much service as they show among other things, exactly how to give various kinds of baths, douches, etc., what organs or areas are affected, what appliances are needed and how they may be used to the best advantage.

We consider this a valuable work, and one hardly to be duplicated in the English language. It will be to the advantage of the purchasers to get the half Russia binding, as the work is large and not of ephemeral value.

OBSTETRICS: A TEXT-BOOK FOR THE USE OF STUDENTS AND PRACTITIONERS. By J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University, etc. Illus. New York and London: D. Appleton & Co. 1903. pp. 845. Price, cloth, \$6.00.

After thorough examination we are inclined to pronounce this the most complete work of obstetrics we have seen. Among other reasons for coming to such a conclusion are the following; which in themselves constitute a review of Professor Williams' treatise. First, it is a well constructed work. True, there is a certain order in the arrangement of topics commonly followed in all such books, but there may be, and frequently is a slovenly, wordy, vague, or incomplete treatment of some of these subjects. This work is free from such failures. The one section that would bear further elaboration being, in our opinion, that on the new-born child. Still, a treatise on obstetrics is not one on pediaetrics. Anyone who will examine carefully the chapter on the maturation, fertilization and development of the ovum, will at once see what is meant by a well-constructed work. The subject is comprehensively and logically presented in the light of modern scientific knowledge of comparative embryology, and the significance of each departmental process in the human ovary.

The illustrations throughout are unique in their excellence. There are six hundred and thirty, besides eight colored plates, and they are not put in primarily to sell the book, but to emphasize the author's teachings, to show what he means, to put before the reader's eyes exact productions of what he must see or do in the practice of obstetrics.

Take the mechanism of labor, there are some particularly illuminating plates on the manœuvres to be adopted in delivering the child manually; and again, the technique of instrumental delivery is most carefully illustrated.

The text is on a par with the quality of the illustrations, and is not subordinated to them. It is a book of pictures, but it is not a picture book. A good and modern section is that on extra-uterine pregnancy, and an unusual amount of space is given to such subjects as pelvimetry, to contracted pelves and other anomalies. The section on puerperal infection should be read and heeded by every would-be obstetrician. Puerperal psychoses, a subject of much importance, is superficially treated owing to the scanty therapeutic resources of the dominant school. There is a good index, the type is well chosen, and the volume is attractively and strongly bound.

THE INTERNATIONAL MEDICAL ANNUAL: A YEAR BOOK OF TREATMENT AND PRACTITIONER'S INDEX. Twenty-first Year. New York: E. B. Treat & Co. 1903. pp. 736. Price, cloth, \$3.00.

A readily consulted condensation of valuable recent medical literature is a desideratum in these days of numberless pressing demands upon professionals. The expectation of the public, as well as of the law, that the physician be conversant with advances in medical science, must be fully met. Such works as the "International Medical Annual" aid greatly in meeting this demand, but there is a choice to be had in selecting such an epitome, and the practitioner cannot fail, in choosing the "Annual" to obtain a good review of the newer remedies, therapeutic methods, both medical and surgical, discoveries in pathology, and a bird's view of the departments of applied medicine. Particularly good are the pages on electrotherapeutics, including a clear exposition of the X-rays, and X-ray

appliances. Another good section is on congenital dislocations of the hip, and differential diagnosis in diseases of the hip joint.

There are a number of well executed plates and other illustrations, and a list of many important publications brought out by leading publishers during the past year.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. VOL. IV. GYNECOLOGY. Edited by Emilius C. Dudley, A. M., M. D., and William Healy, A. B., M. D. March, 1903. Chicago: The Year Book Publishers. pp. 242. Price, \$1.25 *net*.

The abstracts culled from the best and most practical literature on gynecology appearing during the past year, have been classified under the following headings: General Principles, Infectious and Allied Disorders, Tumors, Traumatism, Displacements, Disorders of Menstruation, Sterility.

The profession is familiar with this useful series, which will be complete in ten volumes, and which may be obtained for the very reasonable sum of seven dollars and a half. The volume just issued contains, besides much matter of practical worth, some instructive plates showing operative measures employed in the treatment of cystocele, and of tumors of the uterus.

THE CARE AND FEEDING OF CHILDREN: A CATECHISM FOR THE USE OF MOTHERS AND CHILDREN'S NURSES. By L. Emmett Holt, M. D., Professor of Diseases of Children in the New York Polyclinic, etc. Second edition, revised and enlarged. New York: D. Appleton & Co. 1902. pp. 104. Price, 75 cents.

In the form of questions and answers this little manual presents the main points in connection with the hygienic care of children, the hygiene of the nursery, selection and preparation of artificial foods, their administration, diet lists suitable for different ages, what to do in minor emergencies and what not to do, how to recognize contagious diseases and treat the simplest departures from health.

We wish everyone who has anything to do with babies could read this: "The baby's brain grows as much during the

first year as during all the rest of life. This growth makes essential quiet and peaceful surroundings. . . . A baby should not be played with until four months, and better not until six months of age." Kindergartners, and others holding dissimilar views, might, we should think, accept this dictum from such an eminent authority as Dr. Holt.

THE CRAFTSMAN. EASTWOOD: New York: The United Crafts.

Price, \$3.00 a year; 25 cents a copy.

Special articles pertaining to subjects suggested by the recent exhibition of the Arts and Crafts held at Syracuse, N. Y. are to appear in the "Craftsman" during the summer season. For this reason, and to introduce the magazine to those now non-subscribers, a special offer is made of a six month's subscription for one dollar.

"The Craftsman" is a monthly publication devoted to the interests of the fine arts, decorative, and industrial, to the economic, social, and financial condition of the workman and to the comfort and embellishment of the home. In the March number was an excellent, descriptive paper on Trinity Church, Boston, while the April number contained appropriate articles on landscape gardening and rural cottages. This magazine is freely illustrated, and very nicely gotten up.

LIPPINCOTT'S MONTHLY MAGAZINE. PHILADELPHIA: J. B.

Lippincott Company. Price, \$2.50 a year; 25 cents a copy.

"Lippincott's" for May has an exciting novel called, "The Love of Monsieur," by George Gibbs, warranted to take a busy man's thoughts entirely off his work for the time being. It is one of the best of the many good novelettes which have appeared in this standard magazine during the last few months. There are a number of clever, short stories, and several pages of a humorous character. At home or abroad, "Lippincott's" is an entertaining companion.

THE SPECIALIST.

OBSTETRICS.

Under this heading will appear each month items bearing upon some special department of medicine; next month "Materia Medica and Practice."

ACTIVE LACTATION BEFORE DELIVERY.—Under this condition rubbing the breast from circumference to nipple with sterilized cocoa butter will be found quite effective, though only in very extreme cases should *pumping* be resorted to. Sterilized gauze pads should protect the nipples from the dress and underclothing, these to be changed as often as they become saturated.—*New York Medical Journal*.

HEART DISEASE AND PREGNANCY.—The question is often asked, which of the heart lesions is the most serious? It is generally acknowledged that mitral stenosis is the most dangerous condition. The rarer conditions of aortic regurgitation are dangerous, but not so much as mitral stenosis. Mitral regurgitation alone is not, as a rule, a matter of so serious import.—*Homœopathic Journal of Obstetrics*.

THE PLACENTA AFTER ABORTION.—The curette is no way to remove a fresh placenta, for you cannot tell whether you have removed all of it and you may do injury to the soft parts. By using the finger under the most careful aseptic conditions, there is not one case in fifty in which you can not remove the placenta entirely. Then irrigate the womb if there is any possibility of infection and your patients will all get well.—*American Practitioner and News*.

CARE OF THE NIPPLES.—As the pregnancy nears the end, the nipples demand special attention, not only to keep the mouths of the ducts and the crevices clean, but to render them hard and firm so that the epithelium may not be so readily removed by the infant in its early attempts at sucking. For this purpose there is nothing so good as frequent bathing accompanied by gentle friction, with a saturated solution of boric acid in dilute alcohol.—*New York Medical Journal*.

IMMEDIATE REPAIR OF LACERATED PERINEUM.—When the accident occurs and the placenta is delivered, give the patient chloroform (for it is quite painful without). Plug the vagina with absorbent cotton to restrain the lochial discharge, wash the wound with a solution of asepsin in hot water, and stitch the tissues together in as nearly a natural position as you can, using catgut of moderate size, dust with iodoform or similar antiseptic powder, remove the tampon and your work is finished, for it will not be necessary to remove the stitches; they will be absorbed and the knots come away of themselves.—*Eclectic Medical Journal*.

FURTHER CARE OF THE NIPPLES.—Manipulating the nipples carefully by the index finger and thumb for a few minutes a day during the last six or eight weeks of pregnancy will accomplish considerable in developing these important organs. If very small a breast pump may be cautiously used for the same purpose. If tender and easily eroded, tannin in powder applied and allowed to remain, first wetting the summit of the nipple, will have a decidedly hardening effect; or one drachm of tannin to a half ounce of glycerin and rose water will have a beneficial effect.—*North American Journal of Homœopathy*.

CONDUCT OF LABOR IN CONTRACTED PELVES.—Symphysiotomy has the advantage of allowing strict indications to be set for its performance, since the course of the labor may be carefully watched, the dilatation of the cervix may be awaited, and it may be observed if the uterine contractions can force the head through the pelvis long after the rupture of the membranes. When the conviction is finally forced on one that spontaneous birth is impossible the operation may be performed. The Cæsarean section, however, permits of the more rapid delivery of the child, so that, in some cases, symphysiotomy is only a preliminary operation.—*Exchange*.

CIMICIFUGA IN INSANITY OF PREGNANCY.—Mrs. W., aged forty years, was confined with seventh child. Lost her reason

about two weeks after her confinement. Had no medical attention until the fifth week, when she was in a very bad shape indeed. She was "up and around" but did no work of any kind. To sit in a corner and stare into vacancy was her sole ambition. She had been melancholic long before the birth of her infant. Was suspicious of everything and everybody and everything; refused to take medicine if she had it; indifferent; takes no interest in household matters; sighs much; is very apprehensive and cannot sleep. Cimicifuga 3x cured her in about three weeks.—*Clinical Reporter.*

ADVANCED PREGNANCY.—In the last week of pregnancy, hot hip baths, enemata, vaginal douches, and hot wet cloths, and in the earliest stage of labor, relax the perineal and sphincter muscles, allowing an easy passage of the fetus. Nothing will make flaccid the perineal tissues and relax the sphincters of uterus, anus and vagina so satisfactorily as heat and moisture. But the water must be hot for use in the hip bath, injection, or by means of saturated cloths to perineum. A temperature of 118° F. must be continued for a long time. In cases of uterine inertia the hot douche stimulates muscular contractions of the uterus as well as relaxes the tissues below. *The Medicus.*

MANAGEMENT OF LABOR.—(1) Absolute asepsis as regards the puerperal woman, lying-in room, and the person of the accoucheur.

(2) A careful diagnosis of the position of the child should be made before the completion of the first stage of labor.

(3) Watch expectantly the progress of the labor.

(4) Non-interference during the labor except for cause.

(5) A clean delivery of the placenta.

(6) Be assured that there is a good contraction of the uterus before leaving the patient.

(7) After the delivery examine carefully by ocular inspection, and see if there is any laceration of the perineum.

(8) If a laceration be discovered, repair at once.—*Medical Visitor.*

SEPTIC METRITIS.—Metritis following confinement will invariably leave a uterus enlarged. Those severe and well-nigh fatal cases of septic metritis produce such changes in the uterus that it requires careful attention for many months afterwards to bring it down to anything like normal size. But if proper treatment be not instituted and persistently executed, the chances are greatly in favor of lifelong malady. It is here that a careful, but thorough, curettage is absolutely essential. No uterus can ever hope to attain a normal size so long as it holds a hypertrophied mucous membrane filled with plastic exudates. Long rest in bed, glycerin tampons, occasional, but not too frequent douches are great aids in accomplishing a cure.—*Homœopathic Journal of Obstetrics.*

UNINTERRUPTED PREGNANCY AFTER OVARIOTOMY—A married lady, seven months advanced in pregnancy, was found by her medical attendant to have also an abdominal cyst of some dimensions. In addition to the acute distress due to the bulk of the mass, intractable vomiting, with much impaired nutrition, caused a grave prognosis to be given unless relief were forthwith obtained. Operation being decided on ovariectomy was performed, the cyst removed, and the physical condition thereafter was entirely satisfactory.

On the third day mental aberration ensued, with marked insomnia, conditions which were very soon controlled by the use of *actea 3x*. The lady made a good recovery; pregnancy proceeded without interruption to term, when delivery of a living and well-developed child was safely effected.—*Monthly Homœopathic Review (London).*

PAINFUL AND PROTRACTED LABOR.— 1. Cases of painful and protracted labor are defined from conditions presented without regard to time limits.

2. The etiology embraces mechanical and neurotic causes. The mechanical causes and their management are well understood and should be sought for first, in order, either that they may be excluded or the cases placed immediately under proper treatment.

3. The neurotic causes are divided into three classes, viz.: (a) those due to mental impressions; (b) generally neurasthenia or hyperesthesia; (c) defective innervation.

4. The differential diagnosis in these neurotic cases is based mainly upon the character of the pains, the progress of the labor, and the previous menstrual history.

5. The treatment, according to the cause, should be normal, medicinal or operative.—*Brooklyn Medical Journal*.

COLLEGE, HOSPITAL AND LABORATORY NOTES.

THE Board of Education of the city of Chicago has decided to build an emergency hospital for the temporary care of the school children suffering from contagious diseases. The hospital is to be a cottage to cost \$3,000.

AN important concession recently made by Turkey concerns graduates of the American medical, dental and other professional schools in the Sultan's possessions. These graduates have been refused permission to practise in the Ottoman Empire. They are now to be given the right to do so.

BY the will of the late Lydia A. Decker of Salem, Mass., the Essex County Homœopathic Hospital in Salem will receive \$500. The bulk of the property goes to her daughter, and on her death one-half of it will revert to the hospital as a memorial to the late Dr. Sarah E. Sherman of Salem.

STANFORD UNIVERSITY (Cal.) is now having a visitation of typhoid fever. At least six cases having been reported to the health officials. The disease is not due to an infected water supply, but to impure milk. The authorities have compelled the dairymen to cease delivering milk, and but few new cases are likely to develop.

ANDREW CARNEGIE, who is one of the trustees of Cornell University, has asked to be allowed to pay all bills incurred by

students on account of sickness during the recent typhoid fever epidemic at Ithaca, in all cases where the students or their parents will permit it. It is Carnegie's desire to place each student who has been ill in precisely the same pecuniary condition as that which he occupied at the outbreak of the epidemic.

LYNN HOSPITAL is to have its long-needed enlargement. A new ward building, with the necessary service rooms will shortly occupy space aggregating about 4,000 square feet. It will be connected with the rear of the present buildings by a main central corridor, opening upon a transverse corridor which will lead to the new wards, rooms each 39 by 40 feet. These wards, the construction of which will be commenced in due season, may some time in the future be duplicated by another, to be located opposite, with an area between.

THE trustees of the Springfield (Mass.) Hospital at the April meeting, voted as follows:

That any registered physician or surgeon licensed to practice medicine in the State of Massachusetts be permitted to treat their patients in the private rooms of the Springfield Hospital and use the operating room if they desire, subject to the rules of the hospital.

Homœopathic practitioners are now, therefore placed on an equality of privilege so far as the use of private rooms goes. The trustees also voted to reduce the charge for patients in the general wards from \$10 to \$7.00 a week. There are accommodations for 55 patients in the hospital, 28 in the general wards and 27 in the private rooms. The number of inmates has averaged in the past about 34.

THE annual report of Boston City Hospital recently issued, for 1902-3, contains some interesting information.

The entire expenditures for all departments of the hospital during the year were \$472,873.54.

The net cost to the city per capita per week was \$11.19.

The capacity of the hospital last year was 736 beds. The number of beds has been increased, by reason of the opening

of the Relief Station, and the available beds this year are as follows: Hospital proper, 436; South department, 264; Convalescent home, 36; Relief station, 20; total, 756.

The ambulance service of the hospital has carried during the year 5453 patients. Of this number, 2730 were for the hospital proper, 1508 for the South department, and 1215 for the Relief station. The number of accident cases received was 1130.

Of the 8076 patients admitted to the hospital proper, 1210 were discharged as well, 5460 as relieved, 380 not relieved, 79 not treated, 875 died, 10 eloped and 22 nearly well.

OBITUARY.

DR. JULIUS H. JONES, of Bradford, Vt., died March 3, 1903, of Bright's disease. Dr. Jones was born in Rochester, Vt., October 5, 1838; took his degree in medicine in 1860, and was forty-two years in practice. He was at one time president of the Homœopathic Medical Society, of Vermont, and was an honorary member of many societies elsewhere. He leaves a wife and two daughters.

PERSONAL AND GENERAL ITEMS.

DR. Horace Packard sails for Europe May 19, and will remain abroad until the middle of September.

THE next meeting of the American Congress on Tuberculosis will be held in St. Louis, Mo., July 18 to 23, inclusive, 1904.

DR. J. Wilkinson Clapp is now in England, and no date has been set for his return as he is enjoying a much needed rest and change.

THE Forty-eighth Annual Session of the Illinois Homœopathic Medical Association will be held in Chicago, May 12, 13, and 14.

THE next annual meeting of the American Electro-Therapeutic Association will be held at the Hotel Windsor, Atlantic City, N. J., Sept. 22, 23 and 24, 1903.

THE full bench of the Supreme Court of Massachusetts has decided that the statute providing for compulsory vaccination is constitutional.

PHYSICIANS having spare copies of B. U. S. M. catalogues for the years 1861 to 1900 inclusive, will confer a favor by sending them to the college, 80 East Concord Street, Boston.

THE Association of Military Surgeons of the United States will meet in Boston, May 19, 20, 21 and 22. The business meetings will be held at the Medical Library Building on the Fenway.

A SERIES of lectures will be delivered at the Marlborough Room at the Polytechnic, 309 Regent Street, London, W., on Fridays during May, June and July at 5 P.M., excepting the last Fridays in May and July. The lecturers will be Drs. J. H. Clarke, D. Dyce Brown and Byres Moir. Members of the medical profession and medical students are invited to these lectures.

THE Massachusetts Homœopathic Medical Society elected the following officers at its annual meeting in April: President Dr. Nathaniel W. Emerson; vice-presidents, Dr. Frederick P. Batchelder, Dr. William F. Wesselhoeft; recording secretary, Dr. Frederick L. Emerson; corresponding secretary, Dr. Wesley T. Lee; treasurer, Dr. Winslow B. French; librarian, Dr. J. Wilkinson Clapp; censors, Dr. John L. Coffin, Dr. Edward P. Colby, Dr. Frederick B. Percy, Dr. Frank C. Richardson and Dr. Winfield Smith.

THE NEW ENGLAND MEDICAL GAZETTE

No. 6.

JUNE, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

DIAGNOSIS OF TYPHOID FEVER.

BY JOHN P. SUTHERLAND, M. D., BOSTON, MASS.

[Read before the Boston Homœopathic Medical Society.]

It may seem unnecessary to some to discuss such a subject as the diagnosis of typhoid fever. A fever that is so common as typhoid, claiming annually its thousands of victims, that is looked upon with so much dread by the laity, that attacks all classes of society, from the crowned head to the humblest peasant, that swells the mortality rate as relentlessly as does this disease, must surely have a large number of characteristic or pathognomonic symptoms, so clearly marked that the disease may be recognized at a glance. So one might think. The disease can be diagnosed easily,—sometimes. On the other hand it is sometimes diagnosed with difficulty, and it is to some of the difficulties in the way of quick, easy and certain diagnosis that I would for a few moments direct your attention:

The classical symptoms of typhoid are never present in their entirety in any one case at a given time, and it is this fact, more than any other, that so often interferes with an early and certain recognition of the disease.

It is a disease ordinarily of slow, insidious development. One has to wait often a week before being sure he has a case of typhoid to treat. Sometimes the stage of incubation and the few prodromal signs, cover a period of two weeks or more. The precursory signs, inaptitude for work, languor, more or less headache, loss of appetite, vague aches and pains, mental and physical heaviness, are common to several diseases. Even after the patient has taken to his bed (a date which is usually—whether justifiable or not we will not discuss—accepted as the beginning of the disease) several days, possibly a week, may pass before the condition is clearly recognizable as a typhoid fever.

This uncertainty, this inability to speak positively concerning what may prove a most alarming, even a fatal, illness, is not a discredit to the profession. In embryos there are stages during which it is impossible to differentiate a mammal from a bird; and then there are periods during which it is not possible to recognize the sex of the individual. There are years in the life history of a child during which it is impossible to tell whether he is to be a wise man or a useless member of society. So it is in typhoid fever, there is a longer or shorter period in many, if not most cases, during which it is unwise to give as a diagnosis what is practically a prognosis. It is enough to say, "the patient is ill; he may be developing a typhoid fever; we shall have to wait a few days before we can be sure."

Let me refer, for example, to the classical, typical typhoid fever temperature curve of Wunderlich; at least a week of the charted night and morning temperature is necessary to establish the diagnosis. Evidently then, *time* is a great element in the making of a diagnosis of typhoid fever, as it is in the shaping of the destiny of a nation.

Whether or not we are losing precious time in the treatment of this disease by having such a long period of uncertainty as to what the disease actually is, is not a matter for immediate discussion; but it does seem as if chances for abort-

ing the disease, or conducting it to a successful issue, might be improved by an early recognition of the condition.

Once more in regard to this element, time, we read (Bartlett's Diagnosis) "We may say that any fever continuing for a week without sign of abatement, no matter what its course may have been, will subsequently be proven to be typhoid,—providing, of course, there are no physical signs or symptoms to show it to be otherwise. In other words, the vast majority of cases of continued symptomless fever are examples of typhoid." True, this is somewhat like the noted one-legged stool,—of unstable equilibrium. It was C. Hering, I believe, who claimed that a prescription was like a stool, it needed three legs to stand on,—three characteristic symptoms. This idea might be applied with equal force to diagnosis: Not *one* pathognomonic symptom, but at least three characteristic signs are necessary to its firm establishment.

I will assume that after the first week, when the disease is well under way, a typical case presenting the classical symptoms can be recognized by the merest tyro in medicine. It is in the atypical, the irregular or eccentric forms of the disease that difficulty in diagnosis is experienced, even after the most scrutinizing analysis.

Sometimes a physician's perspective is spoiled by too close contact with his case, and he experiences difficulty in diagnosing a case which seems to be typical enough to a consultant. A case in point is that of Mr. B——, a farmer, a strong man between sixty and seventy years of age, who had been "running down" during the month of July. Late in the month he had a severe chill; thought he had "taken cold"; had some fever and began to cough. The cough became frequent and painful, with free expectoration. As he had not been off his place for about four weeks, and the chill, fever and cough were pronounced, the family were notified that he had pneumonia. At the end of a week a slight diarrhoea developed, but it was not considered of much moment. As

he seemed to be losing ground, at the end of the second week a consultant was called, who found the patient prostrated, with moderately high temperature, mild delirium, incoherent, a stiff and dry tongue, cough, loss of appetite, diarrhoea, with occasionally involuntary defecation and micturition. No organic or other satisfactory symptoms of pneumonia being found, the case was considered one of typhoid, and it was predicted that after running a certain course the trouble would be over in about two weeks more, which prediction and diagnosis were fortunately upheld by the recovery of the patient in the specified time.

I have known a case of tubercular meningitis and peritonitis mistaken, for several days, for a case of typhoid. I made the mistake myself in a child, aged fourteen, who though not well for an indefinite time had not complained, so I was told, until the development of marked languor, headache, loss of appetite and vomiting. I found a fever of 102.6° , pulse 92, *flushed face*, coated tongue, dry lips, sordes on teeth and gums, apathetic expression, muttering delirium, carphalgia, involuntary micturition, tympanitic abdomen, gurgling in ileo-cecal region, etc. The subsequent development of divergent strabismus, unequal pupils, rapid and extreme emaciation, marked stupor and profound coma, ending in death, revealed the correct diagnosis. This case occurred years ago. A more recent case, in which all the modern instruments of precision and up-to-date methods of diagnosis were employed,—not, however, to the special enlightenment of the physicians or the welfare of the patient — shows that diagnosis is an easier thing on paper than it is in actual experience.

On Feb. 13, 1903, I was called to see a young man, aged twenty-nine, who had not been well for some time. He had had "catarrh" with some cough for two or three months. A week before I saw him he felt so "sick" he went to bed. His mind seemed to work slowly, though he was not incoherent. It was very difficult, however, to get satisfactory answers to questions. He complained of pain in the back, and of occip-

ital headache. He had no appetite, no chills, some cough with frothy expectoration. The pulse was 76, temperature 101.6°. He said he dreamed a good deal and slept much. His tongue was thickly coated and the tip was dry and red (the triangular red tip of rhus tox). Examination of the thorax did not reveal marked organic change, and as he had no nurse and there was no one to care for him, I had him removed to the hospital, where he passed into the care of the attending physician. A few days later I went into the ward to inquire for him, and found him screened off, lying in a muttering delirium, his lips cracked and dry, with sordes; also some subsultus. It certainly seemed on superficial inspection like a typhoid, and I was the more inclined to the idea that it was typhoid when I learned that the Widal test had given a positive reaction. Not long afterwards I learned that the patient had died, and a post-mortem had revealed undoubted evidence of miliary tuberculosis, and none of typhoid. Here there was an absence of reliable historical evidence of any sort; an absence of ordinary physical signs of tuberculosis; the presence of many typhoidal symptoms; the presence of a positive Widal reaction: a conspiracy that might well be misleading.

The following case illustrates the value of reasoning by exclusion, and the corroborative value of the Widal reaction:

Miss S——, aged fifty-six, had been ill seven weeks when I saw her. Her story was, in brief, continuous fever for seven weeks, the temperature varying from 100° to 102°. Persistent hard headache for five weeks, gradually passing away. During the headache, light and noises were intolerable; the head extremely sore and motion aggravated the pain very much. Sleep had been poor, three nightmares in two weeks. She was much depressed, and somewhat lachrymose. Appetite had been good, and diet liberal till within four days. Tongue coated, breath a little offensive; bowels regular; urine free; no thirst. Careful physical examination failed to reveal the presence of any organic lesion. Thoracic, abdominal and pelvic organs seemed to be normal.

The continued fever, persistent headache and the *exclusion* of all other possible causes for the disturbance, formed the three legs upon which the diagnosis "typhoid" was placed. To these was added a fourth support by the taking of a specimen of blood, which, by presenting a positive Widal, confirmed the clinical diagnosis.

It may seem odd not to diagnose a case of typhoid fever until some time after the recovery of the patient, but the story of such a case was told me only ten days ago by a member of the State Board of Health. A factory, employing five hundred operatives, was separated from its main office by a high ledge of rock, the distance between the two being one hundred and fifty to two hundred feet. A clerk in the office did not feel well, was out of sorts, and had some diarrhœa for a few weeks. Not much was thought of it, as he was able to attend to his duties. During his indisposition he used an ordinary privy adjoining the office. A well which supplied water to the office was near by. The factory was supplied with drinking-water by a well of its own, at the foot of the ledge. While the clerk was convalescing an epidemic of typhoid broke out among the factory employees which claimed fifty (10 per cent. of the operatives) for its victims. What was the cause of the epidemic? was the question set the Board of Health. The well furnishing the drinking-water to the factory was found to be polluted. But what was the source of the pollution? The inspectors learning of the slight illness of the clerk, had the office well examined and found that it had been contaminated. But what was the connection between the two wells? To answer this question the office well was filled with a strong salt solution, which, after a while, found its way into the factory well. It was therefore assumed that a seam in the ledge allowed communication between the two wells, and it was also assumed that the office clerk had been ill with an unrecognized ambulatory typhoid, and was unwittingly the source of the epidemic.

A few years ago it was hoped that Ehrlich's diazo test would

remove the element of doubt in the diagnosis of typhoid fever; but the reaction has been found, by Ehrlich's own method (vide Ogden's "Clinical Examination of Urine") in "pulmonary phthisis, pneumonia, pleurisy, scarlet fever, diphtheria, measles, erysipelas, acute miliary tuberculosis, syphilis, carcinoma, puerperal septicemia and other septic conditions, acute and chronic rheumatism, etc. The test as modified by Dr. Chas. L. Greene shows a characteristic reaction in only five diseases: typhoid, 95 per cent.; pneumonia, 9 per cent.; carcinoma, 50 per cent.; pulmonary phthisis, 12.5 per cent.; septicemia, 75 per cent. Dr. Greene believes *all* cases of severe typhoid will show a diazo reaction if the test is properly applied between the tenth and eighteenth days of the disease."

The diazo test is not at the present time highly prized as of diagnostic significance, although when present it is looked upon as a confirmatory sign.

The now well-known Widal reaction is probably of greater diagnostic value than the diazo test; but in the fatal case of miliary tuberculosis just cited its presence was, if anything, misleading, and further investigation will presumably show that the reaction is only corroborative in nature, and is not in itself sufficient evidence to support a diagnosis of typhoid.

By way of summarizing, the following statements are made:

(a) Typhoid fever may exist without Wunderlich's temperature-curve.

(b) The initial symptoms present in a case of typhoid are simply suggestive.

(c) A positive diagnosis of typhoid cannot be made before the end of the first week even in typical cases, and frequently not as early in the *eccentric* forms of the disease.

(d) Typhoid fever may run its course without mental confusion, incoherence, excitement or delirium.

(e) Roseolæ are not always present even in undoubted cases of typhoid.

(f) Diarrhœa is not by any means an invariable symptom

of typhoid; tympanites and intestinal hemorrhages may be absent, as also may tenderness and gurgling in the ileo-cecal region.

(g) Enlarged spleen may be present in other diseases than typhoid.

(h) Ehrlich's diazo-test is a broken reed to lean upon, and the Widal reaction has not yet wholly revealed its sphere of usefulness in differential diagnosis.

Upon what, then, shall we place our reliance in the diagnosis of typhoid? My reply is the trite, yet often misconstrued, phrase, "the totality of the symptoms." In ordinary typical cases there will be no difficulty experienced in recognizing the disease. In other cases examine most searchingly and thoroughly. *every organ and every function* of the body for evidences of disease. Be sure to get the "totality"; *all* the evidences obtainable, be they few or many. In this way only, can errors in diagnosis be guarded against. If, after a completed analysis of the case, a diagnosis cannot be constructed by a sort of synthesis, we must fall back upon "reasoning by exclusion," which is a very useful and satisfactory method in the absence of a more positive one.

MENTAL TRAINING OF THE FEEBLE-MINDED.

BY EDWARD P. COLBY, M. D., BOSTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

Were what little I have to say at this time confined to the education of the normal infant, it would be but a waste of your precious time employed in the listening. The education of the child is a well-worked, nay, even overworked subject, and one which has been brought to its ultimate possibilities. Billions of experiments in this direction have been made, with more or less perfect results.

But once we step aside from the normal type of child, we

are confronted by an immense, and constantly varying problem. It becomes a very important question in domestic life, as also one of public polity. Can a given imperfect child now, and always immature, by any human means or method, be made a self-sustaining integer in the community, or must it during life be a public or private charge, and a source of shame to all kindred and friends? However, and whenever, the question may eventually be answered, it will in some stage be presented to the physician for solution. Every parent or guardian makes an effort toward its solution, but it is only rarely that this effort is sufficiently thorough to be of avail.

A child presents, who is mentally and bodily deficient, more particularly mentally. The ordinary home influences are tried, but mostly on the same lines as with other and normal children of the same, or related families. What follows? The mother soon becomes wearied with an effort which she is illy prepared to follow out. Impatience succeeds upon frequent failures, and close on its heels follows discouragement, and abandonment of all method or reason. In rare instances patience prevails, but maternal sympathy supplants good judgment, and failure is equally insured.

Such children cannot be compared with or controlled like their normal brothers and sisters, but must be studied by themselves. A parent who has developed a family by reasoning, may be confronted by one child who is wholly incapable of reasoning, or being appealed to by reason. Here a mental and physical habit must be developed, by following out the old catholic rule of intent. A normal child acquires a habit from repeating a formula or process a few score of times, but one of these feeble folk demands that it be repeated hundreds, or a thousand times. If, as assumed by some very wise authority, the process of education is the perfecting of immature pathways from one portion of the brain to others, the process must be much more frequent and much more constant to develop a pathway not only immature, but also

structurally imperfect. In some instances it is more than probable that in the place of a dozen such paths, we must rest satisfied with one or two, even after nervous impulses have bombarded them for hundreds of times. - Perfect results cannot be expected, but half a loaf is much to be preferred to no bread.

It is not always the paths alone that are imperfect, but the head and front of the neurone — the cell-body, in which case the problem becomes impossible in the usual way, and we must proceed as we would with the interpretation of speech by a patient suffering from paraphrasia; i. e., reach the end by more roundabout means. The result will be imperfect, but by constant and patient drill even this incomplete function may be made useful. There is such a wide margin between the ordinary complicated mental power, and the small development which will keep a person from absolute dependence upon the will of others, that a persistent effort will carry a person over the inferior margin. This means a great deal to the individual, to the family and to the community. Undoubtedly the greatest labor must be expended in the middle ground; i.e., between thoughts and actions, which serve to supply the mere animal wants of the subject, and those higher flights of mentality which demand a much more complicated coördination. The ordinary wants of life awaken in man that which in the lower animals is termed instinct; the process becomes almost automatic. - This process becomes the more easy to acquire, i.e., to memorize, because it usually carries with it the reward of having the want or craving satisfied. If the demand is low, the determination to acquire will be equally low. By protracted effort on the part of the instructor, this low grade of demand may be materially elevated, and with it the memory, of co-ordinate means of gratification. Memories of a more exalted desire, or longing, must be developed before we can expect to awaken memories of the means requisite to satisfying these longings. This is much the same as in education of the ordinarily

sound child, except that the method must develop both an appreciation of the wants as well as the means of satisfying it, and a feeble-minded child must see or feel the series repeated many — very many times, before a useful memory is established.

I have said that the great battleground is between both borders, because near the superior margin we cannot hope to approach. Acute imagination and well ordered calculation require such a use of many pathways between different portions of the cerebral cortex, that we are quite sure to run across a break in some link of the complicated chain. Any attempt to force the issue in this direction results in exhaustion and irritability, which soon insures confusion. Therefore it is useless to extend the process too far. One of the great demands in education of the feeble-minded is to establish concentration. This once accomplished, even in a partial degree, we have established one of our most useful agents for advance. Probably no portion of the education demands more skill and patience; none depends so much upon the determination and kindness of heart on the part of the instructor.

In educating the feeble-minded we must continually bear in mind that the power of concentration is very soon exhausted, and to demand from it long-continued effort means overwork. Here, as in all cerebration, fatigue spells irritability and confusion. The cortical cell can only functionate while it can replace the worn-out protoplasm with new and healthy material. In the imperfect infant the process of cerebral metabolism appears to be deficient. From this or other cause, the people being considered are prone to violent "fits of temper." When they have their mental attention pushed beyond the limit, an explosion of temper or of weeping is likely to set in, which is so excessively active, so overwhelming, that it wholly wipes out all memories of a useful character. In view of all this we should learn to make our periods of instruction brief, but quite frequent, introducing in each

interlude some form of recreation which will be all the better if it also includes some form of reward, i. e., satisfies some natural but salutary appetite. The instructor should, therefore, in each case learn the present limitations, and always fall a trifle short of, and never go beyond the "high-water mark." Of course if the teaching succeeds there must be an occasional recast of the estimates, to insure progress. That which was full capacity last year, may fall far short of it this year. If in this new estimate it is found that the child's power has descended in the scale, it is quite positive evidence that there has been a plus or minus error in the method — and this is most likely to be a plus error. In either case the efforts must be attended to suit the scale.

In these remarks I have not taken into account that large percentage of cases where there is epilepsy with its degenerating influence, nor cases of complete amentia. Infants of backward development, i. e., the feeble-minded, with some brain substance capable of functioning, I believe to be capable of education up to a useful degree in a large percentage of cases. In my observation nearly all have some one or two faculties fairly well developed; as, for instance, they have quite good memories for music, for forms of mechanism, or, mayhap, for the habits of animals. These more normal faculties can be made use of in the course of instruction, and the farther the instructor can incorporate this use in the method, the more complete will be the success.

Another element should never be overlooked. Most of these children have a certain amount of pride. This is too often forgotten, and through this oversight great harm is done, not a negative harm only, but a positive evil. Nothing can be more harmful, nothing can be more cruel than to continually cast it in the face of one of these unfortunates that he or she is "*non compos*," a fool, etc.

An early effort should be made to establish orderly habits; in this respect nothing is of more importance than the correction of evil table manners. I have seen much accomplished

in this direction, and to the immeasurable relief of a whole family. Nowhere are evil habits more conspicuous than at the table, when the desire for food overcomes all ideas of ordinary decorum. One might wish that such lapses were more wholly confined to the feeble-minded.

We have imperfectly considered the demands, and still more imperfectly the method of correction. How are the latter best carried out? This problem is not easy of solution. Each case has its peculiarities, each patient has an individuality aside from the mental feebleness. Some of the peculiarities are inherited from an indeterminate line of ancestry, but must be taken into account. No two have just the same nervous lesions, either in locality or extent, and these must be reckoned with. Again the *instructor* has an heredity and an artificial education, requiring of itself much careful looking into. Can a parent carry any method to perfection? When we speak of parent in this connection we usually mean the mother, for occupation generally separates the father and child for most of the day, at least. In the mother, the maternal instinct and sympathy are very likely to overcome good judgment and firmness; kindness is prone to degenerate into indulgence. Further than this, few mothers fully appreciate to the full all the child's wants and deficiencies. To nearly every hen her black chickens are only a little speckled. We should naturally expect, also, that the inherited peculiarities of temper and determination would likewise inhere in both parent and child, and that they would at times clash most disastrously. A mother's pride, also, receives many most exasperating wrenches and twists, which she cannot always conceal, nor can she always control exhibition of the feeling. The most kind and indulgent parent may in a furor of chagrin or impatience say words of the utmost cruelty. The rest of the family and the neighbors cannot be ignored.

On the other hand, can better results be secured by some tutor or in an institution? This also depends. There are a

few good women and men who feel that their life-work lies in this direction; who fully appreciate the difficulties and the needs, are kind, firm, patient and conscientious. If such a one can be found to act as an instructor, away from the home of the child, and has at most but one other pupil, it would seem to be the most nearly ideal arrangement. After this would come some small institution for the feeble-minded, with a good corps of instructors. In a large institution, there is mostly a mixture of epileptic, deformed and criminally inclined inmates, interfering with the best results. The teaching force of such institutions is generally sadly overworked, and individualization is almost impossible.

We now come to the last alternative: when, from lack of means or scarcity of proper instructors, the child must be reared and developed at home. In this instance the physician can be of inestimable use, by occasionally calling the attention of the family to the needs of the case; to the points in which failure is most imminent, or is really present; by saying kind words of encouragement, and finally by being the directing power, never expecting much credit or remuneration, save that which comes from a clear conscience. Some day we may hope for an institution for fitting people to instruct these little sufferers, but just now we have to depend upon the few angels the Almighty sends in that guise.

POST OPERATIVE NEURASTHENIA.

BY FRANK C. RICHARDSON, M. D., BOSTON, MASS.

A condition of neurasthenia, more or less profound in degree, is not infrequently the direct result of psychic shock incident to surgical operation.

Etiologically speaking, these cases must be sharply differentiated from those secondary to and symptomatic of organic disease. This latter class, due to general enfeeblement of the whole body through debilitating influences, is well understood,

but what is apparently not appreciated by the physician and surgeon is the fact that profound neurasthenia with demonstrable functional and organic changes may result from purely emotional causes.

Although the pathology of neurasthenia is not yet fully understood, there are certain factors well known to be operative as pathological conditions in producing its phenomena. Perhaps the chief of these are disturbed nutrition and autotoxemia.

It is admitted that attention, even when not directed to any particular region of the body, is accompanied by local hyperemia of certain parts of the brain. This result of greater functional activity is caused by the dilatation of the arteries brought about by the action of the vaso-motor nerves upon the musculature of the vessels. While the vaso-motor branches of the great sympathetic are independent of the action of the will, and are not influenced directly by voluntary attention, they are, nevertheless, subjected to all the influences of the emotions. It is shown by the experiments of Mosso, and others, that the slightest and most transient emotion causes an afflux of blood to the brain. Maudsley says, "We may fairly conclude that the effect of attention to a current of thought is to quicken the circulation in the nervous substrata which minister to it; not otherwise than when some earnest thought has taken hold of the mind, it keeps up an active circulation in the brain and will not let us go to sleep."

Under ordinary circumstances sooner or later normal fatigue supervenes. The logical processes work more slowly in making comparisons and judgments, and in reasoning to conclusions — the tired attention holds on with effort to one proposition while another slips away. With growing torpor your attention ceases to be stimulated and you may fall asleep. Restoration follows when in the repose of rest and sleep, the circulation removes the acid waste products, etc., that caused the somnolence, while it supplies the materials

for rebuilding the cell-contents so that they may again yield energy upon being stimulated. This is normal fatigue. Suppose, however, that unwonted interest is aroused and attention stimulated, the mechanism responds with an increase of cerebral circulation and large cortical areas are excited to action. While more nutrition is taken up more energy is given out; and although there is a more rapid removal of waste products, it is not complete, and these gradually accumulate, giving rise to a degree of toxemia when normal fatigue has passed over into pathological fatigue.

It should be easy to understand how the nervous weakness so essentially characteristic of neurasthenia would be a logical result of exhaustion by over use. Tissues weak from partial inanition, and, under constant stimulation from toxic irritation, almost excited into action, are oversensitive upon the addition of ordinary stimuli.

The localized neurasthenic condition being acquired in this way in an organism previously healthy, it is not difficult to see how entire loss of strength in the whole nervous system may come about through its prolonged exercise without due intervals of rest. In the excess of nervous activity and of the metabolic processes there appears to arise in addition to toxemia from accumulated waste products, a condition of general inanition from inability of the nerve cells to take up the nutriment and oxygen presented to them in the circulation. This tends to increase by deprivation the condition of malnutrition, causes general weakened innervation and disturbance of any or all organic functions.

That many prospective surgical patients undergo nervous strain, with its consequent pathological fatigue, resulting in the various phenomena of neurasthenia, there can be no doubt. The mere anticipation of surrendering consciousness and submitting to the knife of the surgeon cannot fail to give rise to some degree of emotion in the most phlegmatic individual.

Face, with this prospect, a person with neuropathic predisposition, either inherited or acquired, the dread of impending

operation, the apprehension of possible unfortunate termination or evil consequences, the constant recurrence of these and associated thoughts, and feelings soon grow to belong to the classification of "insistent and fixed ideas." That is, being at first merely repeated ideation they become fixed by habit and intensified by emotions usually painful. The persistence of these impressions, which are as often the cause as the symptoms of neurasthenia, engender disorders of circulation as already explained. Supplement this condition of pathological fatigue by the culminating strain incident to the final ordeal, the swift vaso-motor constriction, and it is easily conceivable that there may result molecular and chemical changes forming the initial basis of exhausted or changed nutritional power. The exhausted and poisoned brain and nervous system generally, afford only a defective innervation to the different organs of the body, and the characteristic symptoms of dyspepsia, constipation, palpitation, and the like appear, with all their sequelæ of altered sensations.

This is no fancy painting, but an actuality with which I have met many times, and one which I consider a factor worthy of most careful consideration on the part of physician and surgeon when deciding for or against a surgical operation suggested because of expediency, and not necessity.

SOME CASES OF PROSTATIC SURGERY.

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

The following cases are reported because the writer believes that these, with other work recently reported by Chetwood, Albarran, Guiteras, Murphy, Syme, Fuller, and others, constitute the beginning of a new era in the surgery of the prostate.

According to recent light the temporizing expedients of castration, vasectomy, the Bottini operation are doomed to

oblivion; and suprapubic cystotomy has, or will, become an unnecessary and useless mutilation so far as it relates to prostatectomy.

The perineal route is the method of the future. Early operation is the condition for success. Comfortable and rapid convalescence, perfect resumption of function, and permanent cure will be the record of these cases in the future.

Case No. 1. Mr. Y——, age 57, was referred to me in December of last year by Dr. George E. May of Newton, for an obscure bladder trouble. He gave a history of difficulty in the urinary tract fifteen years before, when he was troubled with frequency of urination, without known cause. From that he recovered, and was well until three or four years ago, when he suffered severe pain in the back which was diagnosed renal colic. He afterwards passed a small calculus, since which he has been well until within the last year. During this time he has been conscious of gradually increasing difficulty in voiding the urine, until at the present time he is obliged to get up several times each night, and daily he must empty the bladder about every hour. Rectal examination shows moderate enlargement of both lobes of the prostate.

His general health is good, although he is a man of slight physique and in appearance prematurely old.

On January 17, incision through the prostate was made with the Bottini incisor, a posterior and two lateral. This failed to relieve, and it was necessary, thereafter, to catheterize him daily. Catheterization was continued for two weeks, with a hope that there might be a resumption of voluntary urination through subsidence of the irritation due to the Bottini incision. This failing, and the pain and discomfort incident to so frequent catheterization persisting, on January 23d he was etherized, and a perineal incision made for exposure of the prostate.

The incision was made along the *raphe* of the perineum,

and with a sound in the urethra, and the lips of the wound well retracted, careful dissection was made until the base of the bladder was reached.

Through this incision the gland could be rather unsatisfactorily palpated with the tip of the index finger, and not until it was steadied with a short beak sound introduced through the urethra into the bladder and turned backward, could it be brought satisfactorily into reach. The membranous portion of the urethra, just in front of the anterior margin of the gland, was then slit open for about half an inch. Through this aperture the sphincter vesicæ was dilated with a specially devised instrument, through which, after its introduction, the cavity of the bladder could be irrigated. Dilatation is easily effected to a diameter which readily admits the index finger. This gives an excellent method of palpating the interior of the bladder about its base, and determines the presence or absence of a projecting middle lobe, and also settles the question of possible calculus.

Next, with the prostate steadied with the above-mentioned sound, the capsule was lifted from the part of the urethral incision which encroached slightly upon the gland, and thus enucleation was commenced with the tip of the index finger aided by blunt curved scissors.

This was continued until the whole of the right lateral lobe had been freed from the surrounding tissues up to its contact with, and close proximity to, the bladder wall and the prostatic urethra. The left lobe was then treated in the same way.

Up to this point no damage has been done to the urethra or the bladder, except a short linea incision through the membranous portion of the urethra just in front of the gland. The lateral lobes have been partially enucleated, or in so far as enucleation can be performed without menace to the bladder or urethral wall.

This it seems to me is an important point in the operation, and upon it depends much of the success. In my experience

in earlier attempts at prostatectomy, further violent efforts at enucleation are very likely to injure seriously and permanently the sphincter muscles, and result in permanent incontinence. Further and complete removal of the two lateral lobes was effected in this way: With the left index finger introduced within the bladder through the dilated sphincter and acting as a guide, a prostatome was carried into the wound outside the bladder and in front of and above the left lobe of the prostate, and separation effected by dissecting or cutting through just at its junction with the bladder and urethral wall.

This is done readily and easily with a suitably shaped instrument, and with minimum danger of injury. The same course was followed with the right lobe of the gland,—the index finger of the right hand being introduced within the sphincter as a guide, and the prostatome held in the left hand to do the dissecting.

A rubber drainage tube was then introduced by the way of the perineal opening into the bladder, and a soft catheter was passed through the urethra into the bladder. These were both fastened in place. The wounds from which the left and right lobes of the prostate were removed, were packed with borated gauze, and the external wound of the perineum narrowed by introducing a silk-worm gut suture above and below. In the succeeding days following the operation, the urine drained away through the drainage tube in the perineum wound, and, other than the incontinence thus brought about, there was little discomfort.

After three days the drainage tube was removed, but the catheter was still maintained in position. At the end of a week the catheter was removed, and the parts allowed to take their course, with the exception that the external perineal wound was kept open by daily introduction of the finger to, but not in to, the urethral wound.

In a surprisingly short time there came a resumption of continence, and though the urine still passed through the

perineal wound, it was voided at regular intervals and under control. The amount of urine passing through the perineal wound gradually diminished until at the end of three weeks it was all voided per urethra; the patient was allowed to sit up, and, little by little, walk about, with a final result as described in the accompanying letter, which has been recently received from him:

DEAR DOCTOR:

I was pleased to hear from you a few days ago, as I had been thinking of trying to see you. I am glad to say that I am now practically well. I have been to business regularly since April 1st. I have been in New York and Philadelphia several days this week on business, and think I have done as much walking as I ever care to do, and without being particularly tired.

The only thing that I can complain about is feeling lame in feet and other joints, often resting after walking or exercising. I do not know as that has anything to do with the trouble I have been through. It was much the same as when a boy after playing ball the first time in the season, the next day I was lame nearly all over. Even this is passing off, and I am not much troubled now.

Your operation was something truly wonderful, and I wish you to know how I appreciate your skill.

Yours very truly,

Case No. 2. Mr. S——, age 67, has been conscious for the past year or more of gradually increasing obstruction in urination. The desire to empty the bladder has become more and more frequent until, at the present time, there is little peace. He is obliged to get up many times during the night, with resulting disturbance to sleep, and all in all there has come about a rapid deterioration of general health and strength in the last few weeks.

He has got along thus far without resorting to the catheter. He has no pain other than the frequent urging, and urinary examination shows no evidence of cystitis or pyelitis.

He was operated upon February 19, 1903, through a longitudinally perineal incision extending from the base of the scrotum to the sphincter ani. The prostate was reached as in the preceding case, and every step of the operation was exactly the same. In the adjustment of drainage this deviation was observed; viz., no catheter was introduced through the urethra. A drainage tube only was passed through the perineal opening, and through the opening into the urethra into the bladder. This was fastened at the margins of the wound with a silkworm gut suture. The wound was packed with borated gauze as before. The packing was taken out the second day; the drainage tube was removed after three days. After this no further treatment was administered except a daily, and later every other day, dilatation of the perineal wound to keep the superficial parts open. There was immediate resumption of control of urine, although it was voided for a week or ten days through the perineal opening. Quickly, however, it became diverted into the natural channel. A steel sound was passed every other day during the third week. At the end of three weeks the external wound was healed, and the patient returned to his home. The following letter has recently been received from him, and gives a vivid description of his past and present condition:

DEAR DOCTOR:

In answer to your kind note will say that I am at the present time feeling better than for the last five years; can go from five to seven hours; get up at night on an average of two times. Before the operation four to twelve times, and you can say from me to any one similarly affected, the quicker they have an operation the better off they will be. The wound is healed, and I am all right.

Very truly yours,

Case No. 3. Mr. H——, age 64, has been conscious of urinary trouble for several years. Urination has been unduly frequent, and for the past three years has become troublesome. He has much pain and smarting along the urethra even when not urinating. The urine is clear, shows but little sediment, no albumin, no indication of kidney complication or cystitis, has not used the catheter, and has attended to his literary work up to within two or three weeks. He has to empty the bladder every one or two hours day and night, and passes but very little at a time. His general health and strength have deteriorated rapidly within the past few weeks. I first saw him in consultation with Dr. A. H. Tompkins at his residence. He was then totally unable to evacuate the bladder, which was full almost to bursting. Rectal examination disclosed great enlargement of both lobes of the prostate. Efforts to pass a catheter to temporarily relieve him were unavailing, therefore an aspirator needle was introduced above the pubes and the urine rapidly drawn off. In the course of this it was realized that the tip of the aspirator needle came in contact with a stone, and thus the diagnosis was incidentally made of urinary calculus.

In this case, immediate operation was necessary because of the complete obstruction. He was therefore hurried to the hospital, and the next morning perineal incision was made, the membranous portion of the urethra opened, the sphincter dilated, and the finger introduced to the cavity of the bladder for palpation. It immediately came in contact with vesical calculi. The lithotrite was introduced, and the stone or stones seized and crushed.

With calculus forceps, these were withdrawn through the dilated opening. It was found that he had multiple calculi, the total number reaching thirteen. These were most of them of small size, scarcely larger than a marrowfat pea; one, only, was considerable larger, and this was crushed.

The lateral lobes of the prostate were treated in this case exactly as in the preceding, i. e., enucleation of all except the

portion closely attached to the base of the bladder. They were excised with the prostatome, a drainage tube introduced, and the wound packed with borated gauze.

The same course was followed as in the preceding case, viz., no catheter was introduced, the drainage tube was removed at the end of the third day, the packing having been removed the day previously, and there was prompt resumption of continence of urine, and within a few days more, diversion of the current through the natural channel, with after that rapid recovery. The only unpleasant complication in this case was a moderate orchitis during the third week, and probably this occurred through the external perineal wound being allowed to close too soon. It subsided, however, very promptly under treatment, and the only relic of it now left is a hydrocele which has been tapped and will rapidly subside.

SURGICAL USES OF HYPERICUM. — No matter where the wound, if there be an intense hyperæsthesia of the same, so much so that even though the deeper structures be incised the patient complains of the great sensitiveness of the external wound, give hypericum. In all lacerations, when the intolerable pain shows that the nerves are greatly involved, the remedy is well indicated. It suits the nervous depression of these painful wounds, and it is a preventive of the condition known as tetanus. It does not matter whether this disease is caused by a germ or not, if so caused it will remove the soil upon which these germs thrive and so act beneficially. Oftentimes there is a great nervous excitement consequent upon operations besides the painfulness of the cut. This is often marvelously subdued by hypericum. There is no better remedy for a mashed finger given internally and applied externally than hypericum, for where are the nerves more sensitive than in the finger ends? Hypericum seems to me to be an every-day remedy in surgical practice.—*The Chironian.*

EDITORIALLY SPEAKING.

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

THE UNITY THAT MAKES FOR STRENGTH.

Voicing the unanimous sentiment of those members of the profession so favored as to act as hosts, the GAZETTE extends a sincere and cordial welcome to the representatives of the American Institute of Homœopathy, gathering in Boston for the fifty-ninth session of this national organization. Boston is honored by their presence, and in return will fully justify, we believe, the wisdom of the decision reached by the executive committee, that the city proper offered by far the most satisfactory accommodations and facilities for the comfort and pleasure of guests, and the transaction of business.

The transaction of business, if that term be understood to include the scientific proceedings, is the chief purpose of this great gathering. We say this advisedly, never for a moment forgetting that this organization was founded, and is maintained primarily, for the strengthening and advancement of the cause of homœopathy. But this strengthening and advancement of our system of therapeutics is obtainable only by logical processes, by the scientific demonstration of its truth, by the elimination of existing defects and errors, by the irrefutable evidence of results, by indisputable facts.

The day of the effectiveness of verbal pyrotechnics, of unsupported statements and claims, of specious but untenable arguments, of alluring but undemonstrable theories, is practically past in all important movements. Searching investigation, serious, dispassionate consideration, a patient sifting of the wheat of actualities from the chaff of possibilities, distinguish the present era. Let us rejoice that it is so. No man, no body of men, ever builded well or permanently, on an

insecure foundation. The recognition and perpetuation of truth is what the honest intellect desires; all else must be subordinated to the attainment of this good and great end. This, then, in its own sphere of action, we believe to be the aim of our national organization,—to be contributory to the establishment and promulgation of truth. So far as this has to do with the presentation of scientific facts of interest to the entire medical world, it may be accomplished by the various bureaus and societies almost independently of each other. So far as it has to do with the specific truths of homœopathy, it must be done largely by harmonious and concerted action.

One of the important questions which will be considered during the coming session is, what conditions are essential to such action? and, in particular, is it indispensable that the special societies shall remain in, or become an integral part of the Institute?

That “the good of homœopathy must not be subordinated to any lesser consideration,” and that “in union there is strength,” we may fairly assume to be two statements which will receive the endorsement, not only of those opposed to a mere affiliation of societies now independent or sectional, but also of those in favor of the same. But some will say it is impossible for both to be in agreement to this extent and yet be ranged on opposite sides. Not at all. Were this true, the matter would, indeed, be greatly simplified. Concerning what will prove conducive to the best interests of homœopathy, and what constitutes true union there may honestly be many and marked differences of opinion.

On the one hand the claim may be advanced, and to a greater or lesser extent made good, that the withdrawal of any society of specialists, or the continued simple affiliation of one, will prove a dangerous precedent, tending toward the ultimate disintegration of the Institute as a powerful national organization. And further, it may be claimed, and the claim supported more or less convincingly, that individual

societies may remain distinctively such, and to all intents and purposes independent in organization, legislative and executive action, while yet parts of the Institute, working under one central form of government. That thereby financial responsibilities need not necessarily be materially increased, or efficiency diminished.

It may be claimed that only by such co-operation and union can the highest interests of homœopathy be protected and furthered.

On the other hand it may be claimed, and the claim more or less ably supported, that mere affiliation does not necessarily mean the disintegration or degeneration of the Institute. Holders of this belief may point to the Otological, Ophthalmological, and Laryngological Society, which for eight years has enjoyed an independent existence, but one closely related to that of the Institute, reflecting credit upon it and upon the common cause of homœopathy. So close has been this relation that it may even have escaped the minds of many members, thoroughly conversant with the history of the Institute, that the O. O. and L. Society is not in very truth a sectional, but an affiliated body. Here in this affiliation it may be claimed, is a true union making for growth and strength; harmonious, because voluntary; loyal, because free from all coercion. It may be that the conditions under which existing sectional societies exercise their functions, are not identical with those of the affiliated society just mentioned. It may be claimed by the latter that the giving up its present status will cause a decrease in its membership, in the interest and scientific value of its proceedings, and friction in such matters as time and place of meeting, expenses, editing and publishing of transactions, and methods of government. It may be claimed that such weakening of a part or parts of a national organization as would ensue from enforced union, could not be conducive to the growth or strength of the whole.

How this question will be settled we do not know. We earnestly trust that it will be decided strictly on its merits,

and that it may be discussed without regrettable animus or belittling personalities. We hope that no such desire as the mere aggrandizement of the Institute, or the equally indefensible wish to maintain, at all costs, the popularity and importance of individual societies, will be influential in determining the decision reached.

Our medical organizations, whether representing the general or the special practitioner, or both, should be free from politics and selfish interests; and should be conducted on an equitable basis of mutual goodwill and helpfulness, for the advancement of medicine as an art and a science and the consequent betterment of humanity. The wider recognition of the truths of homœopathy we believe to be necessary to ensuring this, and the obtaining of such recognition to be a work unquestionably belonging to, and peculiarly the province of, the American Institute of Homœopathy. The accomplishment involves a true union; a solidarity that should make for success; a oneness pre-eminently and conspicuously marked by concentration of will, co-operation in endeavor, straightforwardness, honesty and wisdom in methods adopted.

We earnestly hope that the deliberations of the Institute at the coming session will be characterized by the spirit we have advocated, and that the final adjournment will find our national organization more firmly established than ever in the regard of all the practitioners of homœopathy, and in the respect of the profession at large.

NEEDED RESTRICTION OF THE SALE OF POISONOUS DRUGS.

At the meeting of the American Medical Association recently held in New Orleans, the section of materia medica, pharmacy and therapeutics gave hearty assent to a proposition that the Association should endeavor to so influence legislation at Washington, as to secure the limitation of the sale of poisonous and dangerous patent medicines.

Upon the eighteenth of last December, the American Association for the Study of Inebriety passed several most excellent resolutions bearing upon this subject. It was voted to memorialize those having authority to issue patent or proprietary rights, requesting them to refuse to do so for "any compound whatever containing alcohol, opium or other narcotic drug in which there is danger of habituation from its use." And, further, in substance, that it be made obligatory that an enumeration of the ingredients of all proprietary and patent medicines, for which a patent is issued, appear on the labels, on penalty of fine or imprisonment, or both, for failure meet such requirement.

We refer to the action taken by these organizations in particular, because these associations are representative bodies, and because the action they have taken is of recent date, and indicative of a much to be desired tendency to initiate and support definite and immediate measures to remedy an evil rapidly assuming alarming proportions. The country is overrun by an army of manufacturers and dispensers of highly deleterious compounds and mixtures, which an unthinking or ignorant public consumes in wholesale quantities. Save for emphasis, it is unnecessary to specify these ingredients identifiable in the most popular patent medicines, which are playing havoc with the health of a nation, already a by-word among civilized peoples, as a nation of neurasthenics.

Alcohol alone is doing a deadly work. A significant proportion of patent medicines contain a larger percentage of alcohol than do the average malt beverages and light wines, if the following table, compiled from statements made by the Massachusetts State Board of Health and the Colorado State Medical Society, can be believed.

The figures represent the percentages of alcohol found in samples purchased in open market.:

Lydia Pinkham's Vegetable Compound . . .	16.77
Greene's Nervura	17.2

Hood's Sarsaparilla.....	18.8
Schenck's Sea-weed Tonic.....	19.5
Brown's Iron Bitters.....	19.7
Kaufman's Sulfur Bitters.....	20.5
Paine's Celery Compound.....	21.0
Peruna.....	23.4
Burdock's Blood Bitters.....	25.2
Ayer's Sarsaparilla.....	26.2
Warner's Safe Tonic Bitters.....	35.7
Parker's Tonic.....	41.6
Hostetter's Stomach Bitters.....	44.3

Does prohibition or high license protect the public from these agents, so well calculated to foster or revive a craving for alcoholic drinks? or is it true that laws, directly restrictive of the sale of liquors, increase the demand for patent medicines, freely obtainable in groceries, pharmacies, and department stores? Though the drink bill of the nation is known to be a million and a half of dollars, what does the unknown drink bill, swelled by the sales of the patent medicine vender, mount up to? And if the buyers of these compounds and mixtures do not become inebriates, can the ordinary and usual effect of such preparations be conducive to the securing or preserving of sanity of mind, and health of body, for the users or their offspring?

But alcohol is but one hurtful agent largely sold in a disguised form under slight or no restrictions. Of late years reputable physicians of all schools of practice, have become conservatives in the matter of prescribing the derivatives of erythroxyton coca or opium. Yet a member of the American Pharmaceutical Association, after examining statistics, announces that the importations of cocaine have increased over 400 per cent. since 1898, and those of morphine and opium, over 600 per cent. Is it not reasonable to infer that this enormous increase in supply and demand is partially, at least, attributable to the multiplication of soothing syrups,

consumption cures, catarrh snuffs, solutions for douching the nasal passages, headache powders (although these generally contain the coal tar derivatives, dangerous depressants), cough medicines, and other kindred preparations?

We have long grown accustomed to the large number of victims of the drug habit, so-called, the habitual users of opium, morphine, the bromides, chloral or cocaine. Our sanitariums, insane hospitals, almshouses and prisons shelter some, yes, thousands of them. Our hospitals, reformatories, streets, schools and homes for parentless, or otherwise afflicted children, show frequent and painful examples of defective intelligences, moral or physical abnormalities, the *birthwrong* of the offspring of poisoned progenitors. If only an inconsiderable percentage of this evil was brought about by the practically unrestricted sale of injurious drugs, whether separately or in combination, which we do not believe, it would still be too large to be ignored.

The manufacturers and vendors of the objectionable class of patent and proprietary medicines, cannot be expected to favor either the prohibition or restriction of the production or sale of their money-coining preparations; while the less scrupulous dispensers of cocaine and opium will not willingly relinquish their remunerative privileges.

Upon boards of health, the medical profession in general, medical societies, national, state and local, the burden of responsibility must, therefore, largely rest. They are the ones, if any, to bring such pressure to bear upon legislative and executive bodies as to secure the passage and enforcement of laws minimizing the evils to which we have referred. As a basis for such action we would again call attention to the resolutions of the American Association for the Study of Inebriety, quoted at the beginning of this editorial.

Such an undertaking in the interests of public health and morals is one in which practitioners of medicine, regardless of schools, may and should join; in which a generous rivalry can be productive only of good results, redounding to the honor and credit of those securing them.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the Society was held at the Boston University School of Medicine, East Concord Street, Boston, Thursday evening, May 7, 1903, at eight o'clock, the president, W. F. Wesselhoeft, M.D., in the chair.

The following resolution relating to the manufacture and distribution of diphtheria antitoxin and vaccine virus was passed:

TO SENATOR CLERKE,
CO. SUFFOLK,

SIR:

The Boston Homœopathic Medical Society, in regular session assembled, this evening, Thursday, May 7, 1903,

Resolved, That it earnestly endorses the proposed bill whereby the manufacture and distribution of diphtheria antitoxin and vaccine virus were to be under the supervision of the State, and is opposed to the bill reported by the Committee on Public Health whereby the diphtheria antitoxin to be manufactured by the State is to be limited in its distribution to "public charitable institutions and the worthy poor," thereby depriving the medical profession of a valuable therapeutic agent in which they have confidence, and also depriving the citizens of the Commonwealth, who may be suffering from diphtheria, of the sense of security attached to the use of an antitoxin manufactured by the State.

SCIENTIFIC SESSION.

Dr. Watters exhibited a section of kidney, which he had prepared with reference to its anatomical relations.

Dr. B. T. Loring reported the following cases:

Case 1. Mr. K——. Age 57. Born in Maine. Occupation bookbinder. Ten years ago or more a small ulcer appeared on the right cheek, below the outer canthus. This has slowly enlarged in spite of many different methods of treatment until the open area measures 5 x 3 c.m., and the cornea of the eye on that side has sloughed away, whether as a result of the disease or of some caustic applied to the ulcer he does not know. The ulcer bleeds easily. Has typical induration at edges; feels sore, but pains very little.

After three treatments with X-rays was more than half healed; after five, only a spot one-half inch in diameter remained unhealed; after eleven, was entirely healed.

Case 2. Mrs. S——. Age 52. Born in Massachusetts. Married. One child living. Mother died as result of some growth. One aunt died of cancer. Has had only the usual diseases of childhood; health good till twenty-nine years of age. She then was badly lacerated during childbirth, and was never well until uterus and adnexa were removed by Dr. Emerson eight years ago, since when her health has been fair.

In October, 1901, a nodule appeared behind the left ear. This enlarged and softened, and was lanced in March, 1902. For three months it resisted all treatment, and four other enlargements appeared, each as large as a small egg. The site of the incision, when first seen, was an angry, red ulceration, the size of a silver dollar, with a profuse, foul, purulent discharge. Neck greatly enlarged and quite painful. Feels very weak. Has lost forty pounds in weight and sweats every night. Is constipated. Afternoon temperature varies from 100° to 102.5°. Pulse 108. Respiration 30. She was seen by Dr. Bell at the Massachusetts Homœopathic Hospital, who pronounced the growth inoperable, and probably sarcoma. Examination of the blood gives no sign of malignancy, and warrants a diagnosis of tuberculosis. Since June, 1902, she has been treated two or three times weekly, with gradual but continual improvement. The night sweats decreased

immediately, and after six weeks disappeared. Her weight and strength have been regained, and she is now able to attend to her household work. There are some glands, however, which have not disappeared, and they resume growth as soon as treatment is discontinued.

REPORT OF THE SECTION OF OPHTHALMOLOGY, OTOLOGY AND
LARYNGOLOGY.

A. W. Horr, M.D., Chairman; E. R. Johnson, M.D., Secretary; J. S. Kennedy, M.D., Treasurer.

PROGRAMME.

1. "A Talk on Refraction for the Practitioner." J. M. Hinson, M.D.

2. "A Simple but Successful Method of Treatment for Tuberculous Laryngitis." E. R. Johnson, M.D.

Discussion opened by G. B. Rice, M.D.

Dr. Hinson's paper was not discussed.

Discussion of Dr. Johnson's paper.

Dr. Rice: This paper was interesting to me, of course, and I hope it has been to you, because it outlines a definite method of treatment in a certain class of patients.

I wish to supplement this paper with an account of a case. The patient had been in the Rutland Hospital, where she contracted laryngitis. Examination showed the lesions of the larynx in the usual place. The posterior portions of both vocal bands were involved. By courtesy of Dr. Butler she consulted me, after leaving the sanitarium, and I immediately began the usual method of local treatment, formalin, lactic acid and other things. At this time I saw somewhere, some results of the use of formaldehyde in the treatment of this disease, and thought it might be of use in this case. December 1, 1899, I began the use of formaldehyde 1½ per cent. solution every other day until the 26th, when ulceration had entirely disappeared; other remedies had only increased it. Microscopic examination of the sputum showed that it contained numerous tubercular bacilli. December 12 they were still

present, as well as some inflammation and infiltration.

Number of treatments were 110, at first given by myself or under my direction, but after two months I succeeded in teaching the patient to make them herself, and she did so every day, using a 2½ per cent. solution, sometimes 3 per cent.; the latter could be used without any discomfort, and she carried the treatments out as stated. After four years the larynx is absolutely normal, no appearance of diseased tissues, though, perhaps, very careful examination would show scarred tissues. Local treatment was supplemented with internal remedies, and in her own home the fresh-air treatment that had been begun at Rutland was continued. The laryngeal trouble began at Rutland, and disappeared under local treatment with formaldehyde, which would be proof positive that it was the remedy to bring about the cure, as other methods had increased the irritation. It is the rule that when you find a great variety of remedies, it is proof that none are of particular efficacy, but I hope in this remedy, which has been useful in a limited number of cases, we have found something that may be of use in the future.

The mouths of some patients are very sensitive, and most remedies are extremely irritating; some will not even bear brushing with the simplest preparation; oily preparations will sometimes produce spasms of the larynx that are dangerous. In such cases, before using formaldehyde, spray with a 2 per cent. solution of cocaine, enough to destroy the sensitiveness of the larynx. I believe the use of cocaine does decided harm; that there is always a reaction in the nature of irritation, and as soon as it can be discarded better results are obtained than when it is used for a longer time.

To illustrate that formaldehyde is not as dangerous as has been supposed, Dr. Rice related the following incident: Once at the Dispensary a 40 per cent. solution was mistaken for a 2 per cent. Its application caused a great deal of distress and pain, coughing and general discomfort, but no harm resulted; in a short time the irritation passed away, and on

the next visit the larynx looked as well as before, which would indicate that a strong solution is not as destructive as supposed.

REPORT OF THE SECTION OF ANATOMY AND PHYSIOLOGY.

E. T. Ransom, M.D., Chairman; G. McMason, M.D., Secretary; H. D. Boyd, M.D., Treasurer.

PROGRAMME.

1. "A Talk on Structure and Function of Ductless Glands." Winfield Smith, M.D.

Discussion opened by J. P. Sutherland, M.D.

2. "Knowledge of Physiology a Requisite for Successful Practice." F. E. Allard, M.D.

Dr. Sutherland discussed briefly Dr. Smith's interesting paper, and touched upon the morphology and functions of these glands.

Dr. Allard: One word in reference to the last paper, the question bearing upon the circulation. I think as time goes on we shall learn more and more in studying the circulation, and we shall find that the health of the body depends upon circulation and the maintaining of certain organs in equilibrium. Anything that vitiates or interferes with the blood in its oxygen-bearing function, or any other function, brings about ill health. The indiscriminate prescribing of drugs will do more harm than good.

Owing to the lateness of the hour Dr. Allard's paper was not presented.

Adjourned at 10 o'clock.

H. O. SPALDING,
Secretary.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held in Y. W. C. A. Hall, Worcester, on Wednesday, May 13, 1903.

The meeting was called to order by the president, Dr. E. R. Miller of Leominster, at 10.20 A.M.

Dr. Lincoln A. Stewart of Clinton was elected a member of the Society.

Dr. Harry C. Cheney of Palmer, was elected delegate to the American Institute of Homœopathy, and Dr. E. P. Bixby of Barre, alternate.

The Society voted to send \$25 to Dr. Strong of Boston, treasurer of its Local Committee of Arrangements, to assist in entertaining the members of the American Institute of Homœopathy in June.

The resignation of Dr. J. P. Stedman of Brockton was read and accepted.

At the close of the business session the president turned the meeting over to Dr. F. T. Harvey of Medford, chairman of the Bureau of Gynecology and Pediatrics.

The first paper was by Dr. Albert E. Cross of Worcester, on "Imperfect Development of Binocular Single Vision, and Its Correction." This was a very interesting paper, and showed the improvement which has taken place in the treatment of these cases.

The second paper was by Dr. David W. Wells of Boston, "The Early Treatment of Convergent Strabismus." Dr. Wells pointed out the importance of this condition, and gave many practical points to the general practitioner.

The third paper was by Dr. Elmer H. Copeland of Northampton, on "Infantile Scurvy." The doctor gave a detailed description of this disease, and reported a number of very interesting cases treated. He does not favor the use of proprietary foods for infants, and prefers the raw cow's milk,

modified. The giving of orange juice and raw beef juice is very important in the treatment of these cases.

The fourth paper was by Dr. George R. Southwick of Boston, on "The Surgery of Light, Illustrated with Stereopticon." This paper was a most interesting description of a number of cases of cancer and lupus treated by Dr. Southwick by the X-rays. Pictures of these patients before and after treatment were thrown on the screen, and the improvement in each case was marvelous. Dr. Southwick said that it was too early to say that these cases had been entirely cured, but that certainly all manifestations of the disease had disappeared.

At 1.30 P.M. the Society adjourned to the State Mutual Restaurant for dinner, after which Dr. E. A. Jones of Worcester reported four cases of cancer treated by the X-rays. These cases were all well advanced, and each one responded very favorably to treatment, all evidence of disease having disappeared.

The meeting adjourned at 4 P.M.

EDWIN ROY LEIB,
Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY.

GENERAL PROGRAMME FOR THE FIFTY-NINTH SESSION.

The formal opening of the fifty-ninth session will take place at the Hotel Somerset, Boston, Monday afternoon, June 22, at four o'clock. At eight o'clock there will be a reception to the members of the Institute, with dancing later in the evening.

The work of the various sections will last until Saturday, but will be enlivened Tuesday evening by the Alumni Conclave and attendance upon the Promenade Concert at Symphony Hall, and Thursday, by a trip down the harbor.

Wednesday will be devoted to the consideration of Homœopathy; Thursday, to *Materia Medica*, and Friday, to Pathology.

The Educational Exhibit, which opens Monday, will continue throughout the week, and should receive the careful inspection of every visiting member.

COMMUNICATION.

INDIANAPOLIS, May 1, 1903.

DEAR DOCTOR:

The Fourth Annual Session of the Surgical and Gynecological Association of the American Institute of Homœopathy will be held in the library of the Hotel Somerset, Boston, Mass., beginning June 24, and continuing through the two following days, or until the Society has completed its work.

For several reasons this will be the most interesting and important session in the history of the Society. There will be no Surgery nor Gynecology at the American Institute this year outside of this Association. In accordance with the action of the Institute at its last two meetings, in the amendment of its Constitution and By-laws, the bureaus of Surgery and Gynecology have been discontinued, and all work previously done by these bureaus in the Institute has been relegated to the Surgical and Gynecological Association, which at this meeting, it is hoped, will become a Section of the Institute—thus carrying to completion the work of reorganization contemplated by both Associations at their recent sessions.

About thirty of the most progressive surgeons of the United States have promised to present papers to this meeting. The titles of these papers, already announced, indicate productions of great merit, and will prove of absorbing interest to all who are endeavoring to keep abreast of the times.

No surgeon can work it all out for himself. He can gain great advantage by listening to the experience of his fellow-workers and by contributing from his own store to the general

fund of knowledge. In this manner he can advance most rapidly to his own ripest maturity. Under the new order of things in the American Institute, the Surgical and Gynecological Association will be a greater power for good than under the old regime, and will have ample opportunity to work out its highest destiny.

Let every wide-awake man in our surgical Commonwealth be in attendance upon this meeting to add to its numbers and influence, and to get in return that rich dividend of profit that can be had only from association with the masters of our art.

The meeting-place also has attractions of unusual quality, and everything is conspiring to make this one of the most notable meetings ever held by the American Institute.

Make your plans to come!

O. S. RUNNELLS, *President.*

J. W. HASSLER, *Secretary.*

PROGRAMME OF THE O. O. AND L. SOCIETY.

NOSE AND THROAT.

“Laryngeal Tuberculosis, Its Early Diagnosis and Treatment.” By H. W. Hoyt, M.D., Rochester, N. Y.

“The Correction of Nasal Deformities with Paraffin Injections.” By E. L. Mann, M.D., St. Paul, Minn.

“Syphilis of the Nose and Throat.” By Irving Townsend, M.D., New York, N. Y.

“Electricity in Diseases of the Nose and Throat.” By J. Martine Kershaw, M.D., New York, N. Y.

“Papilloma of the Larynx.” By H. D. Weaver, M.D., Philadelphia, Pa.

“A Study in Naso-Pharyngeal Growths.” By G. A. Mueller, M.D., Pittsburg, Pa.

“The Dangers of Throat Operations.” By E. B. Hooker, M.D., Hartford, Conn.

“The Relation of Polypoid Growths to Accessory Sinus Disease.” By T. L. Shearer, M.D., Baltimore, Md.

“Affections of the Glosso-Epiglottis and Pyriform Sinuses and Their Treatment.” By Charles E. Teets, M.D., New York, N. Y.

EYE.

“Correcting Lenses, Their Effect on the Growth and Function of the Eye.” By Ella G. Hunt, M.D., Cincinnati, O.

“Glaucoma.” By George A. Suffa, M.D., Boston, Mass.

“Operative Technique in Eye Work.” By R. S. Cope-land, M.D., Ann Arbor, Mich.

“Syphilis of the Eye.” By C. Gurnee Fellows, M.D., Chicago, Ill.

“Gonorrhœal Ophthalmia.” By A. B. Norton, M.D., New York, N. Y.

“Indications for Electricity in Diseases of the Eye.” By W. R. King, M.D., Washington, D. C.

“Trachoma.” By T. M. Stewart, M.D., Cincinnati, O.

“The Localizing of Foreign Bodies in the Eye by Means of the X-Ray.” By John H. Payne, M.D., Boston, Mass.

“The Curative Influence of Bioplasm in Toxic Amblyopia.” By F. H. Boynton, M.D., New York, N. Y.

“Clinical Paper.” By C. H. Helfrich, M.D., New York, N. Y.

EAR.

“Aural Sclerosis.” By Perry Dickie, M.D., Brooklyn, N. Y.

“Tinnitus Aurium.” By E. H. Linnell, M.D., Norwich, Conn.

“Artificial Ear Drums.” By H. D. Schenck, M.D., Brooklyn, N. Y.

“Ossiculectomy in Chronic Suppurative and Catarrhal Diseases of the Ear.” By Elmer J. Bissell, M.D., Rochester, N. Y.

“Electricity in Diseases of the Ear.” By C. L. Rumsey, M.D., Baltimore, Md.

“Syphilis of the Ear.” By D. A. MacLachlan, M.D., Detroit, Mich.

“The Use of the Rotary Masseur in Middle Ear Diseases.”
By J. H. Ball, M.D., Bay City, Mich.

MISCELLANEOUS AND CLINICAL PAPERS.

“Interesting Case of Tracheotomy.” By N. H. Houghton,
M.D., Boston, Mass.

“Pneumatic Massage in Eye, Ear, Nose and Throat Diseases.” Demonstration of Original Method. By S. Hasbrouck, M.D., Providence, R. I.

“An Interesting Clinical Case.” By J. A. Campbell, M.D.,
St. Louis, Mo.

“A Clinical Case Which Proved Incurable.” “Why?”
By I. C. Soule, M.D., Kansas City, Mo.

“An Interesting Case from Practice.” By A. W. Palmer,
M.D., New York, N. Y.

CODE OF MEDICAL ETHICS.—Timely notice should be given of dangerous manifestations of disease, to the friends of the patient and the patient himself, if necessary. The patient should not be abandoned if incurable.

Every physician should identify himself with an organized body of his profession, and it is recommended that medical societies should be organized in every county, and should place themselves in affiliation with their state societies, and these in turn with the American Association.

Physicians must be temperate in all things. - Must not resort to public advertisement or private cards promising radical cures; must not publish cases or operations in the daily print, or suffer such publication to be made; must not invite laymen to operations; must not boast of cures and remedies.

They must not hold patients for surgical instruments or prescriptions; accept rebates on prescriptions, accept or promote the use of secret medicines, or give a certificate attesting their efficacies.—*American Medical Association.*

BOOKS AND READING.

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

DISEASES OF THE HEART AND ARTERIAL SYSTEM. By Robert H. Babcock, A.M., M.D., Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons, Chicago, etc. Illus. New York and London: D. Appleton & Co. 1903. pp. 853. Price, cloth, \$6.00.

It is, perhaps, not possible to display any great amount of originality in such a work as this. Certainly there is nothing noticeably novel in Dr. Babcock's offering. It is a conservatively written and well-illustrated treatise, omitting largely extended references to the anatomy and physiology of the circulatory organs, but giving detailed information about the pathological conditions met with, the diagnostic signs, and the treatment so far as understood by the school of which the author is a representative.

In other words, there are such omissions as would naturally appear in the writings of any allopathic practitioner. These omissions do not seriously detract from the value of the work, because it is not a knowledge of therapeutic agents that homœopaths are apt to lack, but rather a good working knowledge of morbid anatomy and diagnosis, especially the latter. Here is where Dr. Babcock's book will prove very helpful. It is a better, because a more complete, presentation of diseases of the heart than "Broadbent," which we have heretofore considered about the best textbook. Dr. Babcock's illustrative cases are a great addition to the text, and his enumeration of remedial measures aside from drugs, leaves little unsaid. The regulation of the patient's life is of prime importance in all heart lesions, and can only be satisfactorily undertaken by one knowing the whys and wherefores for every recommendation made.

INTERNATIONAL HOMŒOPATHIC MEDICAL DIRECTORY. Ninth year of publication. London: Homœopathic Publishing Company, 12 Warwick Lane, Paternoster Row, E. C. pp. 117. Price, cloth, 2s. *net*.

This very convenient reference book covers a good deal of territory. It contains lists of physicians in Great Britain and Ireland, British America and Australasia, Continental Europe, South Africa, India, China, Central America, South America, and the United States. For one dollar a physician in this country may become a subscriber, and at the same time secure the free insertion of his name in the next issue. Homœopathic journals, societies, chemists, hospitals, dispensaries, etc., receive due mention. A great effort is made by the compilers to make the lists accurate and complete. A post card to the publishers will insure their sending the writer a circular of information when the next edition is in preparation.

THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS.

By E. L. Keyes, A.M., M.D., LL.D., Consulting Surgeon to the Bellevue Hospital, etc., and E. L. Keyes, Jr., A.B., M.D., Ph.D. A revision of Van Buren and Keyes' Textbook. Illus. New York and London: D. Appleton & Co. 1903. pp. 827. Price, cloth, \$5.00.

In the treatise which formed the germ of the present volume, considerable space was assigned to a consideration of syphilis and its many manifestations. In a subsequent edition, purely genito-urinary surgery and directly related subjects were chiefly brought forward. As the work now stands it is practically a new one, in so far as the subject of syphilis is totally eliminated, the order of topics quite changed, the text revised and recast, and the results of long and wide experience incorporated, to the advantage of all students, and of specialists in diseases of the genito-urinary system.

This work is then, in what, in a sense, is its third edition. It offers first an elaborate surgical picture of urinary disorders in the male and female, including those dependent upon gonorrhœal infection. It includes the various inflammations of the lower and upper urinary tract, strictures, prostatic hypertrophy, tuberculous affections and tumors of the bladder, of the kidney, vesical, renal and ureteral calculus, diseases of and operations upon the ureter, the kidney, etc., etc.

The last hundred and fifty pages deal with diseases of the genital organs in the male, an important department of genito-

urinary surgery no less to the general practitioner than to the specialist. The work is well adapted to serve as a textbook, previous knowledge not being taken for granted to any extent, and much attention being paid to minutiae in description, especially in the matter of surgical technique. The bibliography has been arranged to meet the needs of advanced students. No mention is made of decapsulation of the kidney in Bright's disease, the authors not considering this procedure one of proven worth, but there are many who differ decidedly from them on this question.

THE ESSENTIALS OF MODERN MATERIA MEDICA AND THERAPEUTICS. By John William Fyfe, M.D., with a Complete Formulary, compiled by George W. Boskowitz, A.M., M.D. Cincinnati: The Scudder Brothers Company. 1903. pp. 344. Price, \$2.00 *net*.

It is desirable, for purposes of comparison if for no other reason, to learn the kinds and doses of drugs used by members of other schools of medicines. Such a manual as the above furnishes this information about the usage of the eclectics in particular, and to a certain extent, the practice of allopathists.

A large number of drugs are mentioned, the common name of each being given, the drug described, its dosage and indications for use specified. At the back of the book is a comprehensive formulary. A good index adds to the value of the text. The binding is neat and strong.

SURGICAL EMERGENCIES: THE SURGERY OF THE HEAD. By Bayard Holmes, B.S., M.D., Professor of Surgery in the University of Illinois, etc. New York: D. Appleton & Co. 1902. pp. 569. Price, cloth, \$2.50.

This proposed series of handbooks on surgical emergencies, relating to different parts of the human body, will be somewhat unique. The author comments upon the difficulty encountered in selecting a name for such a series, yet uses a capital one in his preface; namely, "everyday surgery." This title seems to us more comprehensive, and consequently truer than "surgical emergencies." However, the value to the surgeon and general practitioner lies in the quality of the text, rather than in the aptness of the title.

The former, in the volume before us, promises well for the series as a whole. It treats of emergencies in surgery of the head, but covers much more ground than this in a simple, direct, practical manner. Etiology, descriptive definitions, anatomy, pathology, symptomatology, methods of differentiating one condition from another, significance of symptoms, probable course, duration and outcome of individual cases, and concrete examples and illustrations, all enter into the presentation of the subjects included in the nineteen chapters. Such specialties as the eye, ear, nose and throat are referred to only incidentally, but a chapter is devoted to otitis media, and another to the surgery of the orbit. Some fourteen plates and several small cuts comprise the illustrations. The many commonly met with cases described are very helpful, and make the teaching more clinical than didactic; while memorizing is rendered easy, and one's interest, continuous.

ANNOUNCEMENT.—The June issue of the "International Medical Magazine," published by Messrs. E. B. Treat & Co., will be devoted to a symposium on "Hyperchlorhydria." More than half a dozen of the leading European specialists will contribute, among whom are: Prof. C. A. Ewald, Berlin; Prof. George Hayem of Paris; Prof. Carl von Noorden of Frankford, Dr. L. Kuttner of Berlin; Prof. Rosenheim of Berlin. Many eminent authorities in America, will also contribute to the discussion of this important subject.

THE CHAUTAUQUAN: A MAGAZINE OF THINGS WORTH WHILE.
Springfield, Ohio: The Chautauquan Press. Price, \$2.00 a year; single copies 20 cents.

This monthly publication is the official organ of Chautauqua Institution, and contains in every issue a large number of instructive papers on subjects of general interest. Those on Russia, now appearing, are very timely, as also those on the Arts and Crafts movement.

The same firm gets out a little paper for children called *Pets and Animals*, containing nature studies, letters and entertaining stories. It costs only 50 cents a year, and is published monthly.

THE SPECIALIST.

MATERIA MEDICA AND PRACTICE.

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

POST-OPERATIVE SHOCK.—Camphora, arnica, cinchona, carbo vegetabilis and others are shock remedies, but I believe veratrum will be oftenest indicated.—*Exchange*.

SCILLA.—I have seen several cases of dropsy due to a leaky heart improved greatly from the use of squills in port wine. In all other troubles I use the 3x, 6x, 30x and 200 with good results, symptoms agreeing.—*Cleveland Medical and Surgical Reporter*.

BRAINS REQUISITE.—A good homœopathic prescription demands the exercise of brains on the part of a prescriber. This is something which is indeed worthy of forming the culminating point of a student's education. The indicated remedy cannot be obtained by the penny-in-the-slot method; neither can it be ordered by the ton in tabloid form from a wholesale manufacturing chemist.—*Homœopathic World (London)*.

BENZOIN IN ERYTHEMA.—Bruck has found (*Sem. Med.*) that the application of benzine for a few seconds will banish temporary redness of the nose and render the skin less shiny. The application is non-irritating and can be used as a prophylactic measure under circumstances liable to induce erythema in the predisposed. It is applied on a gauze compress over the entire patch of erythema, avoiding friction.—*Medical Times*.

TOXIC ACTION OF TEREBINTHINA.—From large doses, such as an ounce, fulness and pressure in the head occur; the mouth and throat are dry and burning, and stomach and intestines

irritated, as seen in the pain; vomiting, distension, and diarrhoea; the kidneys are congested, and this condition is followed by strangury. There is a certain amount of cough excited, and hurried respiration. It is also an irritant of the skin, and this not merely when applied locally, but specifically.—*Monthly Homœopathic Review.*

HOMŒOPATHY IS BASED ON FACTS.—As long as there are sick to be cured, and as long as mechanical, hygienic and preventive means fail to ward off all and every disease, so long will drugs remain among the most potent forces useful in restoring health. And all drug therapeutics will in the end settle down to one of two methods: for their mechanical effects or for their dynamic effects. In the last, the method of similars is based on the logic of facts.—*Hahnemannian Monthly.*

TREATING CONTUSIONS WITH OLIVE OIL.—Dr. Camescasse advises the application of olive oil in all cases of contusions and hematomata. No rubbing in is necessary,—it is indeed painful and therefore to be avoided,—but the oil is simply sprinkled on or applied on lint. If the skin is broken a previous cleansing with some antiseptic is advisable. The mode of action of the remedy is not clear, but the rapidity and effectiveness of its action are said to be remarkable. A black eye thus treated, disappeared so quickly and completely that the victim was inclined to complain, on the ground that he had no visible injury to show to the police.—*New Orleans Medical and Surgical Journal.*

INDIGO IN EPILEPSY.—I have now been trying indigo in nearly all my cases of epilepsy for the past twelve years, and the percentage of actual cures has been so much greater than from the bromides or any previous form of treatment, that I still continue to employ it with 10 per cent. of apparent cures; i.e., patients who do not have an attack of grand or petite mal for over two years. This is not a sufficient length

of time to entitle its being called an absolute cure; but it is about as long as one doing special work can keep in touch with his cases who are really not his own patients.—*Dr. E. P. Colby in North American Journal of Homœopathy.*

BRYONIA.—This is a remedy that I use almost exclusively in the third potency. Formerly I gave it in the tincture and first dilution, but I have never had the prompt results in the lower dilutions that I have had in the third. Another thing that I have observed about bryonia is that it should not be repeated too often. I believe it a mistake to give bryonia every half-hour; better effects will be had if the remedy be given every three or four hours, even in the most acute cases. In rheumatic affections, only, might bryonia be used lower, though even here Dr. Bayes recommends the 18th dilution. Dr. Dahlke of Berlin asserts the higher potencies will do all that can be expected of the remedy.—*Dr. W. A. Dewey in Medical Century.*

HOMŒOPATHIC TREATMENT OF GLAUCOMA.—Homœopathic remedies, especially gelsemium, phosphorus, bryonia, rhus, arsenicum and osmium, are undoubtedly of value in the treatment of glaucoma, especially for the relief of the subjective symptoms. The general condition of the patient, and not only the symptoms directly relating to the eyes and the vision—in other words the totality of the symptoms, must be considered carefully in choosing the remedy, but our reliance should not be placed upon internal medication alone, to the exclusion of myotics. . . . I wish that our remedies might be methodically tested in connection with the local use of eserine, or pilocarpine, or scopolamine, and compared with an equal number of cases treated by local measures alone. I believe the results would be most encouraging and gratifying.—*Dr. E. H. Linnell in the Homœopath Eye, Ear and Throat Journal.*

THUJA IN PROLAPSUS OF RECTUM.—A man brought a child, about two years old, to my office for treatment, and stated

that its bowels had been protruding for several days. The bowel was prolapsed and inverted for at least an inch and a half, red, swollen, and very tender and painful to the touch. I prepared an eight-ounce vial with about 25-per cent. thuja, directing that the parts be thoroughly washed with hot water three times a day, and an old linen cloth folded several times, applied with a bandage and kept wet with the thuja solution. I redressed the protruding rectum, and had him dress it before leaving. I did not hear from the patient for quite a while, but was delighted to learn that there had not been any more protrusions, and the child was believed to be perfectly well.—*Eclectic Medical Journal.*

REPROVING OUR DRUGS.—A reproving of our drugs is absolutely necessary, not according to the crude methods of Hahnemann's time, but according to the latest scientific principles of to-day. The chemist, the microscopist, the X-ray, the blood tests, all should play their part in the proving of every drug. Positive details from every standpoint are necessary. Every organ in which symptoms develop should undergo a thorough daily examination by competent diagnosticians. Work of this character would have the respect and confidence of not only the school now opposed to us, but scientific men of every class, as well as the public at large, and I believe this would do more to convince them of the value of the laws of similia than any other factor possible.—*Dr. A. R. McMichael in North American Journal of Homœopathy.*

REMEDIES IN CEREBRAL APOPLEXY.—The remedies in the acute attack are :

Aconite 3, general arterial congestion, with great restlessness, especially of use in light attacks at first.

Belladonna 3, with the red, hot face, the regular full-bounding pulse, the arterial turgescence, the dilated pupils and the response to sudden stimuli.

Glonoine 6, an accentuated belladonna, where the vascular tension is excessive and there is kidney disease co-existing. The pulse is irregular, but full and rapid.

Veratrum viride 3, like glonoine and belladonna, but the pulse is the most powerful.

Melilotus alba 3 may be of service; also, opium 30 is the great drug in apoplexy, and has done good service here. Venous turgescence, with coma and marked stertor, are the characteristics.

These remedies may be given every fifteen minutes during the attack, and then every hour when relief has come.—*The Chironian.*

REMEDIES IN PNEUMONIA.—In the very early stage, during the first twelve or twenty-four hours, aconite is probably more frequently called for than any other remedy. Ferrum phos. follows a close second, and is a very useful remedy after the aconite stage is passed. Chelidonium, when given at frequent intervals for a short time, will frequently show marked results for the better. Bryonia, phosphorus, kali carb., kali phos., are all banner remedies during the height of the disease. Ipecac is one of the most valuable during resolution, when lungs are full of coarse mucous rales. I consider it much more frequently indicated in this stage than tartar emetic, which is frequently given, and is sometimes indicated. But whatever remedy is selected it should be selected by prescribing for the patient, and not for the disease or because it is prominent at any particular stage.—*Dr. W. E. Fruit in the Medical Visitor.*

SUPPRESSED ERUPTIONS. —Antimonium tartaricum is indicated in cases of suppressed eruption when there results the characteristic head symptoms. On awaking from sleep the child seems stupid, and is so excessively irritable that he howls if one simply looks at him. Vertigo may be present; the child seems either to be drowsy or have vertigo all the time.

This remedy is of especial value when the eruptions of scarlatina, measles or variola do not come out properly; along with this suppressed eruption, the patient has dyspnœa, and this symptom is an important one in the selection of the remedy. The face is bluish; child becomes more drowsy and twitches occasionally. Perspiration becomes very difficult. From the above symptoms we know that the case is becoming desperate; but this remedy, if given, will bring about a rapid change, bringing on the eruption, and by doing so save the child.—*Homœopathic Journal of Pediatrics.*

GONORRHEAL OPHTHALMIA.—Aconite in the beginning is one of the best of remedies. Afterwards hepar., rhus, merc., arg. nit., etc., as they may be indicated. If the cornea becomes involved, calc. hypophos. in alternation with hepar sulph., will sometimes stay the destructive process and save the eye. For cleansing the eye, chlorine water, diluted merc. corr. sol. 1-5,000; boracic ac. saturated solution, and permanganate of potash in solution are each very valuable. After careful cleansing of the eye, protargol, 5 per cent. to 10 per cent., dropped in the eye every two to four hours. Strong solutions argent. nit., 20 to 40 grs. to the ounce, brushed on the lids and well up into the fornix, and carefully washed off with salt in solution, once daily. The course of the disease under the best care and treatment will be from three to six weeks.—*Exchange.*

GASTRALGIA.—When called to attend patients with gastralgia, the remedies I have found most useful for the pain are dioscorea and magnesium phos. More useful than either of these is *hot water*. This is given internally, in copious amounts, for I encourage the patient to fill the stomach to its fullest capacity, with the hottest water that can be swallowed. By sipping it slowly, water nearly at the boiling point can be used, for the mucous membranes appear to be more tolerant of heat than the skin. When the stomach is

full, or nearly so, if it rejects the water, it will also be relieved of other contents that may be exciting the pain. But if the stomach retains the water, we have provided a hot-water bag just where it will be of the greatest service, and it often has a magical effect. In true gastralgia, hot water will relieve the pain three times out of four. If the patient vomits before the pain is relieved, continue to fill and refill the stomach until the distress is relieved.—*The Clinique*.

COLLEGE, HOSPITAL AND LABORATORY NOTES.

THE homœopathic department of the University of Michigan made a gain of nine in its enrollment this year.

JOHN J. DAY, late of Quincy, has left \$5,000 to the Quincy Hospital and the same amount to Carney Hospital, Boston.

BY the will of the late Dr. L. Gideon Archambault, one of the oldest physicians of Rhode Island, who died recently in Providence, \$40,000 was left for founding a hospital for the aged poor in that city.

BY the will of the late Susan W. S. Walker, St. Luke's Home for Convalescents in Roxbury, and the Free Hospital for Women in Brookline, will each receive \$1,000. The Outdoor Relief Fund of the former institution is given \$300, and the convalescent branch of the Children's Hospital, \$250.

THE London Homœopathic Hospital's total expenditure for 1902 is reported as about \$57,735; its income for the same period being about \$40,680, which is the largest for any previous year, with the exception of 1900. The deficit, however, is very marked.

TWENTY-NINE men received degrees at the graduation exercises of the New York Homœopathic Medical College

and Hospital, in Mendelssohn Hall, New York City, May 7. Dr. W. H. King, the dean of the faculty, delivered the address, in which he said that the figures from the report of the State Board of Regents showed that the graduates of this college had the highest averages in the State.

CAMBRIDGE is to be the home of the first Osteopathic and Surgical Sanatorium in the New England States. A company has been formed, with a capitalization of \$400,000. It has acquired the John Brown property at 15 Cragie Street, Cambridge, which includes a magnificent house and 46,000 feet of land, and it is expected that the institution will be in full running order by the middle of June. Wilfred Harris, D.O., of Cambridge, will be house physician. He is president of the Massachusetts College of Osteopathy.

PERSONAL AND GENERAL ITEMS.

THE meeting of the British Homœopathic Congress this year will be held in Oxford, Eng., the 23d of July next.

THE Fourth Pan-American Medical Congress will be held in Buenos Ayres in 1905, instead of in 1903, as announced.

THE honorary degree of Doctor of Science is to be conferred upon Lord Lister, June 24 next, by the University of London.

THE American Congress on Tuberculosis, for the prevention of consumption, will hold its next meeting in St. Louis, Mo., July 18 to 23, 1904.

DR. HORACE PACKARD, who is now in Europe, will make a survey of present methods among French surgeons, and will visit Dr. Kocher's clinic in Berne.

DR. WILLIS A. DEWEY, professor of materia medica and therapeutics in the homœopathic department of the Univer-

sity of Michigan, was recently elected president of the Alumni Association of the New York Homœopathic Medical College.

DR. H. E. RICE has removed from 685 to 647 Boylston Street, Boston. During the summer he will be at the New Ocean House, Swampscott where he may be consulted at any time, or by appointment at his Boston office.

ALL the railroads have granted a round trip rate to the Institute meeting, on the basis of one fare and one-third. A complete programme of the meeting can be obtained from the Secretary, Dr. Chas. Gatchell of Chicago.

PHYSICIANS who are to present papers at the coming meeting of the American Institute in Boston, can have the same carefully and accurately typewritten, by a stenographer of long experience in medical copying. Address "L. G. K.," care of Otis Clapp & Son, 10 Park Square, Boston.

THE Fifty-seventh Congress in its last session provided for an increase of 150 numbers in the Medical Corps of the Navy, 25 of which are to be appointed each calendar year for six years. By the enactment of this law there is afforded to the young physicians of the country an opportunity to take service in the Navy of the United States, and an assurance of the continuance of this opportunity for the next six years. The number of vacancies in this Corps occurring from retirements, resignations, and casualties average about ten a year, which, added to the 25 created by new legislation, makes 35 appointments open to ambitious young medical men yearly.

These appointments are to be made in the grade of assistant surgeon, and are within the reach of any well-qualified physician between the ages of 21 and 30 who is a citizen of the United States. Examinations to determine the fitness of candidates for appointment are held in Washington, D. C., and at Mare Island, Cal., and the boards of examiners are

in continuous session throughout the year. It is only necessary, for any physician of the required age and citizenship desiring to enter the Medical Corps of the Navy, to apply to the Secretary of the Navy for permission to be examined, to insure being given an opportunity. No political or other influence is required, and the only testimonials needed are those bearing on moral standing and citizenship.

EDITOR OF

NEW ENGLAND MEDICAL GAZETTE,
BOSTON, MASS.

DEAR SIR:

We desire to call your attention to the change of medical law in Nebraska. On and after the first of August an examination will be required for registration. The new law provides for reciprocity with other States having an equal standard and the law at the same time prescribes a standard that is equal to any State in the Union.

Inasmuch as the State is filled with most excellent openings, we trust that there will be a large number of applications from the homœopathic profession at the next two meetings of the Board, which will be held prior to the change of law.

Application blanks may be secured of either the Secretary, Dr. G. H. Brash, Beatrice, Nebraska, or of

Yours truly,

THOMAS G. BAILEY,

- *President.*

THE NEW ENGLAND MEDICAL GAZETTE

No. 7.

JULY, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

THERAPEUTIC HINTS IN TYPHOID FEVER.

BY WILLIAM P. DEFRIEZ, M.D., BROOKLINE, MASS.

[Read before the Boston Homœopathic Medical Society.]

The prevailing feeling in one school of medicine is summed up in these few words: "In hospital practice, medicines are not often needed. In private practice it may be safer, for the young practitioner especially, to order a mild fever mixture."

The generally accepted teachings of our school are at variance with the above teaching. Yet so varied are the symptoms during the invasion and course of typhoid, it is impossible to prescribe remedies for disease by name, as we well know, much less so in typhoid fever.

The first duty of the physician in attempting treatment is a thorough examination of all the elements of the case. Let him consider well and carefully before he decides on his first prescription. Let whatever of time the case may require for accuracy be given to it, no matter to what extent. Boeninghausen won his success in the treatment of typhoid; he recognized this principle. He made sure of the accuracy of his first prescription; he likewise followed the second essen-

tial rule of successful practice; viz., having found the right remedy, to keep to it, change it for no other—but for the strongest reason. We are permitted to foresee, up to a certain point, the various combinations of symptoms which present themselves in every possible form in typhoid fever; but this foresight is, after all, quite limited, if the practical tact of the physician does not come to the assistance of his lack of prevision. The conduct of practice depends upon the individuality of the case, and the most efficacious means are those which chiefly correspond to the predominant characteristics.

PRINCIPAL REMEDIES.

The remedies are arranged in the order of their value. The special indications must be considered to enable one to select the remedy in each case.

Apis, arnica, arsenic, bapt., bry., calc ost., hyos., lach., lyc., mur. ac., nitr. ac., opium, phos., rhus tox., sulph., cinch., coccul., puls., bell., camph., carbo. veg., colch., helleb., hydroc. ac., nux mosch., nux vom., phos. ac., psorin., secale., sepia., sil., stram., tarax., verat., alumina, crocus., cupr., dig., dulc., ferr., hepar sul., ign., kali c. merc., sul. ac., am. carb., anac., ant. tart., arg. nit., borax., carbo. an., con., fer., fluor. ac., ipec., iris, kreos., lauro., nat. mur., silen., spong., staph., zn.

BRYONIA.—Anxiety, dejected, debilitated, with aversion to thought. Timid, fearful. Fear of death. Vexed, irritated, wants to quarrel. Angry disposition, easily offended, gives short answers. Desires to get out of bed. Desire to escape to go home. Inclined to weep with fear. Talks of the business of the day. Hasty speech. Rush of blood to head, with desire to lie down. Illusions,—sees people standing at the foot of the bed. Attempts to run away, on awakening from sleep or in sleep. Loquacity about his avocations. Vertigo when rising up in bed. Vertigo with headache, and desire to lie down. Headache aggravated by moving. Frontal headache, aggravated in evening, with lassitude. Sensa-

tion of heat in head, cerebral irritation predominant. Hearing oversensitive, especially to music. Hardness of hearing. Epistaxis in sleep, or daily. Face hot, mostly in the evening; yellow and pale. Lips dry and blackish or brown. Mouth tastes bitter. Excessive thirst, drinks much. (Arn.) Dryness of mouth without thirst. Tongue dry, red and hard. Cracked. Tongue covered with a thick, tenacious paste, like putty. Shooting pains in the tongue. Dryness of throat. Desire for acids, alcoholic drinks. Nausea and retching or vomiting, with painful sensibility of epigastrium. Nausea and vomiting aggravated by moving. Excoriating pain in epigastrium from touch and cough. Colic aggravated in morning. Distention, with hardness. Involuntary, unnoticed stools. If costive, if sudamina and petechiæ have already broken out. "If not costive, do not give carbo veg." Jahr. Respiration accelerated, sighing, groaning and moaning, and a peculiar sour smell of the body, with or without sweat. Stitching pains in chest, amel. lying on painful side (k. carb. opposite). Evening cough, with roughness or dryness in the larynx. Sputa tough, like gelatine; copious in the morning. Stitching pain in the liver.

Bronchitis. Pneumo-typhus. Typhoid of children. Neck stiff. Pain in all the limbs, darting, tearing pains, aggravated by motion. Loss of strength from slight exertion. Continually changing position. Feels better when lying down. Lies in unconscious state, with groans, cold sweat on forehead. Sleep, with outcries. Suffocative snoring with inspiration. Dreams of being cut and hacked by soldiers, with desire to escape. Waking delirium. Evening aggravated. Sweat at night, preceded by thirst, with pressing in the head towards the end of the sweating, followed by confusion of the head. Dull, pressive, or stitching, tearing pains, also throbbing, aggravated by motion. Hemorrhages. Want of firmness in all the joints. White rash. Petechiæ. After sudamina and petechiæ have appeared, and no diarrhœa. When rhus tox. or bry. are insufficient in catarrhal or pneu-

monic symptoms, compare phos. In hepatic affections after bry. lach. and lyc. had failed, merc. was given with success.

RHUS TOX.—Anxiety, with pressure in the heart and tearing pains in the loins. Sinking of all the forces, restless, more after than before midnight. Faint-hearted, timid, inclined to weep, fears death. Loquacity, talking to himself. Answers hastily; averse to speaking. Insensibility and loss of consciousness. Mental operations slow and difficult. Low mutterings, delirium. Thinks he is roaming over fields or swimming, lying in the water for hours. Furious during hot stage. Vertigo on rising. Pressing outwards in the temples, the sides as if pressed together. Bruised pain in cerebellum and occiput. Headache when waking from sleep. Scalp sensitive to touch, like a boil. Epistaxis at night, mostly after midnight, at the commencement of the disease, which relieves (does not relieve phos. ac.) Listless expression. Cheeks red and hot. Tastes neither food nor drink. Tongue hard, dry, with thirst. Tongue raw and burned, dry. Tip of tongue triangularly clean and red, borders red, a white if coating one side. Thirst not relieved by drinking. Spleen enlarged. Soreness in region of liver. Limbs pain, as if bruised. During crisis, when papescent stools afford relief (ars., carb. v., mur. ac.). Cadaverous smell, invol. brownish, grayish or bloody (carb. veg.). Involuntary stools at night, in sleep (puls.). Diarrhœa, with headache and pain in the limbs. Flatus putrid, offensive (ars., sul.). Slimy discharges. Albumen in the urine. Harassing night cough, without expectoration, or bloody expectoration. Infiltration of lower lobes of lungs.

Bronchitis. Pneumonia—next to bry. or phos. Pulse weak, small and wiry. Tearing pains in legs, aggravated at rest, ameliorated from motion. Rhus. did no good, tarax.

Agg. overexertion. Restlessness. Vertigo on rising, as if would fall backward or forward. All strength gone, settles down in bed, paralysis threatened. Subsultus tendinum. Sleeplessness the whole day, with anxiety, restlessness, sad-

ness, dry lips. Sopor. Desire to be covered, with dry heat or with sweat. Heat and thirst (bry.). Sweat on the face. Some sweat at noon, and some diarrhoea in daytime without thirst. Sweat over the whole body, except the head. Shooting pains here and there while the part is at rest. Putrid decomposition of fluids. Miliary rash. Lenticular red spots, with small vesicles in the centre. Petechiæ. When rhus tox. or ars. are insufficient in cases of great prostration, compare mur. ac.; after it, carbo. veg.

PULSATILLA.—Answers hastily, with indignation. Unconsciousness. He knows neither where he is or what he does. Dullness, like a want of memory. Fixed ideas (petr.). Great number of ideas, ever changing (lach.). Terrible visions, with fear and desire to hide or run away. Furious delirium (bell., colch., zn.). Delirium with loss of consciousness. Confusion, with vertigo. Vertigo on moving head. Heaviness of the head and dullness. Intolerance of light (bell.). Rushing sound in the ears like wind. Dryness in nostrils. Taste in mouth of things eaten, or loss of taste. Tongue as if burnt, and yet no thirst (mag. mur.). Foul-smelling slime covers the tongue in the morning on waking, with dryness of mouth and throat. Too great appetite, but not enjoy eating; everything is so bitter. Pulsation in epigastrium. Pinching, grasping in abdomen, with diarrhoea, later more at night. Constipation. Urine scanty, dark brown (sulph., verat.). Sudden spells of suffocation on lying down at night, with or without cough (ars., phos.). Pulse weak and small, or accelerated and full (bell., kali c., lach., sul.) One hand hot, the other cold. General restlessness, aggravated by lying, especially on left side. Lies with limbs drawn up (helleb.). Throwing off the bedclothes because of heat or feeling of lightness, yet he shivers as soon as he is uncovered. External heat is unbearable, which excites headache. Sweat on one side, coldness of the other. Soreness in all the bones. Bruised feeling, lasting all night. An eruption like flea-bites. Symptoms ever changing.

GELSEMIUM.—Fear of death (ars.). Utter lack of courage. Desire to be quiet, to be let alone; does not wish to speak or have any one near her, even if the person be silent. Vertigo, spreading from the occiput (sil.); with diplopia, dim vision, loss of sight; seems intoxicated when trying to move. Sensation of a band around the head above the eyes (Carb. ac., sul.). Fears that unless on the move, heart will cease beating (reverse dig.). Trembling is the characteristic of this remedy. In children, fear of falling when lifted.

Belladonna, hyoscyamus, stramonium, apis mel., helleborus niger, and zinc. The first three have active delirium, so nearly alike that if this were all, it would be difficult to differentiate.

Hyoscyamus has greater stupor than either of the others, twitching of the muscles.

Belladonna headache is aggravated by reverse.

Hyoscyamus headache improved by walking. Pupils dilated under bell.

Hyoscyamus the eyes contracted.

Belladonna has drowsiness and inability to sleep, sleep that is never quiet; starts and jumps as if frightened; throbbing carotids; the skin is very hot, but covered parts are moist or sweating; these are marked characteristics of belladonna.

HYOSCYAMUS. — Unconsciousness, very restless, every muscle in the body twitches, from the eyes to the toes (with consciousness, aur.) Hyoscyamus occupies a middle place between bell. and stram.; it lacks the constant cerebral congestion of the former, and the fierce rage and maniacal delirium of the latter. Fears being left alone; poisoned; bitten; sold; to eat; to take what is offered. Lascivious mania; immodesty; sings obscene songs. Phos. often cures lasciviousness when hyos. fails. The mental symptoms and the delirium, in all fevers, are the peculiar guides.

STRAMONIUM.—Delirium: loquacious, sings, makes verses, raves. *Praying, beseeching, entreating.* Desires light and company; cannot bear to be alone; worse in the dark and

solitude. Eyes wide open, prominent, brilliant. Aversion to liquids. *Constant jerking of head from the pillow.* Stramonium, like nux vom., cannot bear to be uncovered. Stramonium is loquacious.

Hyoseyamus is the most insensibly stupid.

Stramonium throws himself about. Hyos. twitches, jerks, picks and reaches, otherwise lying pretty still. Bell. starts or jumps when falling into or awaking from sleep.

APIS, HELLEBORUS AND ZINC.—Cerebral typhus.

Apis is indicated in apathy or stupor with sudden, shrill, piercing screams. Weeping disposition; cannot help crying. Extreme sensitiveness to touch (bell., lach.). Bag-like, puffy swelling *under* the eyes. Rarely thirsty; heat, with inclination to uncover. Trembling is continuous and violent (zn.). The trembling of gels. comes early, and is aggravated by motion. Skin alternately hot and dry, or profuse sweating. Apis disagrees when used either before or after rhus.

Sulphur used intercurrently with apis when latter does not act promptly.

(To be concluded.)

PUERPERAL INFECTION.

BY J. EMMONS BRIGGS, M.D., BOSTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

It is my purpose in this article to briefly discuss the principal infections which may occur at, or immediately after, delivery; infections which are responsible for the transformation of what should be a normal convalescence into a rapidly fatal septic process, or remotely jeopardize the life or health by serious sequelæ.

In order that this paper may be brief, it has seemed best to consider two forms of septic fever only, sapremia and septicemia. These conditions are theoretically very dis-

similar, yet, practically, it is oftentimes quite impossible in the early hours of infection to differentiate one from the other; although the origin of sapremic infection is different from the septicemic, the symptoms are so analogous that for days one may be at a loss to know which is operative.

SAPREMIA.

Sapremia is a disease of the blood occasioned by the introduction into the circulation of the ptomaines elaborated in the dead tissue by putrefactive bacteria.

None of the pyogenic bacteria participate in a typical sapremic infection. The absorption of the ptomaines liberated in necrotic tissue are responsible for the symptoms which ensue. Their effect is similar to poisoning by alkalis, and the outcome of the case depends upon whether the patient has absorbed a fatal dose before the putrescent mass is removed and the cavity cleansed.

Putrefaction will only occur when the substance undergoing necrotic change is in contact with the air.

All animal tissues which become putrescent emit a fetid odor. It follows that one of the chief diagnostic signs of sapremia is the foul lochial discharge. It is equally evident that in order for a condition of sapremia to exist there must first be a retained placenta, membranes, or blood clots in contact with atmospheric air; there must be a lapse of sufficient time for putrescent changes to occur, so that the liberated ptomaines shall cause symptoms of intoxication. The time element is here a great assistance to the correct diagnosis, for septicemic infection rarely appears before the lapse of forty-eight hours, and usually much later.

The usual history of a case of sapremia is that after delivery, or miscarriage, the child or fetus is naturally expelled and the afterbirth partially retained. This may be recognized at the time, but the subsequent history of the case will be, a normal temperature and pulse for from two to five days, then a foul lochial discharge, with chills, followed by rise of temperature, which rapidly increases to perhaps

104°, prostration, loss of appetite, weak and easily compressible pulse.

This pulse is not typical of sapremia, as it is found in all cases where the ptomaines of pathogenic bacteria are absorbed. These toxins usually exert a depressing influence on the heart.

If the disease is allowed to progress, in addition to the symptoms already enumerated, diarrhœa, vomiting, delirium, clammy perspiration and paralysis of the heart ensue.

As this disease depends upon the dose of the ptomaines of putrefaction rather than the entrance of pyogenic bacteria, which multiply in the blood stream as is the case in septicemia, it will be seen that the outcome of the case depends upon the acuteness of the physician in detecting the true character of the infection, and applying the appropriate treatment.

If a patient swallow a toxic dose of an active poison the immediate administration of an emetic is the treatment indicated. If she be suffering from sapremic infection, with the uterine cavity filled with a putrescent mass which is liberating ptomaines which are being absorbed into the blood stream, the rational treatment is to empty the uterus as soon as the condition is recognized, and employ intra-uterine antiseptic irrigation. To accomplish this a dull curette should be used. The uterine mucous membrane should be disturbed as little as possible, as extensive abrasions add additional opportunity for septic absorption.

This procedure will often be followed by a chill and still greater rise in temperature, which, however, is of short duration: Intra-uterine antiseptic irrigation should be continued for a few days, and a practically normal temperature should be established within a week.

If the curetting is delayed until the sapremic intoxication is performed, no relief will be obtained by the operation. It sometimes happens that there is a mixed or secondary infection of pyogenic micro-organisms, which may materially lessen the patient's chances of recovery.

PUERPERAL SEPTICEMIA.

In septicemia, virulent pathogenic micro-organisms gain entrance to the blood stream and there multiply, generate their ptomaines, and produce degenerative changes in the blood and in important internal organs.

The interior of the uterus, a laceration of the cervix, of the vaginal walls or perineum may serve as an area for the implantation of the septic micro-organisms.

In a true septicemia no point of local suppuration is necessary. The pyogenic bacteria are quickly taken up through the lymphatic system, and are then conveyed to the blood stream.

In pyemia there is capillary or venous thrombosis. The thrombus acted upon by the pyogenic cocci liquifies, and emboli float off into the blood stream, where they become lodged in remote organs, forming metastatic abscesses. But in order for a true pyemic condition to exist it is necessary that there be first a local pus formation. More time is therefore required for the pyemic infection to prove fatal.

Progressive septicemia as it affects the lying-in woman is the most alarming and fatal of the post-partem complications. The disease often makes its appearance within twenty-four hours after delivery; the patient has a chilly sensation, the temperature usually rises quite rapidly, and may reach even 105°. The pulse at first is firm and regular, soon becomes rapid and easily compressible. There may be much nervousness and restlessness, or a profound degree of apathy and drowsiness may characterize the attack. Distention of the abdomen from gas frequently occurs. There is complete loss of appetite and great thirst. The complexion of the patient becomes ashy. Later, the face presents a cyanotic hue, the extremities become cold, and the body bathed in a clammy perspiration; respiration becomes labored, the pulse progressively grows weaker, and is often uncountable for a day or so before death occurs.

These cases often baffle us completely in etiology, early

diagnosis and treatment. How did the infection occur? Is the condition a true progressive septicemia, and what shall be the treatment, are the questions which most concern us.

How did the infection occur? This is to the patient of no great significance; to the obstetrician it is a most vital one, for it means to his conscience, I am "guilty or not guilty." "Guilty," if he be the means of conveying the infection; "not guilty," if the cause originated from within.

The frequent causes of infection from without are precisely those which cause suppuration in surgical cases; first and foremost, unclean hands, unsterile instruments, contact with pathogenic bacteria conveyed to the patient from the physician who is in attendance upon patients suffering from contagious diseases. Among the causes which originate from within, and may result in infection without any responsibility being attached to the obstetrician, may be mentioned a chronic unilateral salpingitis or pyosalpinx, gonorrhoeal or septic vaginitis.

I have mentioned a condition of unilateral salpingitis, because my experience has led me to particularly dread this complication. A woman with a bilateral salpingitis or pyosalpingitis is sterile; if only one side is affected, she may conceive from the healthy side and become infected at delivery from the septic process which exists in the other tube.

Is the condition a true progressive septicemia? If the attack commence quite promptly after delivery, within thirty-six hours, with symptoms such as I have enumerated, and there is no odor to the lochial discharge, and you can be reasonably sure that the uterus is empty, then the chances are in favor of septicemia. At first it will be thought to be some complication incident to the appearance of milk, to absorption of ptomaines from the alimentary tract, to accidental complications, like grippe, malaria, typhoid, or even appendicitis, but the true nature of the disease will finally be recognized, and the hopelessness of the condition becomes more apparent.

What shall the treatment be? There is absolutely nothing new. Formaline solution administered as an intravenous injection sprang to light a few months ago, has been repeatedly tried and has established its inefficiency. Anti-streptococic serum is of doubtful utility.

Intra-uterine antiseptic irrigation amounts to little if living pyogenic bacteria have gained entrance to the system in sufficient numbers so that they cannot be destroyed by the leucocytes. Stimulants will prove ineffectual to prevent the paralyzing influence of the liberated toxins. The heart's action will gradually become more rapid, weak, and more intermittent. We have to deal with as fatal a disease as exists.

Patients may suffer at the puerperal period from sepsis and recover, but in true progressive septicemia it unfortunately never occurs.

THE PHYSICIAN AND THE PUBLIC SCHOOLS.

BY CLARENCE P. HOLDEN, M.D., MELROSE, MASS.

[Read before the Boston Homœopathic Medical Society.]

We who recall the little red or white schoolhouse of our childhood, with instruction in the three Rs, have seen a marvelous extension of the work and influence of the public schools, and while it might seem wiser to take off some of the load, rather than add to it, yet there is a work to be done for the children which the schools alone can do, and a work of such stupendous importance that it may not be longer neglected.

Heredity and environment are the two prime factors which control the development of all life. Now while it is a long step ahead to control human development by heredity, it is a very short step ahead to improve the environment of the individual. We know how closely the moral and mental life of the child is associated with its physical condition,

how the child is affected by what he does as well as by what is done to him. We know of the frequent defects of sight and hearing, those two great senses through which we grasp the material facts of existence and the beauties of the world. We know how necessary oxygen is to the human organism; we know how common anemia is, how many are rachitic, but we do not as a matter of school routine test eyes and ears; we do not remove obstructions in the nose and pharynx, nor do we examine for other defects or give them any attention, unless too glaring to escape the notice of even the most ignorant person. There are those who think all this is the business of the parents; but how often, even amongst fairly intelligent people, it is totally neglected. Again the "taxpayer" is ready with the well-known cry that it would cost money. Of course it would cost money, but not so much as the neglect of these things does. Prevention is not only better than cure, but in this case cheaper.

Now just what can be done? No pupil should be admitted to the public schools without an examination by a medical officer of his eyes and ears, nose and pharynx. He should also be examined for evidence of rachitis, anemia and tuberculosis. The teacher should weigh the pupil, measure the height, the circumference of the chest, abdomen, arms and legs. These examinations by the teacher should be made at regular stated times, at least as often as they now examine the books. The individual pupil should also be examined by the teacher, and, if necessary, by the medical officer, whenever his mental work falls below the standard, or whenever his conduct is very bad. If medical attention proved to be needed a note could be sent to the parents, who could employ a physician or allow the medical officer of the school to advise what might be necessary. Many a case of spinal curvature, of joint disease, of various constitutional diseases, might be detected in the early stages when treatment means so much, and delay and neglect are so costly. The record of the pupils' physical condition once begun, should be as care-

fully kept as we now keep the record of his mental progress, and should accompany him all through his course in the public schools, and we should soon have such a mass of data as would remove any possible doubt of the value of this work. Moreover, this supervision of the pupil's physical condition would assist to a proper control, by competent authority, of physical training and athletics in the schools. Now, athletics is a business, and the end in view seems to be to turn out a victorious team of some kind, or to make a "record." The evil resulting is far too much diversion for a few who need it least, and too little athletics for the many who need it most of all.

Nutrition and reproduction are the two great fundamental facts of all life. When we consider the importance of nutrition, and the immense waste of money and health caused by ignorance and carelessness in the preparation of food, we shall see that every pupil in the schools ought at least to learn the fundamentals of cooking, and this is quite apart from any idea of training for domestic service. Will not this tend to elevate an important service, while we also teach that the prime need of eating is nutrition, and not simply indulgence of the appetite? And incidentally, we might ask if it would not be well to make sure that each pupil has one square, honest meal a day, as we believe is done in some European cities? This alone, with a little iron in some cases, would fortify the constitution of many a child for the life of toil that follows so closely, and we believe fewer hospitals and jails would be required.

What shall we say of reproduction? Is the subject too holy, or too unholy, that it has been so long tabooed?

Most animals in a state of nature have enough knowledge or instinct to perform their reproductive functions fairly well; so well, in fact, that the services of an obstetrician are rarely needed. But how is it with the human kind? Does the mother know by instinct how to care for herself during pregnancy or in parturition? Does she know by instinct

how to feed herself, that she may have milk for her babe? or, a natural supply failing, does she know by instinct how to prepare a substitute? To ask the question is to answer it. Huxley proposed a society for the propagation of common sense. May we not propose a school of maternity? or shall we conclude that children are given to educate and civilize parents? or be as illogical as the old woman who said, "I guess I know some things about children, I have buried eleven." Is not our present method rather wasteful of human life, not to say cruel? and would it not be better to give up trying to educate the parent by experience, and turn our attention to the prospective parents?

The schools have already shown the way by nature study and the school garden. When the pupil has learned that there is a differentiation of sex in plants, and that plants have "organs"; when they have learned how germination takes place in the flower; when they have studied how the frog-egg grows into the tadpole, and how the tadpole becomes a frog; when they have traced analogous processes in the chick, they will be ready to learn something of the human sex organs and their functions, and, unless previously falsely taught, they will see no good reason why the subject should be shrouded in mystery, or is in any manner unclean. Some years ago I had a trout-pond, and in October I watched the love-making of the trout, and even secured some eggs from the female and some milt from the male, and fertilized the eggs. I have explained the process to children, but I have never found that they discovered anything unholy or unclean in the matter. Is not that really a better way than to tell them the old time-honored lie about the doctor bringing the baby in his bag? Is it not entirely feasible to give the instruction outlined thus briefly to the older pupils in the grammar schools? Might we not add for the boys the possibilities and probabilities of a case of gonorrhœa or syphilis? And we might well teach that for sexual sins there is no vicarious atonement.

I hope this subject will not be deemed out of place in a medical society. It is a grand thing to straighten crooked spines, but a grander to prevent so many children from having crooked spines. It is a grand thing to build hospitals, but a grander to build strong, healthful, beautiful lives. If we tire at times of being tinkers of men, and aspire to realize the higher ideals of our profession and become doctors or teachers of truth, may we not take a leaf from Christian Science, and assert that all acquired disease is sin? If a doctor might encroach upon the domain of the moralist, we would assert that the pursuit of happiness, the birthright of all Americans, is not identical with the pursuit of pleasure; that pagan philosopher and Christian teacher agree that the pursuit of pleasure is least likely to secure happiness, while the performance of duty will at least give content. We would insist that education is more than instruction, and that every school influence should tend to develop and elevate brain, brawn and character. As Emerson puts it: "I look for the new teacher that shall follow so far those shining laws, that he shall see them come full circle; shall see them rounding complete grace; shall see the world to be the mirror of the soul; shall see the identity of the law of gravitation, with the purity of the heart; and shall show that the ought, the duty is one with science, with beauty, and with joy."

MEDICAL RESULTS OF STATE HOSPITALS IN 1902.

BY ARTHUR BLAKESLEE, WESTBORO, MASS.

Among the 2,102 patients admitted last year to the five Massachusetts hospitals for the treatment of mental diseases, 1,194 were of five general forms from which very nearly no recoveries are ever made. They were of dementia, 616 (senile, 218; praecox, 205; primary, secondary, post-paralytic and other varieties); of general paralysis, 208; paranoia, or chronic delusional, 153; imbecility (including consti-

tutional and psychopathic inferiority and idiocy) and epilepsy. Of these classes only one recovery at each of three hospitals is named. Two were of dementia and one of psychopathic inferiority.

Besides excluding the above in estimating curative results, others it seems should be omitted; the alcoholic and other toxic cases, habitual drunkards, the voluntary (self-committed), the few (4) found "not insane" and certain chronic cases (5). Also 32 given at one hospital as "undiagnosed." These together number 475.

With the last named excluded, the five incurable forms were 65.35 per cent. (almost two-thirds) of the admissions. At the hospitals the proportions were: for Worcester, 54.48; Westboro, 68.04; Taunton, 70.35; Northampton, 71.14, and Danvers, 71.61. Excepting Worcester, it is seen that the variation is less than four per cent.

The ratios of recoveries, less those of the excepted, to admissions less the five forms and others named, are as follows: Worcester, 41.82; Northampton, 41.38; Westboro, 39.13; Taunton, 30.91, and Danvers, 11.93.

For the above estimate the cases range for the hospitals from 23.06 per cent. at Taunton, to 27.45 at Worcester of all the admissions, the average being 25.40.

It has been held at Westboro that fully one-half of the acute cases of mental disease can be cured. For the five years, from 1897 to 1901, the average rate of recovery at Westboro was 63.01.

Many who go out at various times as recovered, relapse and return. In 1902 the proportion of these to the recoveries was, for Worcester, 37.81; Northampton, 38.71; Danvers and Westboro, each 42.00; and Taunton, 46.67.

An important part of the results relates to those who are discharged as "much improved," and as "improved." The number in the year was 567, exceeding the recoveries by 251, being in ratio to all admitted: for Danvers, 31.72; Worcester, 28.62; Taunton, 28.51; Northampton, 21.00; and Westboro, 19.65.

Of the deaths, the proportion to all treated was for Northampton, 5.95; Taunton, 6.91; Danvers, 7.17; Westboro, 7.57, and Worcester, 8.35. About one-half (44.96) were of those sixty or more years of age; at Northampton and Danvers more than one-half, and at Westboro nearly so (49.37). The tendency is marked towards an increased commitment of the old.

Of the alcoholic, not including the drunkards, the numbers admitted, and the fatalities, differed largely. Worcester received 106; Taunton, 66; Danvers, 58; Westboro, 29; and Northampton, in the good western portion of the state, only 12.

The rate of recovery, including the few others, toxic cases (of cocainism, morphinism, etc.) to the admissions of such cases was: for Danvers, 58.73; Northampton, 46.15; Taunton, 44.93; Westboro, 42.42; and Worcester, 42.06.

For the deaths, the rate at Worcester was 11.32; at Westboro, 6.93; Danvers, 3.45; and at Taunton and Northampton there were no deaths.

It seems that of those who were collapsed from hard drinking, milder cases entered at some hospitals than at others. In the two estimates made above of recoveries, all those reported are included, excepting four at one hospital of drunkards, and the three of the five nearly hopeless classes.

Of the recoveries, as seen by the reports, the proportion is certainly rather small. In all, only 316 to 2,102 admissions, and with the return of 120 as relapsed: This gives a net ratio of 9.32 per cent. upon the admissions.

Discharges of the two grades of improvements, numbering 567, somewhat relieves the record, but many of these are only discharged for transfer to the asylums. Also of those who go to their friends, no doubt a considerable number relapse and return. No reports are given of such readmissions.

It is evident that by far the curative work of the hospitals is exceeded by the custodial, and it is increasingly so.

EDITORIALLY SPEAKING.

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

THE BOSTON FLOATING HOSPITAL.

Thursday evening, June 4, the Boston Homœopathic Medical Society had the privilege of listening to Mr. John R. Anderson, assistant manager of the Boston Floating Hospital, whose remarks will be found reported under the society transactions.

No report, however, can really do justice to the magnetic utterances of this whole-souled Scotchman, to utterances whose pathos and simplicity were emphasized by underlying humor and worldly wisdom; ingenuousness, by native shrewdness; expansiveness, by caution; all permeated by an evident love for helpless little children, and interest in their worn and anxious mothers. For all these dependents Mr. Anderson made a most convincing plea. We do not refer to it because we, for a moment, fancy that such a work as the Floating Hospital is doing lacks the approval of the profession, but only because the remembrance of what is being accomplished may well be crowded out of minds already taxed with a multiplicity of affairs. To forget such enterprises is to fail to seize favorable opportunities to exert one's influence to increase the support afforded them.

We understand that the great need of the Floating Hospital at the present time is a new boat, so that no cases requiring immediate attention need be refused in the future, as has often happened in the past. The estimated cost of a boat is \$50,000, and one-fifth of this amount is already provided for. The medical profession, though generous to a fault, is not made up of rich men and women, yet oftentimes the influence of its representatives can accomplish what its bank accounts do not make possible. If we commend this excellent work to patients

and friends, we may be the means of securing substantial aid and a more intelligent and fruitful interest than now obtains.

None are better able than we are to comprehend and rightly estimate the life-saving properties of the "fresh air from the salt water," as Mr. Anderson humorously put it, or the incalculable advantage in the treatment of diseases of infants afforded by conditions combining professional nursing and proper food, with ocean air at a uniform temperature day and night. The last-named essential has been obtained by the installation of a remarkably effective atmospheric plant. As the permanent patients remain aboard on an average over twelve days each, lasting good results from the expert care and treatment may be reasonably assumed. Physicians of all schools can send the sick babies of the poor to the beneficent care of the Floating Hospital, regardless of the accidental distinction of race or color, or the affiliations, religious or otherwise, of the parents. The instruction incidentally received by the mothers in cleanliness, preparation of foods, in feeding and the intelligent care of their children, is of no inconsiderable value. Again, this hospital trains nurses and doctors both, in a special field of professional labor in which it is most essential there should be many and competent workers.

No such work is purely local in its results. Society at large is benefited both directly and indirectly. However philanthropic such an undertaking may be, it is essentially practical and beneficial. It is not of a nature to pauperize the poor or foster in the rich a morbid sentimentality. Its mission is to heal the sick and educate the ignorant by well-defined, approved methods; to increase the spirit of sympathetic helpfulness in the hearts of the favored many, and to wisely direct its expression. This is our mission also, a personal assignment to serve the community and the individual. We must welcome every aid to increase our effectiveness, and of such aids surely the Boston Floating Hospital is among the first in the long, hot, death-dealing summer days.

REPORTS FROM STATE HOSPITALS FOR THE INSANE.

Under "Communications" we take pleasure in giving to the profession an interesting report of medical results for 1902, in hospitals for the insane in Massachusetts. Comparisons are not always "odious," and are often most instructive; and it is well, in the present instance, that we should be able to obtain the comprehensive bird's-eye view of the situation in these hospitals in our own State, which Mr. Blakeslee's report makes possible.

In connection with this information it will be appropriate to refer to the record at the Middletown State Homœopathic Hospital, Middletown, N. Y.

From the thirty-second annual report, just received, for the year ending September 30, 1902, we quote the following: "Patients in the hospital October 1, 1901, 1,237; admitted during the year ending September 30, 1902, 222; total number under treatment during the year, 1,459; daily average population, 1,272; capacity of institution, 1,104."

We would call attention to the significance of the last figures, which point to an overcrowding altogether too common in all such hospitals, and which must be wholly hostile to the welfare of the inmates, and distinctly unfavorable to securing the best possible results. The percentage of recoveries on the number admitted was 39.64; on the daily average population, 6.92; on the whole number treated, 6.03. There were 60 deaths for the year, making a lower death-rate than at any time during the past twelve years.

In connection with his more or less statistical report, Dr. Maurice C. Ashley, now medical superintendent, states some truths of such vital importance, however much savoring of repetition, that we shall quote them at length, commending them to the thoughtful consideration of our constituents.

"We believe that the primary object of every one engaged in the care and treatment of the insane should be to restore such patients as are recoverable to mental health. This object is no less true concerning the insane who have become

the wards of the State, than it is of those cared for in their homes or in private institutions. Each patient who fails to recover becomes a chronic burden to himself, to his friends and to society; each recoverable case that fails to recover becomes a living reproach to those who have failed to administer the proper treatment.

“Realizing these facts, we have endeavored to cure every recoverable case under our care; to ameliorate the non-recoverable ones, and to make them as comfortable as their diseases would admit. So much advancement is being made in psychiatry, our resources in mental therapeutics are being constantly augmented, and progressive physicians are coming more and more to give attention and study to psychological problems, that we feel hopeful that in the not-distant future we shall be able to cure some of the psychoses now considered incurable. Meanwhile, our great hospitals, with modern appliances, have been erected and are maintained by this Commonwealth for the care of the insane, whether curable or incurable. It is within the hospital limits that those of us who have chosen this work must concentrate our efforts. This should not, however, prevent us from trying to emphasize and disseminate the belief that it is in the field of preventive medicine that parents, teachers, physicians and philanthropists must work if the growth of insanity is to be checked.

“The marriage of degenerates, inebriates, epileptics and of all others who are burdened with an insane heredity, or with a pronounced neurotic taint, should be absolutely prohibited. Our case-book histories show a large percentage of the admissions to be the offspring from degenerate parents. The complex life of the twentieth century taxes the physical and mental strength of even the healthiest and most normal of individuals; how, then, can one tainted by degeneracy, or handicapped by an insane heredity, expect to maintain even approximate mental health when he encounters the manifold tasks to which his defective organization is of necessity subjected?

“I believe that fully 50 per cent. of those with an hereditary taint would escape absolute insanity if they were taught to restrain their natural ambitions to compete with normal men and women. Much may be done by the family physician in an educational way to prevent the marriage of unsound men and women. The dangers to be feared from such unions should be sharply and clearly pointed out in all educational institutions; but prohibition cannot, of course, be attained without national, and possibly international, legislation.”

To the above we think must be added that the great essential, as ever, to securing effective legislation, resides in the will of the people; the creating of an intelligent public sentiment alive to the importance of carrying out such recommendations as Dr. Ashley makes. That sentiment it is for us to awaken and direct by constant efforts to rightly instruct the laity in all such matters, for every year these questions assume greater importance, and science grows more competent, given the power, to deal with the resulting problems notwithstanding their number and complexity.

FROM VETO MESSAGE ON OSTEOPATHIC BILL.—The treatment of disease should not be permitted to be a matter of mere experiment; and, inasmuch as the authority to practice presupposed an acquaintance with the science, as recognized by all the regular schools, any knowledge short of that should be deemed insufficient. I consider it unfair and dangerous, therefore, to allow the adherents of osteopathy, or of any other school, to practice without undergoing the ordinary tests to which other practitioners have to submit. The specialist may go so far as his talents and inclination may carry him, and the public be benefited by his advancement, but the fundamental and essential knowledge which every physician ought to have, cannot safely be waived or ignored.—*Governor of Utah.*

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the Boston Homœopathic Medical Society was held at the Boston University School of Medicine, East Concord Street, Boston, Thursday evening, June 4, 1903, at eight o'clock.

In the absence of the President the meeting was called to order by J. Arnold Rockwell, M.D., and Frank E. Allard, M.D., was chosen President pro tem.

The records of the last meeting were read and approved.

W. Bryant Guy, M.D., 216 Dudley Street, Roxbury, was elected to membership.

Voted, That the thanks of the Society be extended to Mr. Anderson for his interesting, instructive, pathetic and enthusiastic address.

SCIENTIFIC SESSION.

REPORT OF THE SECTION OF DISEASES OF CHILDREN.

F. E. Allard, M.D., Chairman; E. Jones, M.D., Secretary; C. E. Rice, M.D., Treasurer.

The following sectional officers were elected for the ensuing year: Chairman, C. E. Montague, M.D.; Secretary, L. H. Diemar, M.D.; Treasurer, F. C. Robbins, M.D.

PROGRAMME.

1. "The Physicians and Public Schools." Clarence P. Holden, M.D.* Discussion by S. H. Calderwood, M.D.

2. "Boston Floating Hospital." Mr. John R. Anderson, Assistant Manager.

Discussion of Dr. Holden's Paper.

Dr. Calderwood: Certainly Dr. Holden has given us food for thought and discussion in his able paper. Perhaps some will not agree fully with the ideas advanced, but certainly they are suggestive. I desire simply to speak of a few points that he has made.

* Dr. Holden's article may be found on p. 308.

The idea of measurement of children by teachers, I think, is a very excellent idea. I do not know that I would leave it to the teacher; I think better to medical men. That idea has been talked about and experimented upon in some of the schools of Boston; a committee from a society of medical men have measured children for two or three years. The idea is to measure the children and watch the mental development of these children, and see if there is any advancement in their studies. A great many of these things should be left to the family physician, and not to the medical officer. If left to the medical officer, physicians might think there was an interference with them, coming into the family and advising, which is their province. I believe a physician should have a careful supervision of the children, watching them as they go through the school, perhaps talking with the teachers and masters of the schools, advising them where children are overworked, as many are nervously made up and overworked.

In the matter of reproduction, and teaching it in the public schools, I can hardly agree with Dr. Holden that it is practicable. We are not dealing with children of a higher but a lower station, and it might be a very serious question to instruct them on this point; it may be all right, but I do not think so.

Dr. Holden speaks of Mrs. Baker-Eddy's statement that disease is sin. I cannot agree with him there. In the case of a surgeon who inoculates himself and dies from septicemia, it is not sin. We carry contagious disease, but an all-wise Ruler is not punishing those children for any sin they have committed.

Among other things the physician might do in the public schools that perhaps the Doctor has not spoken of: I think it is our province to examine the school buildings, and, in fact, I think it would be a wise thing for the medical societies of larger cities, and perhaps smaller places, to have a committee appointed to ascertain the condition of the school

buildings and report to the society. One of the most important questions of the day is the looking into the condition of the schools, reporting and discussing the same; certainly good would come from it.

Another way in which physicians might be of service to our schools is to take an interest in the election of members of the School Committee. I know it will be said that we should not become political workers, but we certainly ought to lend our influence for the nomination and election of proper persons to these important positions.

For the eyes, I hardly think it would be a proper thing for the medical officer to examine the eyes, but it might be better for the teacher to refer such cases to the family physician or parents. It was tried in the Boston schools. An oculist, who claimed authority from somewhere, visited them at one time, but it is a thing that is not practicable, and should be left to the family physician and teacher.

Another very important thing physicians can do, is to look to the proper seating of school children. In Boston this has been done. A few years ago if some of you had gone into a primary school, 50 per cent. of the children could not have put their feet to the ground; there were all sizes of seats; but this has been largely done away with.

Mr. Nickerson, Superintendent of Schools, Melrose: I have listened with great pleasure to what has been said. I came because I felt interested in the subject. I have nothing to say that would profit those who are here.

I would like to say in reply to the last remark, that so far as the examination of eyes is concerned, I think it is entirely practicable. I know it is being done in some of the school systems, with a good deal of profit. The work that is done in that line is not at all scientific, but enough is done in that direction by the principal of the school, so that glaring defects of sight are discovered. It is ascertained whether children have normal vision; and if any departure from normal vision is found, it is reported to the family, and it is for them to con-

sult an oculist. The hearing has been examined, in many cases, with profit. A good deal of individual work of that kind has been done by the teachers of Malden.

Mr. John R. Anderson, Superintendent of the Floating Hospital, gave a most interesting account of his work, in his inimitable way, of which an outline only is given.

This beneficent work was started by Rev. Rufus B. Tobey in 1894, his attention having been called to the necessity of such a charity by the many demands made upon him from women with babies, to go to the country or the seashore. The problem became so large he had to devise some means to provide for the many calls. He learned that in New York harbor St. John's Guild had a vessel to take sick babies down the harbor. The President of St. John's Guild was invited to address the Monday Evening Club, an association of charity workers in Boston. He told the workers of the work in New York, and some interest was created, but no advanced steps taken. An article written by a woman, and published in the *Herald* in 1893, created some interest; but the matter rested there until the spring of 1894, though Mr. Tobey had it still in his mind to do something. In the summer of 1894, as related by him, he left his office in Berkeley Temple and went down on Dover Street bridge, where he saw a woman sitting with a sick baby in her arms, who had come to get a breath of fresh air; she had gotten breakfast early for her husband and then came to the bridge and sat there all day; in the evening the father took the child and remained on the bridge with it way into the morning. Other women told a similar story. Mr. Tobey returned home and went to the room of his little child, where everything was favorable, and knelt down and asked God to show him what to do for the babes in Boston.

The first thing he did was to interest a woman who wrote articles for the *Transcript*. The first five dollars was received from a St. Louis gentleman who had lost a little child a few weeks before. Directly the money came in. The

barge "Clifton," though of bad reputation, was chartered, and five trips made in 1894. On the first trip each mother was allowed to bring one well child besides the sick one; the second trip two well children were brought, and the third three. The first year (1894) 1,700 children were cared for; in 1895, thirteen trips were made and 3,500 children received. For three years it was necessary to carry on board the hammocks, medicine, food and everything that was needed, and then carry them on shore again and store them at the end of the season. In 1898 the barge was bought. At first, day trips only were made, but for the past four years day and night trips have been made. In 1902, ten to fourteen physicians were in charge, assisted by thirty-six nurses; 115 different diseases were treated; 231 cases were sent by different physicians and from hospitals; 86 deaths occurred. Patients are received from any part of New England, if under six years of age; 128 applications were refused last year. Contagious diseases are not admitted.

There is a sterilizing room on board, and mothers are taught how to prepare food at home for their children; a thoroughly equipped operating room; and an atmospheric plant in the hold for drying and cooling the air, by means of which the temperature of any ward can be regulated to meet the requirements of the occupants. Students from Smith College conducted a kindergarten for the well children last year.

A larger boat is much needed for the increased work, and \$10,000 of the \$50,000 required to build a suitable one, has been obtained. The gift of \$100 entitles the donor to name a day, but does not cover the expenses of one trip; the total expenses last season were \$24,000. Since 1894, 50,000 children have been cared for.

Adjourned at 9.50 o'clock.

H. O. SPALDING,

Secretary.

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

The fifty-third annual meeting of the society was held at New Haven, May 19, 1903, Dr. C. H. Colgrove of Willimantic in the chair. After the usual business session, the President delivered his address upon "The Law of Cure." Able and scientific papers were then read by Drs. H. P. Cole, M. J. Adams, W. P. Baldwin, E. H. Linnell, J. H. McDougall, Mary Ives and E. C. Hewett, all of this State, and Dr. Geo. F. Laidlaw of New York.

Dr. Laidlaw gave a most interesting and practical talk upon an "Easy Method of Outlining the Cavities of the Heart." A vote of thanks was tendered him, and resolutions adopted upon the death of Dr. T. F. Allen, who was an honorary member of the society, after which the meeting adjourned.

The following officers were elected for the ensuing year: President, C. N. Payne of Bridgeport; Vice-President, Sophia Penfield of Danbury; Secretary, Hills Cole of Hartford; Treasurer, E. J. Walker of New Haven.

The meeting was well attended and a successful one. Three new members were added to the society.

ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The May meeting of the Essex County Homœopathic Medical Society was held at the Essex County Homœopathic Hospital, Salem, Mass., May 27, 1903. The interest of this meeting centered in a paper by Dr. George R. Southwick, on "The Surgery of Light." Dr. Southwick's paper was abundantly illustrated by stereopticon views, showing the results of treatment with both the X-ray and the Finsen ray, in cases of a wide range, including malignant disease of the breast, skin and mucous membrane, lupus, rodent ulcer, exophthalmic goitre, psoriasis, syphilis of the tongue, and an obscure abdominal tumor. All of the cases showed marked improvement after treatment with the rays, and many had

been radically cured. The period of time during which the cases had been treated varied from a few weeks to several months. Dr. Southwick considers that the treatment of various diseases by light in its different forms, offers great promise in the future, and that the relief of some of the most obstinate ailments of the human race may be looked for in this comparatively new field of therapeutics.

MARY R. LAKEMAN,
Secretary.

TREATMENT OF MORPHINISM. CASE II.—Came under treatment June 19, 1902. German girl, aged twenty-three years. Opium smoker for eight years. When she came to me she was smoking from one dollar to one dollar and a half's worth daily.

Patient was emaciated, pupils dilated, pulse slow, no appetite, constipated, muscular tremors, tongue coated, nauseated, and in pain.

She weighed 109 pounds. She was put to bed and given strychnine sulphate 1-60, hyoscine hydrobromate 1-100, codeine sulphate 1-4 of a grain.

June 20, A.M.—The same, except one-half the quantity of hyoscine. This was repeated on June 21 and 22. June 23, no medicine was given. I found her dancing in the evening and she told me how well she felt. June 24 and 25, the same treatment as on the 20th. July 3, hyoscine hydrobromate 1-200, was given simply for variety. July 5, 6, 8, 9, 11, 18, 19, 21, 22, 26, and 28 she came to the office and was given one tablet of strychnine 1-60. Aside from cascara tablets and water, this is all the medicine she has had. To sum up, this patient had in all ten tablets of hyoscine 1-200, twenty-one of strychnine 1-60, and seven of codeine 1-4.

She is still with us and a good member of society. Her present weight is 142 pounds. She says she has no desire for the drug.—*Dr. Margaret S. Halleck, N. Y. State Reformatory for Women.*

BOOKS AND READING.

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

THE REFRACTION AND MOTILITY OF THE EYE. FOR STUDENTS AND PRACTITIONERS. By William Norwood Suter, M.D., Assistant Surgeon, Episcopal Eye, Ear and Throat Hospital, Washington, D. C. Illus. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 390. Price, \$2.00 *net*.

Though this is a work necessarily wholly technical in character, specializing to one definite end,—a more perfect comprehension of the theory of refraction, the actual conditions found in the normal eye and the application of the principles involved in the detection and relief of deviations from them,—we feel that it is a book for all practitioners and all students. Altogether too little information is ordinarily acquired, or apt to be retained concerning the eye; yet ophthalmology offers a fascinating field for skillful and remunerative work, a field by no means crowded. This manual is of the condensed, directly instructive order, the liberal use of diagrams and other illustrations facilitating a ready understanding of the text.

THE PRACTICAL MEDICINE SERIES OF YEAR-BOOKS. VOL. V. OBSTETRICS. Edited by Reuben Peterson, A.B., M.D., Professor of Obstetrics and Gynecology, University of Michigan. April, 1903. Chicago: The Year-book Publishers. pp. 204. Price, \$1.25.

The fifth of this excellent series presents the features already so familiar to the large number of subscribers who have availed themselves of the opportunity of securing the ten volumes which complete the set, for \$7.50. The leading characteristics are freshness of material, careful selection, compactness and general utility. The portions of this book on extra-uterine pregnancy and puerperal infections will be found especially instructive. In appearance this series is very attractive, both as to binding, type and paper.

PRACTICAL HANDBOOK OF THE SKIN: AN INTRODUCTION TO THE HISTOLOGY, PATHOLOGY AND BACTERIOLOGY OF THE SKIN, WITH SPECIAL REFERENCE TO TECHNIQUE. By J. M. H. Macleod, M.A., M.D., M.R.C.P., Assistant in the Dermatological Department, Charing Cross Hospital, London. Illus. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 408. Price, \$5.00 *net*.

The subtitle is the real title, so far as it indicates the scope of this unique treatise on the skin. A careful examination of the work renders obvious even to the inexpert its many excellencies. Chief among these may be noted the logical arrangement of its parts, the painstaking care with which every process is set forth, every description given, every explanation made.

It is a laboratory work calculated to place the workman in possession of most of the essential facts concerning the normal and pathological history of the skin, and the means of accurately determining the significance of every deviation from its normal condition. Minute information is imparted in such a manner as to speedily familiarize the attentive student with the technique to be observed. The numerous and fine illustrations in the form of plates, in color as well as in black and white, will prove of the greatest assistance in identifying structures, pathological changes, bacteriological flora, etc.

This work ought certainly to find an immediate and prominent place in our medical schools as well as libraries, and be constantly used in connection with larger works on diseases of the skin, which give the treatment, but necessarily omit much which Dr. Macleod so ably presents.

LEA'S SERIES OF POCKET TEXTBOOKS. BACTERIOLOGY. A MANUAL FOR STUDENTS AND PRACTITIONERS. By Fred C. Zapffe, M.D., Professor of Pathology and Bacteriology in the Illinois Medical College. Illus. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 350. Price, cloth, \$1.50 *net*. Flexible leather, \$2.00 *net*.

"Much in little" is a concise and true description of this book. Its pages fairly overflow with information. It is a laboratory manual and a manual for the laboratory; a skillful combination of didactic and clinical teaching. It has the

more valuable practical features of larger works, leaving to them, however, long and exhaustive scientific discussions. It is modern, interesting, and adapted to the needs of the average practitioner, as well as to those of the student whose more special training will include the able direction of special instructors. The chapters on sterilization and disinfection, immunity, infection, antiseptics and disinfectants, the consideration of bacteria in general, and the making of cultures are of immediate and every-day interest. The large number of engravings and colored plates add much to the text.

THE MEDICAL EPITOME SERIES. AN EPITOME OF PHYSIOLOGY FOR STUDENTS AND PRACTITIONERS OF MEDICINE. By Theodore C. Guenther, M.D., and Augustus E. Guenther, B.S. Illus. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 250. Price, cloth, \$1.00 *net*.

This is a compact little treatise, free from discursive matter, but giving the established facts of physiology as developed at the present day. It is intended for, and especially adapted to, the needs of medical and dental students, but it will also prove of value to the practitioner who may wish to post himself on the most recent findings on the subject.

The advances made with such rapidity during even the last year or two, make it a necessity for those in practice to have these small, convenient, concise accounts of what is being achieved in the various departments of medicine.

This series, gotten out by Messrs. Lea Brothers & Co., is of more extended usefulness than as if the individual volumes contained detached questions and answers. The text gives a connected account of each subject, has appropriate illustrations and considerable descriptive matter, followed by questions at the end of a chapter, which serve as a resumé of what has been said.

ANNOUNCEMENT. We call attention, with pleasure, to a series of timely articles which have been appearing this spring in the monthly issues of "Education," a magazine devoted to educational matters and methods, and published by the Palmer Co., 50 Bromfield Street, Boston.

The series referred to includes papers on "Pilgrim Plymouth," "Ancient Salem," "Concord and Lexington," "Cambridge, Historic, Literary, and Scientific," "Historic Boston," the five numbers of the journal being mailed to any address on receipt of \$1.00, single numbers 35 cents. Many of us need to have our memories refreshed on these subjects, if we would display as much intelligence as the throng of strangers who make Boston their Mecca in the summer, while even the latter will be glad to have succinct and authoritative descriptions, such as "Education" contains, of people and places famous throughout the length and breadth of the United States.

ANNOUNCEMENT. Messrs. Lea Brothers & Co. announce that, conforming to many requests, they have issued the superb work on the Eye, Nose, Throat and Ear, edited by Drs. Posey and Wright, in two volumes. as well as in a single volume.

Volume I. will be known as "Posey on the Eye," and covers completely the subject of Ophthalmology. It contains 690 pages, 358 engravings and 19 plates in colors and monochrome. Price, cloth, \$4.00 *net*.

Volume II. will be known as "Wright on the Nose, Throat and Ear," and contains 570 pages, 292 engravings and 16 colored plates. Price, cloth, \$3.50 *net*. The convenience of this plan, especially for textbook purposes, is obvious.

The work will continue to be published in a single volume. Price, cloth, \$7.00; leather, \$8.00 *net*.

THE OUTLOOK: A Weekly Newspaper and an Illustrated Monthly Magazine. New York: The Outlook Company. \$3.00 a year in advance; 10 cents a copy.

If one has the "Outlook," one may be sure of having a competent knowledge of the most important of the world's doings. Its special articles are also of present day interest,—they tell of labor unions and their methods, of child labor North and South, of the negro and his needs, of vacationing in the woods, and a hundred other timely topics.

THE SPECIALIST.

PEDIATRICS.

Under this heading will appear each month items bearing upon some special department of medicine; next month "Hygiene and Sanitary Science."

TEMPERATURE OF BABY'S BATH.—At birth the temperature of the water should be about 98° F. At six months 93° F.; between first and second years, 86° F.; about the fourth year the temperature, if possible, should be reduced to 75° F.—*Homœopathic Journal of Pediatrics.*

THE NURSING-BOTTLE.—I cannot refrain from saying a word about the nursing-bottle. If the baby is and must be bottle-fed, the physician should lay particular stress on cleanliness, and insist that the bottles be sterilized. The bottle with long rubber tubing and nipple should at all times and under all circumstances be condemned as unfit for the use designed.—*Pediatrics.*

POPULAR FALLACIES INCREASING INFANT MORTALITY.—There are two fallacies that are well grounded in the public mind, and which may take much patient, persistent work to eradicate: one, that a fat baby is always a healthy baby; the other, that the more food that a child takes the better it is. These two false ideas are the cause of much sickness and some deaths.—*Brooklyn Medical Journal.*

TOTAL SOLIDS OF MILK.—The total solids of the milk can be determined from the corrected specific gravity and the percentage of fat. The Babcock formula consists of dividing the specific gravity of the milk by four, and adding to this one-fifth the per cent. of fat. This will give the solids not fat, and adding the per cent. of fat to this product, the amount of the total solids is obtained.—*Annals of Gynecology and Pediatrics.*

BUTTERMILK AS A FOOD.—(1) Buttermilk is a good food for acutely and chronically sick children.

(2) Prepared buttermilk is well borne soon after attacks of acute dyspepsia and summer diarrhœa.

(3) In chronic diarrhœa and chronic enteritis cases it may be looked upon as a life-saving preparation.

(4) In the cases that I have observed for a long time, I have never seen disturbances of nutrition, such as rachitis or scorbutus, develop.—*Wisconsin Medical Recorder.*

FISSURE OF THE ANUS AND CONSTIPATION.—In chronic constipation occurring in children do not rest satisfied with prescribing laxatives. The anus should be carefully examined. The trouble may be due to fissures, which, by producing painful contractions, always cause the child to avoid going to stool as long as possible. These fissures are found in the folds where the skin merges into the mucous membrane. If the child gives such evidence of pain that you cannot examine the anus readily, this fact alone constitutes good evidence that fissures are present.—*International Journal of Surgery.*

SUMMER DISEASES OF CHILDREN.—Besides the regulation of diet, clothing, bathing, airing, drinking and sleeping, the homœopathic physician has a materia medica rich in valuable remedies which, if properly selected and administered in season, would quickly restore the patient to health. A careful, painstaking investigation into the causes of the illness, accuracy in diagnosis, and good judgment in regulating hygienic and correcting bad sanitary conditions, and selection of the indicated medicines for the case, are the essentials of success in preventing the slighter ailments progressing to the more serious ones.—*Medical Magazine.*

MANAGEMENT OF THE RHEUMATIC CHILD.—The rheumatic child should wear flannel at all seasons, though during the summer it may be of thin texture. Its value as a means of prevention is too well established to be doubted. If it accom-

plishes nothing more, by diminishing the danger of chill, it does much to prevent congestion and inflammation of the throat, an important item, in view of the fact that the throat is apparently one of the most frequent portals of entry of the rheumatic infection. Cold and wet feet should be especially avoided.—*Archives of Pediatrics.*

GROWTH CHARACTERISTICS.—The weight of a child at five months should, if doing well, be double that at birth. At one year of age it will be three times that at birth.

The birth height is doubled at five or six years of age.

The chief anatomic and physiologic peculiarities of a newborn child are that its stomach is small, its intestinal action is more rapid, its power of generating heat is small, its heart, brain and liver are large.

When a child is ten days old it should weigh the same as at birth.

The average daily gain in weight of a child should be two-thirds of an ounce.—*Wisconsin Medical Recorder.*

ONE CAUSE OF CERVICAL ADENITIS.—It is well to remember that cervical adenitis is often caused by the presence of pediculi of the scalp. It is more frequent in girls than in boys, owing to the greater length of the hair which harbors a larger number of insects, thus causing more irritation and hence more eczema due to scratching. In looking for pediculi they are most easily found in girls in the hair growing lowest at the back of the neck, and in boys in the lank hair back of the ears.—*International Journal of Surgery.*

STERILIZATION OF MILK.—Concerning the sterilization of milk, Dr. Vaughan of Ann Arbor made some very important remarks some time ago at the meeting of the American Medical Association. He pointed out that the most dangerous germ in the milk is the colon bacillus. It is sometimes very virulent. After a series of careful experiments he showed that heating the milk to 356° F. does not destroy the toxin

of the colon germ, though the germ itself may be destroyed. A very small dose of the colon germ toxin may prove fatal. In this way attempts at sterilization may completely fail. He mentioned that the only safety lay in proper care over the milk supply, so as to avoid contamination with the germ. —*Medical Review of Reviews.*

GASTRIC CATARRH OF CHILDREN.—I find that the poor children and wealthy suffer in about the same ratio, for what the poor children get in the way of coarse and ill-prepared food the wealthy children make up in soda water, candies and cakes. And here I wish to say a word in regard to ice cream and soda water. I do not believe there is a more potent factor than this mixture, which is given so extensively to children, especially in the cities, and which causes these catarrhal irritations. With hasty and frequent eating of highly seasoned and strong foods, imperfect mastication, hot bread, etc., in connection with the articles already mentioned, is there any wonder that chronic gastric catarrh is so frequent in children?—*Dr. H. H. Roberts in American Practitioner and News.*

HOW TO TEACH PEDIATRICS.—The teaching of pediatrics should be very largely clinical. The didactic lectures should be few in number and should immediately precede the clinical instruction upon the subjects with which they deal. Text-books should be used only as works of referencē, and should not be studied for recitation. It is my custom to give first a few didactic lectures on the acute infectious diseases of infancy and childhood, to be followed at once by clinical instruction in small groups of students on such diseases, then to give a few lectures on the gastro-intestinal diseases, and followed by clinical instruction on these cases, and finally to lecture on that most important subject, milk modification and infant feeding, followed by clinical instruction in this line.—*Dr. Thomas Morgan Rotch.*

MORTALITY OF TYPHOID FEVER IN CHILDREN.—The causes of the mortality in children are much the same as in the adult. The greatest number die of toxemia, the next greatest number die of hemorrhages, pneumonia and perforation. That perforation is not uncommon in children is distinctly shown by Mery, who states that in the last six years a dozen cases of perforation have been observed in children in the hospitals of Paris. These perforations occurred for the most part in the beginning of the third week of the disease, and were preceded in most cases by hemorrhage. The mortality in perforation was shown by Mangin to be 67 per cent. Of the series of 829 adult cases of Osler there was perforation in 23 cases, a percentage of 2.7 per cent.—*Archives of Pediatrics.*

APPENDICITIS IN A CHILD.—One of the eleven cases operated upon was of interest, owing to the rapidity of the infection. The child was at school on Thursday, and on Friday night was operated upon, and thus within twenty-four hours the infection was so virulent that rupture occurred and pus was found in the peritoneal cavity. The abscess was drained, as well as the general peritoneal cavity, and the child made a rapid recovery. The blood-count in this case was 17,000, and this is in marked contrast to the other case, where under similar conditions it was only 7,000. A well-marked leucocytosis is always suggestive; but its absence does not eliminate the possibility of pus. If the pus is contained in a small abscess cavity, leucocytosis may be absent. It is the gradually rising leucocytosis that is especially valuable as a means of diagnosis in regard to pus formation.—*Dr. F. S. Dennis, Surgeon to St. Vincent's Hospital, New York City.*

GASTRO-ENTERITIS.—It is now generally acknowledged that nine out of ten of the many cases of gastro-enteritis met with among children during hot weather are really due to milk poisoning.

The only rational course is to stop giving the poison. In

other words, discontinue the milk and then clean out the intestinal tract.

My next step is to prescribe a proper food. If the baby be old enough I prescribe plain sterilized water, cold, two to six ounces every hour. If nourishment is absolutely necessary, albumen water, barley water, rice water, whey, beef juice, panopeptin, liquid peptonoids, etc., according to the age and condition of the infant.

Now is the time to give your indicated remedy, and always remember to treat the child rather than the disease.

I am in the habit of returning to a milk diet at the very earliest opportunity, beginning with the lowest modification and very gradually increasing the strength and quantity.—*Dr. F. A. Faust in Cleveland Medical and Surgical Reporter.*

TREATMENT OF BARLOW'S DISEASE.—Professor Heubner (*Berliner klinische Wochenschrift*) in exhaustively discussing this disease, says that, so far as treatment is concerned, not a drop of medicine need be given. The treatment is entirely dietetic. If the child has been fed on milk cooked for a long time, or on some milk food, milk boiled for a short time, or not at all, should be administered. The milk should be perfectly pure. As most of the children are over one year of age, the milk need not be diluted, and may be given in five meals a day. The loss of appetite vanishes almost instantly. If the pure milk is not well taken, it may be diluted suitably. In addition to the milk, the child should be given from two to three teaspoonfuls of fresh beef juice, and it may receive a teaspoonful of apple sauce, or cherry or strawberry juice made from the fresh fruit. Children over nine months of age may also have a little mashed potatoes, spinach, the juice of red cabbage or of carrots. The treatment will be astonishingly efficacious, and proves that Barlow's disease is a disease of nutrition entirely, but not so deep-seated an ailment as rachitis.—*New York Medical Journal.*

REFLEX CONVULSIONS IN GROWING BOYS AND GIRLS.—Eustace Smith says that it is not generally recognized that nervous seizures, due to pure reflex worry, are seen in children as late as the eleventh or twelfth year. The children are generally of neurotic families, are high-strung, excitable and easily moved to tears, but are not necessarily timid or spiritless. Perhaps the most common cause is the retention in the gastro-enteric tract of undigested and fermenting food. The children almost always complain of poor circulation and cold feet. Hence they have but little resisting power against changes of temperature, and during the latter the chances of a catarrhal inflammation of the digestive tract are greatly increased. Removal of the offending material from the system is followed by prompt recovery. Another cause of such nervous outbreaks may be adenoid vegetations in the vault of the pharynx. Eye-strain set up by hypermetropia and astigmatism may also prove to be the exciting factor in children predisposed to nervous instability. In any case a moderate irritation, if long sustained, may keep the system in a continual unrest, so that any further irritation, even a very slight one, may lead to a nervous explosion. To consider all such cases as epileptic, as is so often done, is to overlook their cause.—*The Lancet.*

SOME REMEDIES IN THE DIARRHOEAS OF INFANCY.—Arsenicum 3x.—Vomiting and purging, so called, at the same time. Rapid and profound prostration and emaciation, a pinched, painful expression, with a *pale*, hot skin. Great restlessness and thirst. Dr. Bell makes the point that it is the *watery stool* of arsenicum that is so offensive, not merely the putrefying contents of the bowels.

Belladonna 2x.—We use this perhaps more than all other remedies combined. In our mind it is indicated by a sudden onset, high fever, flushed face, hot head, drowsiness, but unable to sleep, with jumping and starting, rolling of head. Nausea or vomiting. Thirsty. Character of stools may be any kind,

but if seen early usually the undigested stools; greenish, watery, with whitish lumps.

Borax 2x trit.—Easily startled, apthæ upon the tongue or inside of mouth. Child pale and hot; undigested and offensive stools. Dr. Bell makes a suggestion which we think should be remembered, that belladonna is frequently given where borax should have been.

Bryonia 2x.—We think of this remedy when the child evinces no desire to be up and around. Wants to be quiet. The cases in which there is no diarrhœa at night, while the child is asleep, but returns the next morning when it awakes, and continues during the day; also used in hot-weather diarrhœas, that is, those apparently due to this cause.

Calcarea carb. 6x.—In the so called rachitic diathesis. Large, fat babies, with distended abdomen; big feeders. Profuse sweat during sleep; the character of the stool is yellow, and so thin and watery that it goes right through the napkin, leaving only a yellow stain.

Calcarea phos. 3x or 6x trit.—Here instead of the fat and flabby child we have the thin and emaciated, the wrinkled or "old" face, wobbling head, sunken abdomen. Stools, undigested, forcibly expelled and very offensive.

Chamomilla 3x.—In cases unusually sensitive to pain; during dentition; the *anger shown in the crying is pacified by baby being walked or carried*. Stools are preceded or accompanied by a good deal of colic. Stools are changeable.

Cina 3x.—In cases with whitish stools, frequently accompanied by whitish turbid urine; a high degree of anger or *irritability that is difficult to pacify*, accompanied by more or less of the popular, but falsely so-called, worm symptoms.

Croton tiglium 3x.—This stool has three good legs to it: (1) Yellow watery; (2) during or immediately after nursing or eating; (3) sudden, forcible expulsion, "coming out like a shot."

Natrum sulph. 6x trit.—In chronic diarrhœa in children, where even slight injuries to the skin cause long-lasting inflammation and suppuration, especially if it is located around the root of the nails.—*Hahnemannian Monthly*.

ABSTRACTS FROM BOOKS AND JOURNALS.

DIET IN ECZEMA.—There are some forms of food which, in eczema, are particularly irritating, and which must be altogether withheld. First and foremost is alcohol. Then all forms of raw or uncooked fruit containing much fermentable sugar or acid, especially strawberries, gooseberries, apples, lemons, and rhubarb. All stimulating foods should be avoided.—*Monthly Cyclopedia of Practical Medicine.*

COMPOSITION OF THE HUMAN BODY.—Normally, the human body contains iron sufficient to make seven large nails, fat for thirteen candles, carbon for sixty-five gross of pencils, phosphorus to tip eight hundred and twenty thousand matches, together with the constituents of twenty teaspoonfuls of salt, fifty-nine lumps of sugar, and forty-two litres of water.—*Exchange.*

FORMALDEHYDE DISINFECTION OF CLOTHING.—Into a dry-goods box having a cover, place the clothing one at a time sprinkling each one with one or two tablespoonfuls of 40 per cent. formaldehyde, mixed with an equal quantity of water. Allow the box to remain closed for five or six hours, then open and hang the garments in the open air.—*American Practitioner and News.*

CONVALESCENCE OF TYPHOID FEVER.—After the temperature has been normal for a week allow the patient to sit up, to get up after it has been normal for ten days; to leave the house at the end of two weeks; to return to normal diet at the end of three weeks, but to be careful up to the end of six weeks.—*Medical Record.*

HOW TO AVOID BEING NERVOUS.—If you wish never to be nervous, live with reason; have a purpose in life and work for it; play joyously; strive for the unattainable, never regret the unalterable; be not annoyed by trifles; aim to attain neither great knowledge nor great riches, but unlimited common sense; be not self-centred, but love the good, and thy neighbor as thyself.—*New York Medical Journal.*

COLLEGE, HOSPITAL AND LABORATORY NOTES.

THIRTY-SIX candidates received the degree of doctor of medicine at the commencement exercises of Boston University, June 3, while three received a Ch.B., and one the degree of M.B.

BOSTON University School of Medicine has just received for its library, through the courtesy of the well-known firm Messrs. Mellin's Food Company, many files of valuable journals for the year 1902. This firm last year, also, thoughtfully remembered the library.

DR. LUNDEN, a German scientist, says he has proved by experiments that rays reflected from radium enable the blind to see more or less clearly.

He instances the cases of two Russian blind boys, who permanently regained their sight through the use of these rays.

GRADUATES of an institution of osteopathy, requiring four courses of five months each, are now eligible to practice osteopathic-medicine and osteopathic-surgery in New Mexico, but are precluded from using drugs or performing major surgical operations, under penalty of committing a misdemeanor.

A FRENCH journal cites the following example to show the simplicity of language used by German chemists:

"If benzoynaphtylamide is treated with nitric acid, it forms two isometric nitro-amidobenzonaphtylamides, of which one gives mononamidobenzonaphtylinide and the other adhydrobensodiamidonoleana."

THE Board of Managers of Bellevue and the allied hospitals has decided to appoint anesthetists for each of the hospitals under its charge. These appointments will be honorary, and will be held by specialists, who will give instruction to the incoming members of the house staff in the art of administering anesthetics in accordance with the best modern methods.

Two such instructors will be appointed to Bellevue Hospital, and one apiece to the several dependencies, and arrangements will be made by which one hospital may call upon the services of the anesthetist attached to another in case of the temporary absence of its instructor.

OWING to the death of Dr. Milan Sachs from plague, the German government has decided to forbid further experiments with plague germs, the risk of spreading infection being considered more dangerous to the public health than the knowledge gained in studying the deadly microbes justifies.

Dr. Sachs caught the plague in Dr. Koch's bacteriological laboratory. The laboratory is isolated, and the most minute precautions taken at the doors and windows to prevent the escape of the germs. He was sent here by the Austrian government, who intended to use his services in perfecting the sanitary arrangements in Bukowina.

BURRAGE HOSPITAL, on Bumkin Island, in the harbor, midway between Hull, Hingham and Point Allerton, opened for the season June 17, and will close Sept. 15.

It is a free summer hospital for sick children whose relatives are unable to provide proper care and treatment for them, and particular attention is given to crippled and deformed children.

While no provision is made for entertaining the mothers of patients, they are allowed to visit them frequently, and can always communicate with them by telephone.

Cards of admission to the hospital may be obtained from physicians in Boston or from the established Associated Charity boards throughout the city, which upon a physician's certificate will admit sick children. The steamboats carrying patients will leave the wharf at 400 Atlantic Avenue daily. Half an hour before sailing time a hospital officer will be at the wharf to receive patients. The island is connected by telephone "Hingham 114," and the post-office address is Burrage Hospital, Box 2518, Boston.

OBITUARY.

Dr. Augustin Thompson, formerly of Lowell, Mass., and at the time of his death a resident of Boston, died at the Massachusetts Homœopathic Hospital, June 8, aged sixty-eight years. Dr. Thompson was a graduate of Hahnemann College of Philadelphia, and a successful practitioner for many years in Lowell. As the originator of the Moxie Nerve Food he was, perhaps, best known to the business world in general. He was married three times, and leaves a wife and two sons.

PERSONAL AND GENERAL ITEMS.

DR. WILLIAM MORRILL COLBY was united in marriage to Miss Edith Remelé, at Cambridge, Mass., June 10.

STATISTICS show that longevity in the State of Maine in proportion to the population is greater than in any other State in the Union.

THE legislature of the State of New Hampshire has so amended the law regarding the practice of medicine that hereafter physicians who are not licensed or registered in the State, will be required to pass an examination before they can do business at the summer resort hotels.

THE French government has just promulgated a new code of sanitary regulations. This code among other regulations contains the proviso that for the future three vaccinations, instead of one, as hitherto, shall be obligatory upon all French citizens. The first is to be made during the first year of infancy, the second in the eleventh year, and the third in the twenty-first.

ACCORDING to Boston health statistics, there were 1,033 deaths from heart disease in Boston during the past year,

showing an increase of 7 per cent. in fifty-two years. The strenuous life is probably responsible for this increase in mortality, for consumption has slightly decreased in fatality in the Hub, and the sad thing about it is that we are daily becoming more strenuous.

THREE thousand nine hundred and eighty-eight children under five years of age died with gastro-intestinal diseases in Greater New York between June 1 and October 4 of last year, which, it will be remembered, was a cool summer, as favorable a summer as we could hope to have.

The deaths during the corresponding period in 1901 were 4,760, so that the average loss of life of children under five years of age, from diarrhoea cases, in Greater New York for the four months mentioned, would range between 4,500 and 5,000 annually.

A CASE of particular interest to the medical fraternity, and one which occupied the attention of Judge Waitt and a jury in the fourth session of the Superior Court in Boston during the week prior to June 4, was decided on that date in favor of the defendant.

It was a suit for \$5,000, brought by Samuel Harrow against Dr. W. A. Morrison, charging neglect of a patient (Mrs. Harrow).

The case was given to the jury June 3, and a sealed verdict was returned at the opening of the court the next morning.

The judge's charge was favorable to the defendant.

OVER eighty of the alumni of Boston University Medical School met at the Hotel Lenox at 6.30 P.M., June 2, for the annual business meeting. The following officers were elected for the ensuing year:

President, John L. Coffin of Boston; first vice-president, Eliza B. Cahill of Boston; second vice-president, Edward E. Allen of Charlestown; secretary, David W. Wells of Boston; associate secretary, Charles T. Howard of Watertown; treas-

urer, Herbert D. Boyd; auditor, Frederick P. Batchelder; directors, Winfield S. Smith, John H. Payne, J. Emmons Briggs, Martha E. Mann, Mary R. Lakeman.

Dinner was served at the close of the business meeting, Dr. J. Arnold Rockwell acting as toastmaster.

THE London correspondent of the *New York Herald* says that suicides are increasing remarkably among doctors in Great Britain, and that the reason is not far to seek, according to a statistician, who points out that the physician who might calculate on an income of more than £400 (\$2,000) a few years ago can count to-day in corresponding circumstances on only something above £200 (\$1,000).

The causes of this depreciation of income are two: the first and more important being the improved health of the country at large, and the diminishing death rate. The medical profession, as a matter of fact, is working, in these days of preventive medicine, toward its own extinction. The second cause is the multiplication of universities, which are turning out more doctors than there is a demand for.

THE Cambridge (Mass.) Board of Health will shortly enforce its regulation in relation to consumption. The order, as introduced to the board by Goodwin A. Isenberg, one of the members, provides that upon the death of any person from consumption the sanitary inspector shall examine the premises, and shall make such recommendations as shall seem to him required to render the habitation free from danger of infection. These recommendations by the sanitary inspector shall be forwarded to the board, and thereupon an order shall be issued requiring the landlord to comply with the recommendations within the period of ten days. The sanitary inspector shall supervise the case so that, if the landlord has within the prescribed time defaulted compliance with the order of the board, he shall report the case to the board for enforcement. The chief point of interest in this plan is that renovation, rather than disinfection, is called for.

THE NEW ENGLAND MEDICAL GAZETTE

No. 8.

AUGUST, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

THERAPEUTIC HINTS IN TYPHOID FEVER.

(Concluded.)

BY WILLIAM P. DEFRIEZ, M.D., BROOKLINE, MASS.

HELLEBORUS NIGER.—Irritable, easily angered; does not want to be disturbed. Ca encephalique. Eyes wide open. Soporose sleep with screams, shrieks, starts. Greedily swallows cold water; bites spoon, but remains unconscious. Constantly picking his lips, clothes, or boring into his nose with his finger (while conscious arum.). Boring head into pillow, rolling from side to side, beating head with hands. Diarrhœa. Urine red, black, scanty, coffee-ground sediment, suppressed in brain troubles.

ZINCUM MET.—Rolling the head from side to side; face alternately pale and red. Automatic motion of hands and head or one hand and head (apoc., bry., helleb.). Can only void urine while sitting bent backwards. Delirium; attempts to get out of bed; complete unconsciousness; sliding down in bed; grasping at flocks; subsultus; decubitus; involuntary stool and urine. Night sweat, with heat; cannot tolerate any covering.

ARNICA.—Indifference; says he feels well, nothing the matter with him. Picking the bedclothes. Declines to answer questions. Unconsciousness. Forgets the word while speaking. Thinks rightly, but uses wrong words. Sits as if in thought, yet thinks of nothing; like a waking dream. Loud talking—whimpering. Vertigo increased by raising the head or moving the head. Pupils contracted or dilated, with cloudiness of the head. Epistaxis. Trembling of lower lip. Tongue dry, with a brown streak in the middle. Thirst; drinks large quantities at a time (bry.). Fetid breath, putrid odor. Distention of abdomen, with hardness. Involuntary, unnoticed stools, with involuntary urine. Bleeding from the arms. Sharp stitching pains in chest when inhaling. Lies quiet, without any complaint. Weariness and bruised soreness, which compels him to lie down, and yet every position feels too hard. Lassitude, the whole body sluggish. Great prostration. While answering a question, falls into a deep sleep before finishing. Loud blowing respiration, with in- and exhalation. Anxious dreams—frightful.

Arnica is a remedy oftener indicated than used, and requires nice discrimination to choose between it and rhus tox. They both have prostration, with bruised sensation and desire to move or be moved, but the arnica patient wishes to be moved on account of the hardness of the bed upon which he lies, while under rhus the desire to move is on account of restlessness, and general amelioration from motion. Both remedies have brown tongue; but arnica has a dry, brown streak through the middle. Rhus has the triangular red tip.

ARSENIC.—Anxiety, restlessness, more after midnight; weakness, and thinks he is well. Frightful dreams. Fear of death. Wants to go from one bed to another. Timid, faint-hearted, inclined to weep. Picking the bedclothes. If he talks at all, it is quick and hasty, with pain in the head. Answers no questions. Unconsciousness. Delirium, headache, noises before the ears; loss of speech, trembling,

anxious sweat. Cries out suddenly from time to time. Eyes glistening or without lustre. Eyes sunken or eyes prominent and turned upwards (opium). Eyelids open in delirium (op., stram., verat.). Eyelids droop (gels.). Eyelids closed, agglutination. Ringing in ears, in the head, sounds like noise. Hardness of hearing. Frequent bad smell in nose. Nostrils sooty, smoked. Face anxious, hippocratic. Burning hot cheeks, with circumscribed redness. Lips bluish, black or brown. Crusts on the lips, dry and blackish. Sordes on teeth, black or brown. Corners of mouth sore. Grinding of teeth. Speech stammering, unintelligible, lipping. Tongue trembles, dry and cracked, stiff like a piece of wood. Mapped tongue,—tongue as if burned. Gurgling when drinking; the fluid rolls audibly into the stomach. Thirst for cold water, small quantities often. Hiccough. Nausea. Liquid vomiting, stools greenish, odor like foul ulcers. Water. Stomach sensitive to external pressure. Frequent liquid stools, watery, small. Soft brownish stool. Bloody stools, black, burning, exco-riating with restlessness and colic. Burning in abdomen. Foul-smelling stools. Stools like coffee-dregs. Ileo-cæcal region very painful to touch. Rolling and gurgling in abdomen, as from much flatulence. During time of crisis, when papescent stools afford relief. Involuntary, unnoticed stools. Diarrhœa, after midnight. Great weakness after stools. Hemorrhage from intestinal ulceration. Constipation alternates with looseness of bowels. Urine diminished and burning. Involuntary urine, especially at night. Brown, turbid urine. Urine offensive. Voice hoarse, coarse or crowing. Breathing short and anxious, oppressed rattling. Rattling in windpipe. Dry cough. Paralysis, always associated with erethism. Pulse weak and feeble, quick, pulseless, intermittent. Hands and feet painful. Rest relieves the colic. Lying on the back. Slips down to the bottom of the bed. Great prostration—overwhelming. General and rapid sinking of all the forces. Staggering gait and anxious

weakness. Trembling of limbs. Frightful or imaginary visions on closing the eyes. Sleeplessness with great restlessness. Cadaverous smelling sweats. White miliary rash. Petechiæ.

Weak, debilitated individuals, old age, or children.

When rhus. or ars. are insufficient in cases of great prostration, compare mur., after it carbo. veg.

Arsenicum sometimes has no effect whatever, if given before rhus. tox. In the inflammatory stage with constipation it is of no real benefit. Its real sphere of action commences when the putrid, foul, cadaverously smelling stools, and the brown, dry, leatherlike tongue indicate such an advanced degree of decomposition of the fluids that rhus tox. is no longer indicated. Arsenic is not the only remedy that cures fevers of a malignant or pernicious character; it may be muriatic acid is the indicated remedy.

BAPTISIA.—Hopeless of recovery and certain of death. Confusion of ideas. Mentally restless, but too lifeless to move. Head feels as if scattered about, and patient tosses about the bed to get the pieces together. Headache, dull, stupefying, with confusion of ideas. Headache in forehead and eyes. Eyes heavy. Cheek yellow, with central deep flush. Face wears a besotted expression. Rigidity of the muscles of the jaw, painful in lower joint. Sordes on the teeth. Tongue covered with raised papillæ. Tongue brown. Tongue dry, with brown streak in the middle (arn.). Inability to swallow. Throat sore, tonsils enlarged, uvula inflamed and elongated. Spitting out of liquid put into the mouth. Diarrhœa, watery, offensive, fetid, involuntary and unnoticed stools. Urine offensive, fetid. Diarrhœa, with bitter, sour belching. Breath very offensive. Aphthæ. Gasping,—could not draw a full breath. Mucus in throat, neither able to swallow nor expectorate. Pulse full, slow, hard. Can't lie long anywhere. Mentally restless, but too lifeless to move. Lying with head thrown back. Comatose sleep. Sleepless, wandering mind. Chills, alternating with heat,

moist skin. Critical sweat on forehead and face. Aching in bones and back. Fetor of breath, sweat, urine and fecal discharges. Great prostration, with disposition in the fluids to decompose. Ulcerations.

OPIUM.—Complete stupor; lies speechless sometimes, with open or half-open eyes, face dark *red* and *bloated*. Stertorous breathing. This state may alternate with wild delirium with loud talking, laughing or singing, and attempts to escape. Want of susceptibility to remedies; well-chosen remedies make no impression (carbo. veg., lam., val.). Complains of nothing; wants nothing. Thinks he is not at home (bry.). Picking of bedclothes during sleep. (While awake bell., hyos.) Sleepy, but cannot sleep (bell., cham.). Sleeplessness with acuteness of hearing. Bed feels so hot he cannot lie on it. Retention of urine. (Stram. we have suppression, while in opium the bladder is full, but unrecognized. Aggravated by warmth, ameliorated by cold.)

LACHESIS.—Mental excitability, great loquacity (agar., stram.). Jumps from one idea to another, or muttering stupor, even almost complete insensibility. Tongue trembles and catches on the lower teeth, on attempting to protrude. The least thing coming near the mouth or nose interferes with breathing. Great sensitiveness to touch, throat, stomach, abdomen (not due to soreness, as in apis or bell.). Clothing causes an uneasiness. Dreads to fall asleep, for the patient is always worse on awakening.

Lachesis is to be compared with opium, hyos., arnica, lyc., and rhus tox. Opium has a dark red face; the darker red the face the more indicative of opium. With lachesis, the cerebral condition is due to the toxemia; with opium it is a secondary effect, due to intense congestion. Hyos. is more similar to lach., but with hyos. there is general trembling and twitching of the muscles. Arnica is to be differentiated by the appearance of ecchymosis. Lycopodium is the complement of lachesis. Lyc. has heat without thirst, and aversion to uncovering. Lach., heat with thirst and

inclination to uncover. Lycopodium, better from warm diet. Lachesis worse from warm food. Conjunctiva yellow or orange color; perspiration cold, stains yellow, bloody (lyc.). When waking from sleep, the lyc. patient is cross, irritable.

Having given some of the indications for a few of the remedies, yet I am not unmindful that there are many other valuable symptoms. Any remedy in the materia medica may be called for, regardless of the fact that it is not among the list of remedies usually used. We are to prescribe according to the symptoms, and not for the name of the disease.

Complications:

Epistaxis—only from right side, at night in sleep. (Ver. rhus.)

Bleeding from teeth and gums. (Sul.)

Bleeding continuous. (Nux psor., rhus.)

Bleeding profuse hemorrhage at night, in sleep. (Bry., merc., rhus.)

Bleeding with salivation. (Hyos.) (Do not give merc.)

Bleeding relieves. (Mel., rhus.)

Bleeding does not relieve. (Phos. ac.)

Intestinal hemorrhage:

Blood in streaks. (Phos.)

Blood bright, and does not clot. (Nitr. ac.)

Blood black and clotted. (Alumina.)

Hemorrhage intestinal ulcerative. (Ars., mur. ac., nitr. ac., phos. ac.)

Hemorrhage excessive, collapse. (Carbo. veg.)

Blood of a tarlike consistency, in large quantities. (Hama.)

Boils which succeed one another, and without interruption, (Bell., sulphur, lyc., sil., hepar. sul.)

Convalescence:

Tardy convalescence. (Psor. china.)

Loss of memory. (Anac.)

Hemicrania. (Ign.)

Rheumatic toothache. (Rhod.)

Appetite will not return. (Psor. sul.)
 Ravenous appetite. (Puls.)
 Cannot eat, everything bitter. (Puls.)
 Bilious vomiting. (Cinchona.)
 Obstinate vomiting. (Kreos.)
 Slow recovery, with diarrhœa. (China.)
 Great sexual erethism. (Aloes, phos., psor.)
 Tendency to tubercular deposits. (Calc. c.)
 Periostitis of sacrum. (Sil.)
 Painless swelling of lower limbs. (Aur. mur., bell.)
 Strength alone wanting. (Verat.)
 Continual chilliness and sensitiveness to draught. (Sel.)
 Weakening sweats, night and day. (Psor.)
 Lingering forms. (Am., ars., calc. c., sul.)

LETTERS FROM EUROPE.

BY HORACE PACKARD, M.D., BOSTON, MASS.

PARIS, June 6, 1903.

EDITOR OF THE GAZETTE:

This gay and pleasure-loving city is not altogether conducive to contemplation of the earnest side of life, especially by the summer tourist seeking rest and recreation, neither is the American mind quickly attuned to the incongruities of French civilization. "Liberty, Equality, Fraternity," runs the legend which greets the eye on almost every public and charitable building in Paris. Alas! how quickly the idea of liberty is circumscribed by the discovery that a high rampart surrounds the whole city, and massive gateways, guarded by uniformed officers, bar ingress or egress on every road. A few days ago I visited Hahnemann's grave, to view the monument recently erected with money raised by international subscription. My innocent hand camera, which I

had taken along in the hope of bringing home a photograph, was taken from me at the gate, with the laconic information "No photographing allowed." Perhaps these restrictions of liberty are intended to be compensated for by the extraordinary liberties enjoyed by carriage and automobile drivers. Reckless driving is the rule, and woe betide the foot passenger who does not keep his eyes and ears wide open and wits about him. Automobiles are driven through the suburban and country roads at the speed of a railroad train, with apparently no restrictions.

These generalities of Parisian life, however, are not the subject of my communication, yet the gaiety, frivolity, as well as the pathetic side of life, are more or less reflected in the hospitals and clinics which I have daily visited. My interest in prostatic surgery has led me to the genito-urinary clinics. Those of Professor Guyon at the Hospital Necker, and of Dr. Hartmann at the Laraboissiere are the largest and best. To one interested in the study of venereal diseases, nothing in the world can excel in mass and variety of material these clinics of Paris. But so far as prostatic surgery is concerned, I learned enough by observation and interrogation to convince me that not much is being done in Paris. Prof. Lucus Championniere of the Hospital Laraboissiere takes no interest in the subject, and does not operate on such cases at all; neither does Professor Guyon of the Hospital Necker. His assistant is interesting himself in the surgery of the prostate, and has operated on a limited number of cases with fair success. Dr. Hartmann operates when the prostatic obstruction has become so great as to wholly prevent voluntary urination. I had an opportunity to see him operate on a case. Judging therefrom I must conclude that the French technic is far behind the American. In fact, my impression is that no definite technic has been adopted here, except that the perineal route is acknowledged by all to be the most satisfactory.

The Broca Hospital is the arena where Professor Pozzi

has made his name and fame. He is regarded, at the present time, as the foremost gynecological surgeon of Paris. The hospital has been developed almost entirely through his efforts and influence. Ten years ago the buildings were the rudest wooden structures which I ever saw used for hospital purposes. To-day all is changed, and a series of one-story modern brick and stone pavilions makes it a model hospital. In accompanying Professor Pozzi through it I exclaimed at the elaborate and artistic mural decorations adorning the corridors and wards. He quickly assured me that they had cost nothing; his artist friends had vied with each other in contributing of their artistic skill to make the hospital more cheerful and attractive. In one pavilion a series of small private rooms provides apartments in which patients are placed for the first week following critical operations. An entirely separate pavilion is devoted to the operating theatre and its appurtenances. It is a model in every way, with every safeguard against sepsis.

After inspecting this hospital, which is *wholly for charity patients* or those who can pay but a nominal sum, sufficient, perhaps, to compensate partly for their board and nursing, Professor Pozzi courteously invited me to go with him to the private hospital where he operates on his private patients. Again I marveled at the inconsistencies of the social fabric in France. I had a few moments before been through a hospital *exclusively for the poor*, complete and replete with everything which money and modern science can provide, with beautifully frescoed walls to cheer the sick and weary patients, while here everything was commonplace—a remodeled dwelling-house, the operating room well appointed, but far from meeting modern ideals. Naturally I queried why he does not take his private patients to the hospital which he has built up at great expenditure of time, as well as of money from his own pocket. It appears that the system of public charity is totally different from anything which we have in America. There is a government board known as *Le Bureau*

de Assistance Publique. Any hospital, home refuge, maternity or other institution for the poor receives, after it has once been established, sufficient appropriation through this bureau, from the public funds, to meet its annual expenses. Enormous sums have been left from time to time by benevolent individuals for the establishment of hospitals and kindred charitable institutions; e. g., the Hospital Boucicaut was built at a cost of twelve million francs from a bequest of Madame Boucicaut, formerly the proprietress of that famous commercial emporium, the *Bon Marche*. Its annual running expenses are met by *Le Bureau de Assistance Publique*. It will thus be seen that this arrangement makes the establishment of charitable institutions comparatively easy, for once one is built and equipped the government thereafter meets its annual expenditures. Thus a sharp line is drawn between charitable and private hospitals; and the former, which have in perfection of construction and completeness of equipment everything which wealth and science combined can provide, are closed to the middle and well-to-do classes who, because they can pay something for the professional service, must put up with inferior accommodations. In defence of this system it may be said that it has built up the finest and most extensive system of charitable institutions in the world. It is my belief that nowhere are the sick and aged poor better or more bountifully provided for than here. In looking over a directory of the educational and charitable institutions of Paris I find, exclusive of homes for the aged and refuges of various kinds, there are thirty general and special hospitals with a total of over fourteen thousand beds. This makes Paris a place of great attraction for the student of medicine, although owing to the various hospitals being so far apart, not so much can be accomplished in clinical study in a given time as in Vienna, where one great hospital of six thousand beds offers unlimited clinical opportunity, as well as economy of time.

HORACE PACKARD.

BERNE, SWITZERLAND, June 12, 1903.

EDITOR OF THE GAZETTE:

To the surgeon, all roads lead to Berne, for here lives and labors the greatest surgeon of all Europe, Professor Theodore Kocher. From this small town of less than fifty thousand inhabitants, his influence has gone over the civilized world. He is known for his great work in investigating the cause of goitre, and reducing the technic of operation therefore to a simplicity and safety never before accomplished. His experience in this field excels that of any other living surgeon, his total number of cases now reaching into the third thousand. His goitre operations are performed under local anesthesia. The patient is strapped to the table, cocaine injected into and about the tumor, and after a few moments' delay the operation is executed leisurely, and with great care and nicety. Artery forceps to the number of about one hundred and fifty are at hand, and every vessel, even the most insignificant, is grasped. No ligating is done until the goitre is removed, and then silk exclusively is used. The number of forceps hanging from the wound at the close of the enucleation is surprising, sometimes reaching from fifty or seventy-five to one hundred. He uses very fine silk for ligating, and but one size only. In case he desires a stronger ligature he simply doubles or quadruples it. Nowhere else in the world could he have accomplished what he has in goitre, for nowhere else upon the earth is there found such a wealth of material of this character as in Switzerland.

I have made special inquiry to learn if, since Dr. Kocher's exhaustive investigations of the cause of goitre, there has been any appreciable decrease in the prevalence of the disease. He demonstrated the fact that persons or families or communities who had used water from certain springs or wells for generations were the greatest sufferers from goitre. Through his initiative, governmental restrictions were attempted, with the hope of limiting the disease. Owing to

the indifference, or ignorance, or stupidity of the people, this has been a failure. In a personal conversation with Professor Kocher he told me that the number of sufferers from goitre seeking relief through operation, has not appreciably diminished; but he has in progress a new scheme which he is about to make known, and is sanguine that prophylactic measures may ultimately be established which will free the people of his country from this disfiguring disease.

On my first visit to Professor Kocher's clinic, my surprise may be imagined to find, out of a class of medical students of about one hundred and forty, that forty-two were women. On inquiry I was gratified to learn that Berne University is open to women in all its departments on equal terms with men, and that there are about two hundred women in the medical department alone, and what is more surprising, that most of these are Russians. It appears that there is a strong movement among the women of Russia toward higher education, but they are debarred from all the colleges and universities of their own country, therefore they must go abroad, and Berne University is the nearest large institution which affords co-education.

But to return to Professor Kocher and his work. Any man who has stamped his personality upon a university, a nation and the world as he has done, is interesting as a character study. He is now about sixty-five years old, of medium height, spare, dark complexion, hair and full closely cropped beard well mixed with gray, head of the distinct Alpine type, viz., anterioposterior diameter short, the transverse wide, and the whole cranium rising high above the ears. His countenance when at rest is rather earnest, but when he speaks his face lights up with a warmth and sympathy which at once attracts the listener. A Swiss by birth, of an obscure family, he came to Berne a poor boy and has worked his way to fame wholly through his genius and industry. His tastes and habits are very simple. Although patients come to him from all over Europe, and he is called to neighboring coun-

tries in consultation and to operate, for which large fees are paid him, yet he modestly makes his way about Berne and its environs, on visits to his patients and to the hospital, on foot or by tram cars, never yet having established a private equipage. He is loved by the people because of his great attainments, his simple habits, and his kindly consideration for the poor.

The "Insel Spital," where he has done most of his work, is a fine modern hospital, consisting of twenty detached pavilions situated in a park or garden of several acres. The surgical pavilion includes a spacious amphitheatre which will comfortably seat two hundred students. In this he holds his demonstration clinics only; i. e., he meets his classes here for instruction in examination and diagnosis. On the left of this is a series of room for pathological and bacteriological work and preservation of specimens, models, charts, etc., for teaching purposes. On the right are the operating, sterilizing and instrument rooms, and over the door in bold letters the words "*Passage interdict.*" No visitors or students are allowed to enter these domains by this door on any pretense.

The operating theatre is a large room about twenty-five feet square, with high walls, an ample skylight directly in the middle, and a broad, high window on one side. All the other walls are without windows. A very small area of these raised steps is railed off under the window for onlookers. This affords standing room only, and if closely crowded accommodates not more than twenty-five or thirty persons. When the patient is in readiness for the operation to begin, the guests are permitted to enter directly to the reserved area via a passage and door from the rear of the amphitheatre.

Professor Kocher's genius is shown not only in the magnificent results which he attains, but also in the fine organization of his clinics. The operations follow each other rapidly and without friction. On completion of the important operative part of a case, the table is pushed aside and the remaining details,—ligations, suturing, and dressing, are completed by

his son or first assistant, and the next case, which by this time is in readiness, is pushed into the area. Three or four large operations, such as a goitre, two resections of the elbow and a tarsectomy are run off in two hours.

The operating room is a very wet place: Prior to each clinic, the atmosphere is charged with steam from a hose, which plays not only into the air of the room, but also upon the walls, ceiling, and all over the floor. The steam rapidly condenses upon the walls, floor and furniture, so that everything seems in a reeking perspiration. The floor is so wet that the surgeon's assistants and nurses wear rubber shoes.

All patients are brought into the operating room and the field of operation prepared prior to anesthesia. The bed which the patient is to occupy in the ward after operation, is wheeled into the rear of the operating room on a three-wheeled truck contrivance, and the patient is transferred directly to the bed from the operating table. All goitre operations, as already stated, are made under local anesthesia. The patient is strapped to the table, a vise support holds a gauze screen over the face, which shuts out the details of the operation from vision. Cocaine is injected under the skin along the line of the proposed incision. No further steps are taken to anesthetize the parts during the operation or closure of the wound. Some patients evince considerable suffering during the enucleation of the tumor, but no attention is paid thereto. A small opening is always left for drainage, into which a wick of iodoform gauze is placed. The operator and assistants wear white cotton gloves in clean operations, and rubber ones in septic cases. Chloroform is the anesthetic used for general anesthesia, and as a rule is administered by a nurse. For ligatures and sutures silk is used exclusively.

Professor Kocher says that he has done little or nothing in prostatic surgery. The inference is that he sees cases of prostatic hypertrophy very infrequently, and believes that it is an unusual disease in Switzerland.

One finds nothing to criticise, but much to admire, in the

organization of Professor Kocher's operations. It is surely a wise plan to keep the operating room apart from the general clinic and demonstration amphitheatre, and to limit the audience part to a small area. Delay of anesthesia until after the patient has entered the operating room seems a somewhat cruel ordeal, since he must then see all the details of preparation for his own operation, as well as the finishing of the preceding case. In favor of this custom may be argued the shorter time which the patient is kept under the influence of the anesthetic.

All in all, my few days in Berne with Professor Kocher have been most interesting.

HORACE PACKARD.

INFANTILE SCURVY.

BY ELMER H. COPELAND, A.M., M.D., NORTHAMPTON, MASS.

[Read before the Worcester County Homœopathic Medical Society.]

DEFINITION.—A definition of this disease would seem to be unnecessary, as its name is the best definition it can have, for, apart from a few symptoms, the disease is, as the name implies, scurvy in infants. A constitutional disease, characterized by anemia, pseudo-paralysis, especially of the legs, which are tender to touch and painful on motion; hemorrhage into the surrounding tissues, giving rise to ecchymoses and swellings, also hemorrhage of the mucous membranes of the nose, eyes, rectum or vagina, and, to complete the picture, the time-honored and historic swollen, spongy, bleeding gums so characteristic of scurvy. It affects all classes of society, but more especially the children of the well-to-do, and occurs between the ages of six months and two years.

HISTORY.—The history of this disease dates back only twenty years, to the time when Dr. Barlow of London in 1883 reported thirty-one cases of scorbutus in young children.

At about the same time Drs. Cheadle and Gee, also of England, called the attention of the medical profession of that country to this disease.

Dr. Barlow's description is most vivid and dramatic; at the same time thoroughly scientific, and so impressed itself upon the minds of subsequent medical writers that it has been called Barlow's disease. In Germany it is called by that name to-day. It was not until eleven years after Barlow's masterly study of the disease that Dr. Northrup called the attention of the medical profession in this country to the subject by a paper printed in the *New York Medical Journal* of May 26, 1894. This was only nine years ago. The literature of the subject in this country since then has become very extensive.

Fisher in his volume on "Diseases of Children," 1895 edition, page 92, in writing of infantile scurvy, says: "It is not a common disorder." In opposition to this opinion, let me quote Holt, "Infancy and Childhood," (1897) page 210: "Scorbutus is not uncommon in infancy, but it is frequently overlooked." That I believe this latter statement to be emphatically true, is my excuse for presenting this paper. It is not rare; it is not obscure, yet it is often overlooked. We had come to look upon scurvy as a disease of the past, interesting chiefly to the antiquarian in medicine. Abolished by wise treatment, enforced by legislative enactments, when such enforcement was found necessary, the disease again made its appearance, brought to life and fostered by faulty modern methods of infant feeding. Unfortunately with the well-to-do American women, lactation is even more rare than impregnation. The whole question of infantile scurvy would be settled if some mothers could, and the rest would, nurse their babies.

ETIOLOGY.—The etiology of this disease is very interesting, in view of its close similarity to scurvy in the adult both as regards symptoms and causation. Loomis, in his eighth edition, under the head of Scurvy, page 944, says: "The

theory that scurvy is due to a specific infection while improbable, cannot absolutely be rejected." This was written nearly fifteen years ago. In *Progressive Medicine*, June, 1901, page 345, we read, regarding infantile scurvy, "Infection has thus far received little consideration, and does not appear to be a likely explanation." It is refreshing to find now and then a disease not given over to germs. Starr says: "The cause of scurvy in infants is the continued deprivation of fresh food." *Progressive Medicine*, March, 1902. It occurs in *artificially fed* babies between the ages of six months and two years, more often among the children of the wealthier class, but may be found in all classes, depending largely on the kind of food given. The chief etiological factors are the various proprietary foods placed upon the market, seductively advertised by their "loving friends" and sold at the corner grocery store. Next in importance is condensed milk. Sterilized milk given with proprietary foods is a common cause, also proprietary foods without a proper amount of fresh milk and cream.

The question as to sterilized milk alone being able to cause the disease does not seem to be thoroughly settled. Holt, first edition, page 211, says simple sterilization alone does not cause it, while Louis Starr in *Philadelphia Medical Journal*, April 27, 1901, reports undoubted cases due to sterilized milk alone when the milk is heated to 212° F. for from thirty minutes to an hour or more. On this point Griffith (*Archives of Pediatrics*, January, 1901,) says: "Cooking milk exerts a decided influence in many cases." The difference of opinion about sterilized milk alone being able to cause infantile scurvy may be harmonized by later and fuller reports regarding the milk mixtures which were sterilized.

It is possible that the disease was not caused by the sterilization *per se*, but by some deficiency in the milk mixture which was used. This leads us to another etiological factor: Too dilute mixtures of milk and cream, i. e., the modified milk of the Walker-Gordon laboratories—the milk that is

supposed to be "just like mother used to make." Other occasional causes are oatmeal or barley gruels given exclusively. One case is reported where the child was fed entirely for months upon fresh meat.

PATHOLOGY.—The pathological condition is one of marked anemia with hemorrhages into the skin, small hemorrhages into the serous surfaces, into the lungs, muscles, periosteum, bone marrow and subperiosteal tissues.

Formerly this disease was supposed to be founded upon a rachitic constitution, but this has lately been disproven with reasonable certainty, and the pathological condition has been shown to be decidedly one of scurvy with a slight resemblance to rickets. Jacobsthal, *Progressive Medicine*, June, 1901, page 346.

SYMPTOMS.—The symptoms of a well-marked case are very pronounced. The first noticeable departure from normal may be a lack of activity of the legs. The child sits or lies still and does not kick his legs about; they are motionless, and if we attempt to move the legs at the hip joints the child cries with pain. There is tenderness also around the ankle and knee joints. More careful examination may show a fusiform swelling of the leg above the knee which is painful to touch. There may be slight or quite extensive ecchymoses on the legs, body or arms. These ecchymoses may be very small, no larger than a pin's head, or quite extensive.

The mother or nurse will try to explain these black and blue spots by some fall that the child has received. The gums will be swollen, spongy and bleeding where teeth have erupted; where teeth are to come it will look purple and swollen. Often there will be severe attacks of nose bleed; in one case of mine this was almost the only symptom, and in a second it led to a more careful examination, which disclosed the real nature of the disease. There may be hemorrhage from the ears, rectum or vagina. The so-called menstruation of infants we see recorded, may have been simply a hemorrhage from the vagina due to infantile scurvy. The

child presents a general cachexia with marked anemia. The head may be somewhat enlarged and the muscular system weak and flabby.

CASES.

Let me report briefly a few cases as illustrations of the foregoing symptoms, and showing the various forms the disease may assume.

Case I. Female child eleven months old. The only symptom that could be discovered or that was reported by the mother, was an apparent paralysis of both legs. The child had not moved her legs voluntarily for several weeks, and would cry bitterly if her legs were forcibly moved. This case was seen while attending to the practice of a brother physician and consequently was lost track of by me. It was some eleven or twelve years ago and my diagnosis was reserved, or some generally wise remark made about rheumatism, not having at that time heard of infantile scurvy. The case was turned over to the family physician on his return without comment. But that immobility of the legs and piteous cry on forced motion made an impression upon me that later served me well, after the true nature of the disease was made known.

Case II. Female child about one year old. Diet, a proprietary food. Family well-to-do, belonging to the would-be four hundred. Child anemic, fretful, crying out when lifted from the crib, legs tender to touch at ankle, knee, and along femur. Legs motionless; involuntary motion caused crying. Back of the head flat, resembling a rachitic head. No teeth, no hemorrhages or ecchymoses. A diagnosis of combined scurvy and rickets was made. This was when the disease was considered a combination of the two. The family shrank from the names—protested—but I was sure of my diagnosis this time—food changed, orange juice prescribed and—another doctor called. He said it was not scurvy at all but Barlow's disease, one very common among wealthy, aristocratic

families. No change made in my treatment except beef and mutton broths added. Family are mollified. Child gets well, and second doctor gets the credit for a brilliant cure, and I get wisdom. I know now what the condition is and shall know in future what to name it; so saying to myself, "From this one, learn all," proceed to look for

Case III. Male child, nine months old. Food, condensed milk. Child constipated, puny, big abdomen, appetite poor. Teeth coming through decayed, and gums diseased. Not a marked case, but a change to fresh cow's milk and orange juice changed the picture entirely. About a year later he began to suffer from severe nose-bleeds, and until he was three years old they were troublesome. Whether these hemorrhages were latent symptoms of scurvy I have not been able to decide. However, we kept the child on anti-scorbutic diet with tonics for the anemic condition, and he is now a healthy boy of seven, and has not had a nose-bleed for three or four years.

Case IV. Bear with me while I report this case, for it is interesting because of its slight symptoms, yet characteristic when once brought to a focus.

First called to the family when the baby boy was less than a year old. Bottle-fed. Nothing agreed with the child. Had never been well. Confident, because of some recent success with milk modified after the Walker-Gordon percentage feeding, the child was placed on a formula. Success followed for a time, but this failed in spite of all percentage.

Constipation would give place to diarrhœa, and vomiting would be the daily companion of each in turn. At last a well-known proprietary food was resorted to with partial success. The child grew, but did not become strong. Still we worried along. The patient was put on solid food in part. He began to have what the mother called indigestion rash; little spot on the arms, legs and body about the size of a pin's head,—looked as if the child had been bitten. Asked about sand fleas, the reply was prompt, they never had any. Could not

account for these spells. There would be some fever—103° F. at times. Hands and feet would swell slightly. Urine was normal on examination. Child was very fretful and delicate. At about two years of age or a little before, he began to have epistaxis—had two or three before I suspected the real trouble—infantile scurvy. He was then placed on anti-scorbutic diet, with arsenic and iron administered for the anemia. He at once began to improve, and has been a very well boy the last year. He is now three years and three months. I consider this a peculiar case. The anemia was not marked; there was no paralysis of legs or soreness. The ecchymoses were very slight; the swelling of the hands and feet were not characteristic. It was because of the repeated epistaxis that the true nature of the disease became manifest. The diagnosis being confirmed by the prompt improvement under appropriate treatment aimed at the scorbutic condition.

DIAGNOSIS.—The diagnosis of a full-blown case is easy, and ought never to be mistaken or overlooked by an intelligent physician, and it will not be long before the laity will be diagnosing and treating the cases without help from the doctors. Some are even now beginning to learn the dangers in proprietary foods and condensed milk. The mistakes are liable to occur in calling the condition rheumatism, spinal disease, hip-joint disease, paralysis and purpura, but a differentiation can readily be made by bearing in mind the following diagnostic points of infantile scurvy. These are taken almost entirely from Holt, "Infancy and Childhood," page 214:

1. Hyperesthesia about the knees and legs, which is often very acute, the pain increased on motion or pressure.
2. There is disability or disinclination to move the legs.
3. The mouth is the seat of hemorrhagic gingivitis.
4. There are swelling and ecchymoses, especially about the large joints. Ecchymoses may be in any part of the body.
5. Hemorrhages from the mouth, nose, stomach, bowels and kidneys.

6. General cachexia and marked anemia, with flabby muscles.

7. History of bad feeding—usually continued use of proprietary food.

8. Marked improvement and usually rapid cure under anti-scorbutic treatment.

PROGNOSIS.—By close attention to the above symptoms there need be no mistake. The prognosis is almost always favorable if the case is seen sufficiently early. Few cases are so severe that recovery is impossible.

TREATMENT.—The treatment has been sufficiently outlined in the foregoing, but in order to make this paper a little more complete we will summarize the treatment here at the end.

As scurvy in the adult is a disease caused by the lack of fresh vegetables, so scurvy in infants is caused by lack of fresh food. Proprietary foods, are dried foods, comparable to the dried and salt meats of the old navies and armies. The treatment is to put the child at once on fresh cow's milk, meat broths and orange juice. If medicine must be used I find arsenic and iron very serviceable in overcoming the anemic condition. A favorite prescription of mine for a child a year old is:

℞ Liq. potassii arsen. ʒ ij

Syr. ferri iodide, ʒ j

Syr. calcii lacto-phos. q.s. ʒ viij.

M. Sig:

A teaspoonful t.i.d.

Of course if one prefers, he can give arsenicum 3x with a little ferrum phos. 3x, and then an occasional dose of calc. carb. 2x.

EDITORIALLY SPEAKING.

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

A RETROSPECT AND A REPORT.

The fifty-ninth session of the American Institute of Homœopathy is a thing accomplished, an occasion past, an event living only in memory. But this memory, we believe, will always be an eminently satisfactory one to all who were privileged to be present. Never has there been a more harmonious session, one conducted on a higher scientific plane, one more conducive in all ways to the growth of the Institute and the allied societies, and the methods of practice which they represent.

While the arrangements for the comfort, convenience and pleasure of visiting members and their families, may not have been absolutely perfect, they showed most admirable foresight and executive ability on the part of those having the matter in charge. We are but repeating that universal testimony which accords the marked measure of success attending the conception and carrying out of these arrangements, to the indefatigable efforts and conspicuous tact of the chairman of the local committee. The ability and talents displayed in securing so far as possible the success of this representative gathering, were fitly recognized by the election of their possessor to the presidency of the Institute.

There can be no question but what this recognition was deservedly given, and that it reflects honor upon the Institute as well as upon the leader chosen.

The sectional meetings were all well attended. No decisive step was taken in regard to the status of the sectional societies. It was expected that some proposition would be received by the Ophthalmological, Otological and Laryngological Society from the Institute with reference to obtain-

ing a more intimate union, but it was thought best to allow the matter to lie over a year that, in the meantime, careful consideration might be given, and, as it is hoped, an acceptable plan formulated.

Especial interest was shown in the meeting of the Bureau of *Materia Medica*. The papers presented were of a high order, and we believe that the practical definite expositions of the character and needs of our work as homœopathic physicians, will result in much more fruitful efforts in the future than has been the case in the past, although the excellent results already obtained in the re-proving of remedies entitle those who have been instrumental in obtaining them, to the highest praise.

Not mere verbal loyalty to a creed, but earnest, immediate practical work was the teaching of every speaker, while the means of accomplishment were clearly outlined.

The clinic at the Massachusetts Homœopathic Hospital proved to be one of exceptional value, and well repaid the large number who attended it.

Mention of the hospital suggests a reference to Boston University School of Medicine, its near neighbor, and well represented at the Institute by its large and excellent educational exhibit. An immense amount of work was involved in this display, and it would show a lack of just appreciation to fail to allude to the credit due Dr. W. H. Watters, instructor in pathology, who was chiefly responsible for this creditable showing.

Professor Weaver of Hahnemann College, Philadelphia, exhibited a remarkably fine dissection of the cerebro-spinal system, something quite unique, and which attracted a great deal of attention.

It is not possible to refer in detail to all the features which made the fifty-ninth session so memorable. Aside from the scientific value, has been undoubtedly the great gain in good fellowship, in harmony of purpose, in unanimity of action.

It is highly desirable that the social side of such a gather-

ing should be accented when, as in the present instance, this is done without interference with the more serious aims. The promenade concert attended by the members of the Institute was a happy inspiration on the part of their hosts, and was greatly enjoyed. The courtesies extended by the committee of ladies appointed by the local committee of arrangements, and supplemented by the entertainment committee of the Meissen, were numerous and well chosen. Drives, teas, receptions, excursions and other pleasant doings were planned and successfully carried out.

Altogether our backward glance gives cause for congratulation and encouragement. Such a session is convincing proof of life and energy in our national organization. The attendance was phenomenal, there being present 57 seniors, 458 members and about 700 visitors.

The following officers were elected for the ensuing year:

President, John P. Sutherland, Boston; first Vice-President, H. E. Beebe, Sidney, Ohio; second Vice-President, Annie Whitney Spencer, Batavia, Ill.; Secretary, Charles Gatchell, Chicago, Ill.; Treasurer, T. Franklin Smith, New York; Registrar, J. Richey Horner, Cleveland, Ohio; Censor, W. E. Riley, Fulton, Mo.

By a small majority it was voted to meet in 1904 at Niagara Falls.

INVESTMENTS.

The fact that physicians as a class are not "well to do." is frequently remarked upon by the laity as rather surprising. But even eliminating those factors obviously militating against prosperity, such as patients who cannot pay, patients who will not, patients whose accounts must be allowed to run almost indefinitely, and those who expect a receipted bill when two-thirds of the amount called for is tendered, to say nothing of the patients who never materialize; even with

these exceptions are there not a few reasons, potent but often unconsidered, why physicians are not rich?

Dame Rumor has put us in possession of at least one by spreading the report that the nature of many investments made is responsible for not a few small bank accounts. Is it true, we wonder, that the profession is peculiarly susceptible in the matter of investments? that its members fall ready victims to the representations of the man with something to sell, from the book agent to the distributor of stock, whether cattle or shares?

Memory certainly brings to mind names well known in the medical world gracing lists of subscribers to countless volumes of encyclopedic lore, art reproductions, unrecognizable abstracts from the literature of all nations, and other half morocco, deckel-edged, gilt top, strictly de luxe editions; works, which it has been well said may be read to equal advantage, dictionary fashion, forwards or backwards.

But only a fraction of the hard-earned income of the profession can be dissipated in this way. The book agent is a coin extractor of no mean ability, but he is hardly the equal of his brother, the promoter. This is the man of all others, to deplete the treasury of the unwary medic. Perhaps Dame Rumor is right, for surely the much-absorbed and unsuspecting doctor may be excused if he is occasionally entrapped by such a genius, and an individual of such enthusiasms.

The promoter is the man, and he only, who knows of frost-proof "belts" where orange groves perennially flourish, within a hundred miles of a railroad, too; railroads leading to never glutted markets which pay something over and above transportation and commissions. He, the man who has located salubrious swamp lands, rich veins of get-at-able (to coming generations) coal and other minerals; sea-water heavy with gold; dirigible flying machines; wells that prove "gushers"—on paper; Western properties which do not invariably dry up and blow away, or else furnish a convenient new bed for the nearest river.

He is the man with plantations galore, growing bamboo, sugar-cane, beet root, tobacco, ginseng, rubber boots, taxes, mortgages and other indispensable luxuries. He represents corporations of all varieties, and will make any doctor, even fairly passive to his propositions, a shareholder before he can say Jack Robinson.

The promoter is a wonderful operator, and by his aid, and an occasional little gamble in wheat, oil, mines, sugar, and the like, a considerable ebb in the Æsculapian pocketbook can readily be accounted for. But all this is a matter of hearsay. We do not know that our friends come to grief in such ways. We sincerely hope they do not, or in any other ways, yet there is one of which we have some knowledge, more or less direct. Shares in a co-operative medicine manufacturing firm have at times proved tempting bait, and there have been many who have been beguiled into taking a financial interest in the wholesale production of lotions, potions, stimulators, simulators, separators, medicated comfits and concoctions, warranted indestructible in any clime, and safe until used.

Notwithstanding the trading-stamp bonus advertised to reach all leal shareholders, success has not always been the portion of these concerns, at any rate of the inconspicuous investors; possibly because, after faithfully endeavoring to promote the sale of nondescript productions and finding them worse than useless, the average doctor, being a physician first and always and a speculator incidentally and accidentally, has soon refused to outrage his intelligence further, and has repudiated such unscientific practices.

But if we have enumerated a few directions in which our confreres may have lost money, it has been half in jest, knowing the improbability of the majority being thus led astray.

At this season of the year our readers will not expect us to be very profound. If we have chosen to lightly touch upon many investments that surely prove disastrous, it is,

perhaps, that we might have the opportunity to suggest one that certainly offers large and safe returns,—we mean a vacation. We hope we have not created a sense of disappointment by recommending anything so simple. It may be simple, but so are fresh air and water, and we all are constantly prescribing them. What the members of our profession need is more well-spent rest; more recreation; more complete change. It is saddening to see many of our best workers constantly overdoing, lessening their own usefulness by shortening their lives, while all the time fancying that by such superhuman exertions they are benefiting the world and themselves.

Now, there are times, months, perhaps, when physicians must overwork; but let them, at least, favor themselves all they can in the matter of proper food, sleep and recreation. And let them, when the summer comes, invest a good many dollars if possible, in getting away from their cares and worries, in securing new scenes and occupations, in ceasing to think or talk shop. There is always the “other man” who can take one’s practice, or the young physician who ought to have a chance to show what he can do. Better than all else it may be for the patients, is the sending them off on health-hunting expeditions of their own, where doctors are not.

But at all events, let us earnestly urge upon each of our constituents the desirability of taking a midsummer holiday. It will pay. It will return good interest in the shape of renewed energy, a refreshed mind, less nervous tension, more cheerfulness and patience, and even it may be, greater ability to resist those beguiling propositions we have previously mentioned, or others, newer and more tempting, which the promoter and his tribe may invent.

SOCIETY REPORTS.

**THE EDUCATIONAL EXHIBIT AT THE AMERICAN
INSTITUTE OF HOMŒOPATHY.**

In the winter of 1901 Dr. J. P. Sutherland, the present president of the Institute, approached the writer in regard to a project at that time new to the homœopathic fraternity. So many colleges were being established, and so many new methods of teaching were being continually introduced, that it seemed advisable to arrange in some way, a place for the demonstration of some of these more important accessories, thus allowing each institution to learn from all of the others, and at the same time preparing for the general practitioner an interesting and instructive exhibit. Another aim was to be the exhibition of work done by students in the various departments of the different schools.

In order to discover whether this plan was likely to meet with general approval, a small beginning was made at the meeting held in Cleveland in 1902. Here the Boston University School of Medicine exhibited about seventy-five pathological specimens and a few drawing books. Even this small attempt was received with such general approval, not only by college men, but also by those not connected with any institution, that preparations for its repetition at the Boston meeting were begun on a larger scale. All the homœopathic colleges in the country were invited to participate, an abundance of space being promised for all. For one or another reason all but two of these failed to make an attempt at representation, some perhaps on account of lack of time, others by not fully comprehending the scope, and possibly some desiring to first see the project tried. The two exceptions were Hahnemann of Philadelphia, and the Boston University School of Medicine.

Some time previous to the meeting at the Somerset, the committee had promised the use of part of the Newbury

Street banquet hall, thinking, perhaps, that one corner or one end would be sufficient room. When the exhibits were all in place, however, the entire hall was occupied, and even then was somewhat crowded. This included the pathologic exhibit of the Ophthalmological, Otological and Laryngological Society, which occupied one table.

In regard to the various exhibits, numbering upward of six hundred, but little will be said. No description need be given of the renowned dissection of the entire nervous system that Professor Weaver so kindly brought with him, nor of his specimens illustrating bone fractures. Several other dissections of Professor Weaver, and some gelatin mounts prepared by Dr. Korndoerfer, were among the Hahnemann representation, which numbered about seventy-five specimens.

The exhibition made by the Boston University School of Medicine was subdivided into departments, as far as practicable representing the different chairs of the school. Thus one table was devoted to anatomy, a second to surgery, one to gynecology, etc., to the number of nine. The wall at one end of the room was covered with enlarged radiographs loaned from the collection of the Massachusetts Homœopathic Hospital.

One feature noticeable throughout all of the departments was a demonstration of the gelatin method of mounting specimens, a method first demonstrated by this school, and now being quite generally adopted.

A collection of photographs, "before" and "after," illustrating the action of the X-ray upon lupus, carcinoma and various skin lesions attracted considerable attention, as did also photographs of a large number of fibroids of the uterus, about one hundred appendices illustrating all varieties of inflammation and involution, and a collection of biliary, renal, and vesical calculi. Nearly two hundred gelatin mounts from the pathological laboratory, demonstrating various lesions of the different organs, were shown.

Representing students' work was a complete set of em-

bryological slides prepared by one of the juniors; several sets of slides and laboratory drawing books of the students prepared in the routine school work, and dissections of various organs, etc.

From Monday morning to Friday night the hall was seldom empty even during the sessions, and often was crowded to its utmost comfortable capacity by people who were all apparently interested in what they saw. An assertion that the exhibit was a success seems to be fully justified, and that its permanence is assured seems probable. Already several of the other schools have signified their intention of cooperating at the coming meeting at Niagara, where it is hoped that an Educational Exhibit will be seen that will be even more profitable than the one at the Boston meeting in 1903.

WILLIAM H. WATTERS, M.D.,
Instructor in Pathology, B. U. S. M.

THE AMERICAN CONGRESS ON TUBERCULOSIS FOR THE PREVENTION OF CONSUMPTION.

SECRETARY'S OFFICE, ATLANTA, GA.

June 22, 1903.

TO THE MEMBERS OF THE MEDICAL PROFESSION:

At a conference of the officers and Advisory Committee of the American Congress on Tuberculosis, held in New Orleans, May 7, some important changes were made in the plans as previously announced.

The previous plans of the Council to hold the Congress in St. Louis in 1904 were changed, many considerations favoring Washington, D. C., as the place of meeting. A change of time of meeting was also made to April 4, 5, and 6, 1905.

As there is to be an International Congress on Tuberculosis, at Paris in 1904, it was deemed possible that some foreign delegates might be prevented from attending the Washington meeting on that account. The plan and scope of the American

Congress being in reality international, the postponement of the meeting to the spring of 1905 will give the management ample time for perfecting details, upon which the success of a Congress largely depends.

One committee has been already arranged to have charge of the Section on Pathology and Bacteriology, as follows: Dr. Simon Flexner, chairman; Dr. William H. Welch, Dr. George J. Adami, Dr. Thebald Smith, and Dr. F. F. Westbrook. Committees in charge of other sections or departments will be announced later.

Dr. George Brown of Atlanta, Ga., is practically the Executive Officer of the Congress, and all who desire to present papers before the Congress should apply to him. As there seems still to be a doubt in the minds of many physicians concerning the result of the vote of the New York meeting, which in 1902 adopted a new and definite plan for the next Congress, we beg to assure our readers that the new plan is being followed in both letter and spirit by Dr. Brown and the other officers elected at that meeting.

Any circulars or communications purporting to be in the interests of the American Congress on Tuberculosis, which do not appear over the name of Dr. George Brown, as Secretary, do not relate to the Congress which was arranged last year, and the organization of which has already so far advanced as to insure its success from every point of view.

DANIEL LEWIS, M.D.,

President The American Congress on Tuberculosis.

BOOKS AND READING.

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

A TREATISE ON DISEASES OF THE RECTUM, ANUS AND SIGMOID FLEXURE. By Joseph M. Mathews, M.D., LL.D., President of the American Medical Association, 1898, etc. Third edition, revised. Illus. New York: D. Appleton & Co. 1903. pp. 589. Price, cloth, \$5.00 *net*.

Two large editions have preceded the present one; proof of the book's acceptability. Its text covers an important field, hardly less interesting to the general practitioner than to the specialist. Diseases of the rectum and related organs are extremely common, and in years past faulty diagnoses due to insufficient knowledge of the subject, have been the cause of lack of scientific treatment which would have proved remedial if not curative.

No excuse now remains for imperfect information when such books as Dr. Mathews' are obtainable. Among the subjects he discusses may be enumerated, methods of examination, anatomy of the rectum, constipation, antiseptics in rectal surgery, hemorrhoids and their treatment, fistula in ano, hysterical rectum and neuralgia, irritable ulcer or fissure, ulceration of rectum, nonmalignant stricture, cancer of the rectum and treatment, disease of the sigmoid flexure, prolapsus ani, pruritus ani, impacted feces, polypus recti, malformations of rectum and anus.

This, it seems, is decidedly comprehensive. The chapter on cancer has been entirely rewritten. A new operation, colopexy, conceived by the author for the cure of prolapsus recti, is described in detail. Some excellent plates supplement less noteworthy illustrations. The cases reported are numerous and helpful. The book is written in a really entertaining as well as instructive style.

A TEXT-BOOK OF CHEMISTRY FOR STUDENTS OF MEDICINE, PHARMACY, AND DENTISTRY. By Edward Curtis Hill, M.S., M.D., Medical Analyst and Microscopist, etc. Illus. Philadelphia: F. A. Davis Company. 1903. pp. 523. Price, \$3.00 *net*.

It will be of very general interest for the reader to note the great variety of subjects brought to his attention in this comprehensive work. We cannot give a complete list, but even an incomplete one will prove the truth of this contention: medical physics; chemie philosophy; inorganic chemistry; the carbon compounds; analysis, qualitative and quantitative, with special methods and apparatus, tests, tables, etc.; incompatibility; sanitary chemistry, including adulterants and sophisticants; toxicology, including many medico-legal points; physiologic and pathologic chemistry; clinic chemistry, and an appendix with tables of solubility of common drugs, symbols, equations of manufacturing chemistry, popular and alchemic names. In fact, there is a small scientific library in this one book. This may be partly accounted for by the fact that it is the outcome of the author's ten years' class work while professor in medical and dental schools.

It is a very good idea to have the topics considered more or less in their relations, and not as subjects independent of each other. Although the heart of the book,—inorganic and organic chemistry—is decidedly technical and advanced, as a whole the work is well adapted for a reference as well as a text-book, and vice versa.

The illustrations are numerous, among them being nine full-page half-tone and colored plates.

HAY FEVER: ITS PREVENTION AND CURE. By Perry Dickie, M.D., Author of "Uricacidæmia: Its Causes, Effects and Treatment." Philadelphia: Boericke & Tafel. 1903. pp. 173. Price, cloth, \$1.00.

Our only regret is that we did not receive this book in time to review it for the July GAZETTE, for then we might have been the means of bringing it to the attention of more of this season's sufferers from hay fever.

Dr. Dickie has conferred a favor on the profession by furnishing them with this sensible, really serviceable monograph. It covers the whole ground, and lacks only one thing,—a table of contents. In a subsequent edition,—for there are sure to be many,—this can easily be remedied. There is a sufficient index, however.

The sections into which the text is divided discuss such phases of the principal subject as its history, synonyms, predisposing and exciting causes, symptomatology, pathology, treatment which includes hygienic, surgical, palliative and local, general systemic and medicinal measures. A few clinical cases are given.

We do not know any other so readily accessible and inexpensive a resumé as this of what is known about hay fever, and we believe the book will at once repay purchasers for the small expenditure necessary to obtain it. It is neatly gotten up, and the binding is appropriately green.

A TEXTBOOK OF MINOR SURGERY, INCLUDING BANDAGING.

By Newman T. B. Nobles, M.D., Professor of Surgery at the Cleveland Homœopathic College, etc. Illus. Philadelphia: Boericke & Tafel. 1903. pp. 325. Price, cloth, \$2.50.

We wish we could give this manual unqualified praise. We are most desirous of seeing medical literature enriched by writers of our own school of practice. We cannot help but feel, however, that most of the works written by homœopathic practitioners, except those on materia medica and pediatrics, are conspicuously below the standard set by the allopaths.

Except for the cursory references to homœopathic remedies, we can see no legitimate reason for the publication of the textbook in question. Its justification would have lain in a painstaking and full presentation of the usefulness of our remedies in minor surgery, and their application in many instances in the preparation of the patient for major operations. This subject is altogether too much neglected. There is a place for homœopathy in surgery.

This book does not compare favorably with such manuals as Wharton's *Minor Surgery*, either as to the text or the illustrations. It is an example, also, of "English as she is wrote."

The publishers have given it an attractive binding and good clear type.

STUDIES IN THE PSYCHOLOGY OF SEX: ANALYSIS OF THE SEXUAL IMPULSE LOVE AND PAIN; THE SEXUAL IMPULSE IN WOMAN. By Havelock Ellis. Philadelphia: F. A. Davis Company. 1903. pp. 266. Price, extra cloth, \$2.00 *net*.

This is the third volume in this series, which deals with the psychology of sex. Each volume is complete in itself. We think the sale of these books should be limited to members of the medical profession, and that wider circulation is unnecessary and undesirable. Undoubtedly a clearer comprehension of the topics considered is needed by physicians whose duty it is to treat the local and reflex manifestations of diseases of the sexual system. We feel, however, that the substance of such works, while undoubtedly of importance in their essence, should be restricted to the presentation of scientific facts, with the minimum of illustrative cases. Much that is unnecessary is apt to creep into works of this kind; much that possesses no inherent scientific value, but only a certain morbid interest.

The author of the work in question has avoided many of these blemishes, but still further pruning would not injure, but improve, his effort. It is assuming a very considerable responsibility to put such matter in type, and too much care cannot be exercised.

There is no question but that what this book contains is authoritative, and representative of the most enlightened understanding of the subject.

ANNALS OF SURGERY: A MONTHLY REVIEW OF SURGICAL SCIENCE AND PRACTICE. Philadelphia: J. P. Lippincott Co. Price, \$5.00 a year in advance; single number, 50 cents.

No more important journal on surgery is published than this one. Famous surgeons in the United States and abroad are numbered among its contributors. Surgical progress is monthly chronicled on its pages. Each issue is a book of surgical lore giving the mature experience of individuals and the collective contributions of leading societies. Full-page plates and other illustrations are numerous, and of similarly high character with the text.

THE SPECIALIST.

HYGIENE AND SANITARY SCIENCE.

Under this heading will appear each month items bearing upon some special department of medicine; next month "Genito-Urinary Diseases" and "Dermatology."

DIET VERSUS DRUGS.—It is more and more strongly impressed upon physicians, that through diet rather than drugs they must look to relieve and cure the many forms of indigestion which afflict mankind. The system recognizes the character of the food introduced, and pours out or represses the digestive juices, renders them more intense, or larger in quantity, as the fat, protein or carbohydrate ferments may be most needed.—*New York Medical Journal.*

TO KEEP AWAY MOSQUITOES.—A resident of New Jersey, who has tried the prophylactic with signal success, writes that a mixture of one part of oil of sassafras in five parts of alcohol applied to the hands, neck and other exposed parts, will effectually keep away the most ferocious of mosquitoes. It is necessary to renew the application every two or three hours.—*Massachusetts Medical Journal.*

SLEEP A NECESSITY.—Children should be encouraged to sleep, young people should be made to sleep, and the nervous person should be taught to sleep. The sins of parents who carelessly or designedly shorten the children's sleep hours are only equalled by the folly of grown-ups who deny themselves sleep for the sake of business or pleasure. Alarm clocks are an abomination unto the brain and an evidence of hygienic evil.—*Dietetic and Hygienic Gazette.*

RESULTS OF WATER DRINKING.—The constitutional effects directly induced by the drinking of cold (or hot) water are slight increase of vascular pressure, increased flow of urine and at times a laxative effect upon the bowels, increased secretion of the glands of the alimentary canal, and, as a result of the

discharge of their secretions, the flushing of excretory organs, particularly of the kidneys, which carry off so much of the effete matters resulting from metabolism.—*Medical Times.*

BRAND BATH MODIFIED.—As a modification, the patient may be gradually educated to the cold bath, as advocated by Winternitz, by commencing with a temperature of 75°–85° F., and reducing the temperature of each following bath by one degree. The affusion should be about five degrees lower than the water of the bath, thus not only cooling the head but also reducing the temperature of the bath. The first bath may be of but five minutes' duration, and the time gradually extended to ten or fifteen minutes, according to the indications.—*Exchange.*

THE RECUPERATION OF THE SYSTEM.—From eight to ten hours of sleep daily on an empty stomach or light meal is positively needed in order for recuperation through metabolic processes to be perfected. Anything short of that leaves the task partially unfinished which, after repeated repetitions allows a vast amount of waste matter in the system to obstruct natural secreting and excreting processes. After a while this becomes so obstructing that disease finds little difficulty in entering and making headway.—*St. Louis Courier of Medicine.*

RATIONAL USE OF FRUIT.—The rational use of good fruit improves digestion, increases the alkalinity of the blood, has a favorable effect upon metabolism, increases the secretions of the liver and kidneys.

Fruit is especially beneficial in chronic toxemia, with general depression of the various functions. Overeating, with sedentary habits, deficient elimination and torpid secretions are responsible for so many ailments; a special diet, consisting largely of fruit and an abundance of pure, soft water, often works wonders in a comparatively short time, provided gradual improvement is made in the habits at the same time.—*Medical Brief.*

NUTRIENT ENEMATA.—1. Beef tea, three ounces; yolk of one raw egg; brandy, one-half ounce; liquor pancreaticus, two drams.

2. One whole raw egg; table salt, 15 grains; peptonized milk, three ounces; brandy, one-half ounce.

3. Beef tea, two ounces; brandy, one-half ounce; cream, one-half ounce.

4. Beef tea, two ounces; one whole raw egg.

5. Beef juice, one ounce.

6. Beef essence, six ounces.

7. Whites of two raw eggs; peptonized milk, two ounces; two eggs.—*Medical Arena.*

ETIOLOGY OF ENTERIC FEVER.—Although water is a very common medium for the conveyance of Eberth's pathogenic bacillus, there are, nevertheless, other sources of contagion which play a part, and sometimes a very prominent part, in the spread of this disease; and so far from the intestinal discharges being the only agents concerned in the spread of the disease, they are but one of a series of agents. It is now recognized that instead of a patient ceasing to be a source of danger after his restoration to seeming health, he may carry about in himself—in the urinary and biliary secretions, for example—the seeds of infection for months or even years.—*London Lancet.*

HYGIENIC SELF-CULTURE.—“Perfect health—that is, abundant vital power capable of resisting all causes of disease or depression, and sustaining by sympathy the health, energy and spirits of others—depends,” says a great physiologist, “upon the large development and cultivation of the region of health and animation. It requires a large development of the shoulders and the crown of the head. The true science of health,” he also says, “is connected with ethical or religious science and the performance of duties; and all hygienic science which rests in the physical alone will fall

short of human needs. The emotional and spiritual part of man's nature is as important as the physical."—*American Medical Monthly*.

PURE CITY WATER BY FILTRATION.—This is acknowledged to be the best method of procuring pure water, and has been so demonstrated in a number of cities. Up to ten years ago there were very few filtration systems in this country, but since that time tremendous strides have been taken in the direction of filtering water for many cities in America. There are now in this country approximately 175 filtration plants, having a daily capacity of 300,000,000 gallons. Most of these are in small cities and towns, and not more than ten or a dozen of the large cities are thus equipped. A number of them, however, are projecting the improvement, and in some the plants are being actually completed.—*Cleveland Medical and Surgical Reporter*.

GIVE US FRESH AIR.—In every church, immediately after the services, more particularly after funerals, all the windows should be opened wide, and a clearing out of the foul air at least attempted. The sanitary management of our cars, railway stations, churches, halls, theatres and schoolhouses should receive suitable attention, and if this were done honestly and faithfully, a vast amount of loss of business, injury to health, and even loss of life would be averted. The best way to begin in a matter of this kind is to arouse public interest in what is needed, and in the dangers resulting from the neglect of such obvious laws of health, and this can best be started by members of our profession.—*Medical Times*.

DIET IN CONVALESCENCE FROM TYPHOID FEVER.—Milk should form the bulk of the food, to which buttermilk and kunyss will be found useful adjuvants. Soups, broths and acids fruits, such as lemons, oranges, grapes and apples, may be given, as also jellies, fruit jellies, calf's-foot jelly, oysters, fish and vegetables—of which latter, asparagus, celery and parsley are very valuable because of their diuretic effect;

cranberries and cranberry sauce may also be used. Cereals, such as oatmeal, hominy, farina, cream of wheat, shredded wheat with milk, rice, farina, tapioca and cornstarch puddings, as well as custards, or occasionally a soft-boiled egg, may be eaten. It is not well to give children too much nitrogenous food, hence meat should be omitted.—*The Medical Critic*.

THE LIFE OF THE TYPHOID BACILLUS.—A number of experiments have been made in past years to ascertain the duration of life of the typhoid bacillus under such circumstances. Various writers have found that infected water poured over the ground penetrated to a depth of 18 inches, and that the bacilli were still alive in earth previously sterilized, even after more than a year. This time was found to vary under different circumstances, the bacilli dying out sooner in unsterilized earth, perhaps because of the chemical changes induced by the earth bacteria. Other observers have noted that the bacteria may appear on the leaves of plants growing in such infected soils in spite of the bactericidal action of sunlight and the mechanical action of rain.—*The Cleveland Medical Journal*.

PECULIARITIES OF THE ANOPHELES.—John B. Smith, Professor of Entomology at Rutgers (*Med. News*), says he has proved to his own satisfaction that the Anopheles will fly, over level country, at least half a mile, while George A. Soper, former Sanitary Engineer of the Department of Health, says the *Culex pungens*, the mosquito that is most troublesome indoors at night, will fly to a height of over one hundred feet.

Professor Smith explains that the Anopheles hibernate in houses, barns, and particularly in cellars. They come out in the spring, and their larvæ is found abundantly during July and August in sheltered pools and salt meadows.

Soper recommends, as a means of extermination, the thinning of vegetation about ponds and the trimming of foliage

about buildings; the reclaiming of marshes, drainage, insecticides, a film of oil over the water, and lime stirred into pools.—*Exchange.*

SCIENTIFIC BATHING.—Bathing affects the nervous and circulatory systems of the skin. Hot baths cause vasomotor dilatation in the skin, with relative withdrawal of blood from internal organs. After the bath this process gradually becomes reversed. This assists the assimilation of food, causes the ingestion of more food and increases the body weight, when regularly repeated over a long period of time. Cold baths, with active exercise, cause peripheral vasomotor constriction, followed by a gradual dilatation. Exercise has a similar, but localized effect. Baths are of most benefit in the infectious diseases for reducing temperature and overcoming nervous symptoms. They are also indicated for chronic inflammatory changes, circulatory disturbances, venous stasis, etc.—*Wisconsin Medical Recorder.*

AN EXPERIMENT IN SANITATION IN MANILA.—The Manila government has just completed a well-constructed tenement for twenty families on the Tondo water front, which is about to be opened to tenants. The rules of the building provide that no chickens or animals can be kept on the premises, cleanliness must be maintained, no stores can be conducted in the building, and the maximum number of occupants allowed for each room cannot be exceeded. The opening of this building, the first of its kind here, marks an interesting experiment in sociology and sanitation. It is doubtful whether good accommodations and low rent will appeal to the Filipino, if to secure them he must sacrifice his game-cock, his time-honored filthy habits of living, and his racial desire to herd together in overcrowded quarters.—*Medical Record.*

TREATMENT OF HEAT STROKE.—On the occurrence of heat stroke, the patient should be moved into the shade where possible, his clothes opened, and cold water be poured on to his

head and neck. Ammonia should also be applied to his nostrils. The douche must be repeated until a favorable effect be produced. A turpentine enema should also be administered, and a large mustard poultice applied to the chest. Ice to the head should not be applied in cases where the skin is cold and the pulse feeble. If convulsions occur, a few whiffs of chloroform are indicated. In the form characterized by the long persistent subsequent head pain, blisters to the shaved vertex and nape of the neck, with quinine, give some relief, but time is here the chief remedy.—*Dr. Andrew Duncan.*

POTATO DIET IN DIABETES.—A comparison of the two foods shows that while wheat bread contains from 47 to 55 per cent. of starch, fresh potatoes contain an average of only 20 per cent. Good results are claimed for both mild and severe forms of diabetes under the potato diet. Following the substitution of this article for bread there was always a definite decrease both in the amount of urine excreted and the sugar contained, although in no instance did the latter entirely disappear. In addition, the general symptoms improved—increased strength, lessened thirst (due probably to the greater amount of water contained in the potatoes) and a disappearance of neuralgia. It was also found that after several days of potato diet the excretion of sugar never attained its previous height if the patient was again allowed the former amount of bread, showing an effect similar to the “hunger days” described by Naunyn.—*American Journal of the Medical Sciences.*

DIETETIC VALUE OF EGGS.—As compared with other articles of food, eggs contain on an average four per cent. less protein and six per cent. less fat than sirloin steak, half as much protein and one-third as much fat as cream cheese, and twice as much protein, with ten times as much fat as oysters. Their value is about two-thirds that of beef, and but one-third that of good cheese. Compared with wheat

flour, eggs contain as much fat, but less than half as much fuel value. Eggs contain practically no carbohydrates, while wheat flour contains 75 per cent.

Chemically speaking, therefore, eggs are rich in building and repairing material, but do not furnish a proportionate percentage of energy. This is why it is now admitted that eggs do not furnish perfect nutrition for the adult body. It must, however, be remembered that nature endows the digestive organs with a considerable degree of vital discretion, or power of transformation; so that both proteids and carbohydrates are to a certain extent commuted into energy, and vice versa. The animal or earthly elements of the egg and its fat are found in the yolk.—*Minneapolis Homœopathic Magazine.*

HYGIENIC TREATMENT OF EPILEPSY.—One of the most important steps to insist upon is that the patient shall lead a quiet life, if possible a rural life. A moderate amount of exercise, both physical and mental, is necessary. The diet is also important, and some of our best authorities insist that where bromides are being administered, very little salt should be given or allowed in the food, because the bromides will then take the place in the system that is usually occupied by the chlorides. Milk is the most valuable article of diet in these cases. Fresh vegetables, like peas, string beans and spinach, with very little salt, are also desirable. Broiled meat in moderation, once daily, and baked apples and stewed fruits, with a soft-boiled or soft-poached egg now and then. A fair amount of cereals for breakfast, and toast or stale bread complete the dietary for the average patient.

Cold baths, with thorough rubbing, the first thing in the morning have a wonderful tonic effect, and are also of great advantage in encouraging the proper action of the perspiratory glands. Aside from the specific drug, which is the bromides, there is nothing that tends more to keep the stomach, liver and kidneys in good condition than phosphate of sodium taken in teaspoonful doses—one teaspoonful in a cup of hot water, one hour before breakfast.—*Medical Sentinel.*

ABSTRACTS FROM BOOKS AND JOURNALS.

ESSENTIALS TO THE ACCEPTATION OF HOMŒOPATHY.—It is not the want of explanations that keeps students from taking up homœopathy; sweet reasonableness has never been the distinguishing feature of the medical profession. The half-heartedness of professing homœopaths has had a far greater share in retarding progress than anything in homœopathy itself. When the materials of homœopathy have been put into such get-at-able shape that the medical man of average intelligence can make practical use of them, the failure of chemistry and other sciences to account satisfactorily for homœopathic cures will form no bar to its general acceptance. The principal thing that homœopaths need trouble about is —perfecting the practicability of their instruments and methods: apologies for the want of satisfactory explanations are entirely gratuitous and out of place.—*Homœopathic World (London)*.

PROPHYLAXIS IN THREATENED APPENDICITIS.—Diet is of great importance. At first it should consist of nothing more than strained soups, consomme, or bouillon. If milk is given it should be first peptonized. Later, food that digests readily in the stomach may be given. All articles of diet that tend to increase fermentation should be avoided.

Pain should be relieved by the application of ice poultices or the hot water bag, as may prove to be the most agreeable to the patient. In no event should opium or its derivatives be employed until other means have failed to afford relief. The bowels should be kept free from gas by the use of enemata, or if need be laxatives, such as castor oil. Magnesia or cascara may be used. An occasional laxative dose of calomel will do no harm.—*American Practitioner and News*.

PERSONAL AND GENERAL ITEMS.

PROF. CHARLES M. THOMAS has been unanimously elected Dean of Hahnemann Medical College of Philadelphia.

DR. THOMAS E. CHANDLER has removed to 685 Boylston Street, Boston. Office hours 4 to 5 P.M., and by appointment. Telephone, 418 Back Bay.

AT the Christian Science convention held in Boston in June, it was reported that the annual death rate of members was 4.48 per thousand.

THE gift of \$285,000 to Harvard Medical School was announced by President Eliot at the Commencement dinner June 24.

POSTMASTER-GENERAL PAYNE issued an order July 1, abolishing the position of physician in postoffices at the close of business June 30, 1903. Among the salaries which the government has been paying are such desirable amounts as in Boston, \$1,200 a year; New York, \$1,800; Chicago, \$1,600. Philadelphia, \$1,500 and Washington, \$1,700.

THERE has been a steady decrease in the death rate of the city of Manila as a result of the operations of the medical officers of the army. The death rate of Manila for the first quarter in each of the past four years has decreased steadily from 46.80 per thousand of the population for the first quarter of 1900 to 22.17 for the first quarter of 1903, and now compares not unfavorably with San Francisco, Boston and New York, Glasgow, Paris, Vienna and Havana.

THE bacteriologist of the local board of health, of Newark, N. J., has announced the discovery of tetanus germs in blank cartridges. Heretofore it was generally believed that the many cases of lockjaw following July 4 accidents were due to dirt on the hands of the victims at the time they received their wounds. It was not suspected that the fatal

germs were in the cartridges. Several different makes were used in the tests.

THE first of the series of experiments to test the effect of preservative chemicals used upon foods, which the Secretary of Agriculture was authorized to conduct by act of Congress were concluded June 30. The experiments began last December and have proceeded continuously ever since under the personal direction of Dr. Wiley, chief of the chemical bureau. The preservatives used thus far are borax and boracic acid and it is the intention to continue the investigation after a rest of three months.

AT adult ages it is the Irish who, next to the colored races, have the highest death rate. Take the age period of 34 to 44, and we find that against 7.5 among the United States whites, it was 15.0—that is, more than twice as great—among the Irish, and 21.0, or nearly three times as great, among the colored population. While in regard to consumption the Irish death-rate at certain ages treads closely on the heels of excessive mortality of the colored races. The observed difference in the death-rate is probably less the result of type than of social and economic conditions.

A SPECIAL report to the daily press under date of July 3, comes from Vienna that medical circles there are greatly interested in a report, communicated to the Viennese Society of Physicians, and read at a recent meeting of the Imperial Academy of Science to the effect that a long-standing case of cancer was cured by radium rays at the clinic of the late Prof. Gussenbauer.

The patient, who was 61 years of age, had long suffered from cancer of the palate and lip and had repeatedly been operated upon fruitlessly until the autumn of 1902, when the physicians of the Viennese hospital declared it was absolutely useless to operate again. One physician determined as a last resort to try radium rays, and treated the afflicted parts by exposing them to the light of radium bromide,

the strongest radium preparation in existence. He was rewarded by a gradual and complete disappearance of the growths. Physicians at the same meeting reported that radium rays had cured a case of melanosarcoma, and several cases of red mole.

AFTER July 4, 1903, the following changes in the requirements for a New Jersey license will go into effect: 1. The date of examination will be the third Tuesday and Wednesday in June and October. 2. The academic requirements will be a certificate or diploma, issued after four years of study, either in a normal manual training or high school of the first grade, in this State, or in a legally constituted academy, seminary, or institute of equal grade, or a student's certificate of examination for admission to the freshman class of a reputable literary college, or an academic education considered and accepted by the State Superintendent of Public Instruction as fully equivalent. 3. The medical requirements will be four full school years of medical study, of at least nine months each, including four satisfactory courses of lectures of at least seven months each, in four different calendar years, in a legally incorporated medical college or colleges, prior to receiving the degree of Doctor of Medicine. Candidates for examination or for the endorsement of a license issued by a recognized Examining Board of another State, will be obliged, after July 4, 1903, to comply with the new standard of requirements for a New Jersey license.

AT the annual meeting of the British Homœopathic Association, held in London, June 10, it was voted to enlarge the Twentieth Century Fund, for the extension and development of homœopathy in Great Britain, from \$50,000 to \$250,000, nine-tenths of the amount originally asked for having been secured. The active work of raising this fund has been prosecuted but little more than a year, and the result is highly creditable to the Society and its supporters.

THE NEW ENGLAND MEDICAL GAZETTE

No. 9.

SEPTEMBER, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

HYDROTHERAPY IN TYPHOID.

BY HENRY EDWIN SPALDING, M.D., BOSTON, MASS.

[Read before the Boston Homœopathic Medical Society.]

There was a time in the memory of our fathers, and, indeed, of some of our more aged associates, when the use of water sufficient to relieve thirst and for bathing was absolutely prohibited. I remember as a child listening to the story of a person ill with fever being killed by the injudicious housewife washing the floor of an adjoining room. This has all changed. Now water is poured into the stomach; injected into the bowels, into the veins and into the subcutaneous tissues; and the skin is soaked in it by means of baths, packs and plunges. Reason and experience tell us that in water we have a powerful remedial agent.

While all agree in advocating the free use of water, it is to be expected that there will be a diversity of opinion as to what methods of using will give the best results. As a drink, no one questions its value. Some, however, advise its use as freely as the patient desires to satisfy thirst, while others would have the patient drink not only what he wants, but all he can.

The fluids of the body are rapidly consumed by the intense fever. To maintain their normal proportion, as is desirable, demands that water be ingested as freely as possible. Metabolism is extremely active, and its products in waste matters should be promptly eliminated from the system, because their accumulative retention constitutes one of the chief dangers of typhoid.

Flushing the system with fluids which are thrown off by the emunctories, chief of which are the skin and kidneys, is the only effective manner in which these dead matters can be carried away. Water acts as an antipyretic when used in this way. Lowering the temperature is most satisfactorily accomplished by free perspiration,—heat and moisture being eliminated together,—and perspiration is dependent upon the supply of fluids to the circulation.

To accomplish these three objects, maintain as nearly as possible the normal per cent. of fluids in the body, flush the tissues and wash away effete and toxic matters, and reduce the temperature,—water needs to be given in large quantities, at frequent intervals, and cool, but not ice cold. If the patient tires of plain cold water it may be acidulated with lemon or orange juice, flavored with grape juice, red wine or tea. Some of the charged waters may be agreeable. Rectal irrigation has proved beneficial. A simple normal saline solution is generally used. If the bowels are much distended by gas it may be given quite warm, 110° to 115°, at first, and gradually reduced to a temperature of between 90° and 100°. The temperature should, however, be determined for each individual case by experimentation. Irrigation is best given with the patient on his left side, hips slightly elevated, and a Kelley pad or rubber sheet so arranged as to carry the escaping fluid into a jar beside the bed. A long, flexible rubber tube, or large catheter, is sometimes used, but quite as good results can be obtained by a rectal irrigator, six or eight inches long, having a return tube that will allow the water to flow in and out freely. By occasionally checking the escape of

the fluid, the water will find its way well up into the colon.

This irrigation can in most cases be continued fifteen or twenty minutes, and repeated two or three times daily. It tends to allay tenesmus in diarrhœa; arouses peristalsis and promotes defecation when the bowels are torpid; and doubtless washes away morbid matters that, allowed to remain, might be absorbed and thus add more poison to overwhelm the system. Its antipyretic effect is doubtless considerable, and it also acts as a stimulant to the vital forces. Probably its chief benefit is derived from what is absorbed as water. The irrigator must be introduced with care, lest a mechanical irritation be set up in the rectum, and the force of the flow kept moderate, lest hemorrhage be precipitated. Hemorrhage being present contraindicates its use. Interstitial injection of saline solution, alone or incorporated with some indicated remedy or stimulant, has been resorted to in desperate cases with good results. In cases of hemorrhage it is most valuable, and it is also beneficial when vitality is rapidly sinking from systemic poisoning.

Bathing as an antipyretic is so generally used as to place its value beyond question, but the kind of bath used varies according to the ideas and experience of the physicians. Statistics have been appealed to as proof that one or another form of bath gives the best results. It is an old saying that "figures do not lie," and another that "you can prove anything by figures." In this instance figures may be very misleading. In comparing the statistics of to-day with those of ten or more years ago, we must remember that, with our present more precise methods of diagnosis, many very light cases of typhoid are classed as such, whereas formerly their real character was not discovered, and they were classed as "general debility," slow fever, etc. This same consideration applies to-day when comparing hospital cases, where laboratory aids for diagnosis are in use, with domiciliary practice, where these aids are not available, or are neglected. In one instance all cases, from the slightly sick to the severe, are

properly included, while in the other many of the light cases are omitted in making up the lists from which statistics are compiled, of course to the disadvantage of the latter. This explains in part why hospital reports may give a mortality of only 7 per cent, while the mortality, as taken from the Board of Health reports, of the community at large is twice that.

The mortality varies at different times in hospitals, with no variation in the general treatment. In the German Hospital, of Philadelphia, in one series of forty cases there were no deaths while in another series of twenty-seven cases, under the same management, the mortality was 18.4 per cent. Again, hospitals differ in the classification of cases from which mortality statistics are computed, for the purpose of illustrating the efficacy of the treatment used. Some include all cases, without regard to their condition when entered for treatment, while others, like Dr. W. H. Thomson of the Roosevelt Hospital, New York, exclude all cases dying within four days after admission. Those of us who have hospital service appreciate the fairness of this discrimination, for not infrequently cases are brought to the hospital when in an absolutely hopeless, and even moribund, condition. Others apparently exclude from their lists of deaths from typhoid those dying with complications like pneumonia, acute nephritis, phlebitis, cardiac failure, cerebral hemorrhage, or embolism, etc. If all would be governed by the same rules for recording cases, comparative statistics would be more valuable.

In 1899 Dr. R. H. Fitz analyzed the record of cases admitted to the Massachusetts General Hospital during the seventy-eight previous years. He found that the mortality during all this time had been pretty nearly uniform, ranging in the various years from 13 to 16 per cent. The surprise here is that, favored by the present means for accurately diagnosing light cases, modern and supposed better methods of treatment give little better results than were obtained a

half century, or more, ago. Let me say in passing that when these statistics were compiled the Brand cold bath was, if I am correctly informed, the routine treatment in this hospital. In comparison with this 13 to 16 per cent. mortality, the very low mortality of 3.5 per cent. reported by Brand and a few others, and 1.91 per cent. reported by Dr. Woodbridge in favor of his special treatment, seem irreconcilable. Most hospitals where the Brand baths are used give a mortality of about 7 per cent. We must recognize from this that while comparative statistics are valuable, and cannot be ignored, they indicate only approximately the real facts.

The various methods in vogue for using water on the surface of the body are:

Tubbing, or full bath.	Ice pack.
Continuous bath.	Sprinkling.
Wet pack.	Ice rub.
Sheet bath.	Sponging.
Towel bath.	Ice bag, or cold-water coil.

The surface application of water affects not only the temperature, but also the circulation, the nervous system and metabolism. Too often, it seems to me, an effort is made to lower the temperature, as registered by the thermometer, regardless of other conditions involved. High temperature in itself is simply an indication of what is going on in the system,—of the rapidity of metabolic action and the amount of toxemia. As these are increased or lessened, the temperature varies. Chilling the tissues may retard metabolic action through checking capillary circulation, but it probably does not materially affect the generation of toxins, and the question naturally arises if rapid metabolism does not favor elimination of toxic matters.

With this glance at the effects of baths, let me briefly consider the various methods of using them.

The Brand baths, or some modification of them, are now in popular use. Brand's directions for administering the

bath are as follows: Immediately before the bath give a glass of red wine or other stimulant. When the rectal temperature is 102.2° , or more, the baths should be given every three hours, night and day, without regard to sleep. Water as cold as 60° should be applied to the head and face before and during the bath. The water should be sufficient to cover the body to the shoulders, and the temperature 68° , which may subsequently be reduced to 59° . The extremities and body, excepting the abdomen, must be briskly rubbed by the attendants during the entire bath, the duration of which may be from ten to twenty minutes. The severe shivering and chattering of teeth need not be heeded, nor even marked cyanosis of the extremities; but when the face becomes cyanotic, especially a pinched and purple look of the nose, the patient must be taken from the bath at once. Ordinarily the bath will continue until there is a second attack of shivering. There will have been provided two hot blankets, a warm sheet and three hot-water bags. One blanket and the warm sheet will be spread upon the bed, and the patient placed upon them. The sheet will be wrapped snugly around him, and friction applied until he is dry, when the sheet will be slipped from under him, a hot-water bottle placed at each hip and his feet, and the top blanket placed snugly around him. An ice cap will be kept on his head. Shivering seldom lasts more than twenty minutes after being taken from the bath.

Baths given in this way do not suggest the patient's comfort. In fact, such a bath is often a continual terror to the fever-heated and semi-delirious patient. So objectionable is it to him, that it is often only after a struggle that he is overpowered and put into the bath by his nurses. Dr. Osler, a strong advocate of the treatment, says: "At least nine out of ten of our patients have complained bitterly of it. So harsh does it seem, that I would not suffer it in my wards for a day, did I not feel sure that under its systematic employment the death-rate in the disease was definitely lowered."

While an advocate of the baths, he uses them in a modified form in individual cases. Sometimes he uses tepid baths, and sometimes abandons the tubbing altogether and uses cold sponge baths. Dr. Hare of the Brisbane Hospital, Australia, is a radical believer in the Brand bath, but, as has been pertinently suggested, the climate of Brisbane is so warm during the typhoid-fever season that it is only with a liberal use of ice that the baths can be kept below 70°; and they were for this reason ordinarily used at 75° or 80°, which is a modification of the Brand bath.

J. Eichberg uses no cold baths, and calls the Brand method "cruel, barbarous and dangerous." He uses acetanilide when the temperature reaches 103°, and with this dangerous heart depressant reports a mortality of only 6.6 per cent.

There are serious objections to the Brand bath besides its being disagreeable to the patient. The sudden immersion of the overheated body causes an immediate contraction of the surface capillaries, thus forcing the flow of blood back upon the internal organs, in some instances resulting in fatal collapse from overburdening a weak heart, or from pressure upon the nerve centres. If the result is not fatal this strain upon the heart sometimes converts a weak heart into a dilated heart, with valvular lesions. The patient does not die of typhoid, but lives an invalid. The advocates of Brand baths acknowledge that hemorrhage, perforation, relapses, and albuminuria and nephritis are more common than with other treatments. Convalescence is apparently more tedious. While there is unquestionably an immediate marked reduction of temperature, it is little, if any, more marked than can be obtained from more agreeable methods, like the tepid bath, the wet sheet or sponging.

As compared with this, the tepid, tub or sponge baths are decidedly more soothing and agreeable to the patient, and the reaction being less, the lowered temperature is more likely to be maintained. There is practically no danger whatever in giving them. The fact is, while many using the tub bath

speak of it as the Brand method, they are really using tepid baths, and in a good percentage of cases abandon the tub entirely, using in its place the wet sheet, sprinkling or sponging. The Brand baths are contraindicated for children and aged people.

My personal experience has been limited to the use of the wet sheet, the cold pack and sponging. Some twenty-five years ago I experimented somewhat with the cold pack and wet sheet. They were not well adapted to domestic practice with unskilled nursing, and I found satisfactory results from frequent sponging with warm water, not wiping the bathed surface, but allowing it to dry by evaporation. The face should be bathed first, then the extremities, and finally the body. This process may be repeated two or three times during the twenty minutes allowed for the bath. At the end of one, two or three hours, according to the case, the bath is repeated. At the commencement of the bath the water should be no cooler than the temperature of the patient. At all events, it should not be so cold as to be disagreeable to him. As the bath progresses the water becomes cooler, and in some instances I order it cooled by the gradual addition of ice water, so that at the end of the bath the temperature of the water will be 80° to 90°. The patient enjoys the bath, is soothed and refreshed by it. There is no reaction, and a gain in temperature is ordinarily maintained.

I have no long list of cases from which conclusions as to the efficacy of the treatment can be shown. I may, however, properly say here that during my last term of service in the Massachusetts Homœopathic Hospital, which was from October 1, 1902, to January 1, 1903, I had thirty-three cases. While some entered the hospital in an advanced and extremely critical condition, none were moribund. Some came with severe complications, and during the service we met all of the various complications usually looked for in this disease, and at least an average number of desperate cases. Of these thirty-three cases, none died, and so far as I know

all had a speedy and satisfactory convalescence. In addition to the warm sun baths, I used cold compresses on the abdomen, and also on the chest for complicating pneumonia; icebags outside the abdominal compress for tympanites or hemorrhage, and on the head when cerebral symptoms were marked. This number of cases is too small to base much of argument upon, and of course I have not been so fortunate as to have never lost a case of typhoid.

By the continuous bath the patient is kept immersed in tepid water night and day. Although good statistical results are reported, it has never been extensively adopted.

The wet pack has been and still is used a great deal. The patient is wrapped in a cold wet sheet and dry blankets. He should remain in this until there is free perspiration. Ice bags or cold cloths should be kept on the head, and draughts of cold water given frequently. When taken from the bath he is put between warm sheets and allowed to dry off gradually. The mistake is often made of keeping the patient in the pack too long. The time should seldom exceed an hour, and the pack be repeated only once or twice in twenty-four hours.

The sheet bath—the patient being wrapped in a wet sheet without other covering, and the sheet kept wet during the bath—has its advocates and advantages. Here, as in all other baths, cold applications must be kept on the head. Some resort to fanning or a current of air to hasten evaporation. This I believe to be dangerous and absolutely useless. The antipyretic effect is obtained through the abstraction of heat from the body in drying the sheet. There certainly can be no advantage to the patient in having the drying done by outside means. The towel differs from the sheet bath only in being applied to parts instead of the entire body.

The ice pack is a chilling process. The patient is placed upon a rubber sheet, so arranged as to allow the water to flow from the bed, and ice, uncovered or wrapped in one thickness of cloth, is placed around and upon the body. Without

doubt it cools the patient, but it must be at fearful expense of vitality, and the reaction must be severe. The ice rub is simply using a cake of ice wrapped in a towel instead of a sponge, as in giving a sponge bath.

The sprinkling, sometimes called "slush bath," is administered by having the patient placed in a rubber bed-bathtub, which can be extemporized with a rubber sheet and some slats or cords for holding it up at the sides, head and foot, and a shower bath administered by having water poured over the body from a watering-pot or other sprinkler.

Sponging I have already referred to in speaking of my favorite bath in typhoid. It is best applied with a large, soft sponge. Instead of warm water, as I use it, some use cold, even ice, water. I believe, from my own experience and from the published experience of others, that no baths give better results than the tepid, or warm sponge; and it has the further advantage of being agreeable to the patient, acceptable to the friends, and easily administered.

TUBERCULAR ADENITIS.

BY CARL CRISAND, M.D., WORCESTER, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

The subject of enlarged glands in early infancy, childhood and adolescence is of exceeding interest to the general practitioner, while their frequency and obstinacy to treatment are equally perplexing. Many a man and woman is marked for life by the ugly scars of glands which suppurated and contracted all the surrounding tissues, or scars left by extensive adenectomies.

In view of the fact that the lymphatics constitute the sewerage system of our complex inner economy (they are the filter-beds), it is simply wonderful that not more children suffer from enlarged glands. Surely there must be an all-wise Providence watching over them; call the manifestation of this protecting power phagocytosis, if you will.

The three great channels through which infection is carried to the lymphatic glands are: the respiratory tract, the alimentary canal, and the blood current.

It is interesting to note that the glands most commonly affected are those about the neck, throat and upper air-passages. Does not this prove that the most common channel for the invading infection is through the mouth or nose, and that the tonsils, with their gaping crypts and adenoids in the nasopharynx, are capital points of entrance?

The nasopharyngeal and oral cavities are undoubtedly responsible for the majority of cases of tubercular adenitis.

Decayed teeth are another fertile source of infection. Consumptives rarely have good sound teeth. Waugh says that never once in thirty years' practice has he seen a case of cervical adenitis in a person with sound teeth. (Waugh, "Diseases of the Respiratory Organs," page 214).

The futility of trying to cure enlarged glands, either by medication or operation, without first cleaning out the Augean stables in the mouth and pharynx, must be apparent.

From the tonsils, pharyngeal, buccal, sublingual, and many other glands in and about the mouth, to the cervical, parotid and submaxillary glands is but a short distance, and finding in them the "*locus minoris resistentiæ*," the bacilli locate, develop and produce their destructive work.

In the January, 1903, issue of the *Journal of Tuberculosis* is a most excellent article on "Tuberculosis of the Cervical Lymph Glands," by Dr. Daniel Eisendrath of Chicago.

He makes the statement that "over 90 per cent. of the chronic enlargements of the cervical lymph glands are due to tuberculosis; the remainder to carcinoma (secondary), to Hodgkin's disease, and to lymphatic leucemia. Hence the importance of a microscopic examination of the blood, to exclude Hodgkin's disease and leucemia."

In Hodgkin's disease, glands in other parts of the body, especially the axillary glands, may be enlarged before those in the neck. "Above the age of thirty a chronic enlargement

of the cervical glands may be secondary to an epithelioma of the lips, mouth or pharynx" (Eisendrath). Tertiary syphilis must not be forgotten in this connection.

The glands next in frequency to be infected are the bronchial and mediastinal. I recently treated a case of mediastinal abscess in a baby three months old, which, in all probability, developed in one of the bronchial glands, or, possibly, in the thymus gland lying behind the sternum, through which it broke and formed a sinus. This sinus was about $1\frac{1}{4}$ inches deep antero-posteriorly, and led upward and a little to the left of the median line about $1\frac{1}{2}$ inches. About $\frac{3}{4}$ of an inch of the sternum around the opening of the sinus was cut away, the pyogenic membrane removed by curettage, and the cavity packed daily with gauze saturated with campho-phenique, full strength. The wound has healed perfectly; and the child is well.

"Thyroid tuberculosis occurs in ordinary phthisis, and still more frequently in general miliary tuberculosis; in both cases infection occurs by the blood route." (*Journal of Tuberculosis*, Vol. II., p. 423).

If the tubercle bacilli fail to enter the lymphatics through the tonsils and adjacent glands, they may continue their downward course until they follow either the larynx, trachea and bronchi, and there infect the bronchial glands, or they may pass into the esophagus, through the stomach and intestines, and infect the mesenteric glands, producing tabes mesenterica, a common condition in children, or tubercular peritonitis may be the result of the invasion.

Tyson, in his "Practice of Medicine," p. 251, says that, "While tuberculous glands of the neck, and even of the axilla, tend to suppurate, the retroperitoneal and mesenteric glands more frequently caseate without suppuration; and especially characteristic is a tendency in the latter to calcify, furnishing a mode of healing of tuberculosis. The bronchial glands are also less prone to suppurate, but caseate and, at times, liquify. The easier accessibility of the external glands to

the pyogenic organisms may explain the greater frequency of suppuration in them."

At an autopsy, conducted by Dr. Fuller at the Westboro Insane Hospital, last summer, on a man who died at the ripe age of seventy-five years, we found a perfectly encapsulated, calcified nodule in the mediastinum, which, no doubt, was a healed tubercle and rendered inert by the protecting covering of fibrous tissue around it. There were no signs of tubercular lesions in the lungs or other thoracic contents.

Here was an instance where the invasion and tubercular process was confined to a single gland; and through the kind intervention of nature the progress of the disease was arrested, and the patient may never have known of its presence.

Quite frequently we find glands close to each other in various stages of degeneration. Only recently, operating on a child eighteen months old, whose cervical glands had been enlarged for six months, we found the most superficial gland completely liquified within its capsule, and the one underneath it cheesy and also encapsulated.

Though the thorough study of the pathology of this, or any other disease, is exceedingly important and intensely interesting, the patient asks us, "What can you do for me?" And to answer this burning question we must again make our sincere acknowledgments to the illustrious Koch for the discovery of the tubercle bacillus, the identity of the processes existing in the formerly called "scrofulous" glands, and the now well-known tuberculous changes in the glands. Not that we have discovered the bactericide which will destroy the tubercle bacillus in the body, but we know more about the tactics of our much-dreaded foe, and therefore can thwart many of his manoeuvres. We can, in many instances, cut off his avenues of ingress to our citadel of life; can take away and destroy his favored entrenchments; surround ourselves with the strong bulwarks of hygienic environments; a plenty of plain nutritious food, proper gymnastics, baths, etc., and then, with a few well-selected remedies, aid Dame Nature to

rid herself of the shackles which menace her fight for the supremacy over the relentless enemy.

Among the remedies most efficient in the treatment of enlarged glands, iodium, in one form or another, shines out most brilliantly above all others. Calcareâ and sulphur, bacillinum 30, phytolacca, belladonna and thuja, sometimes aided by the local application of antiphlogistine, ung. Credé, or phytolacca cerate, will do much towards the alleviation and cure of this troublesome condition.

When all these have been faithfully tried without avail, the surgeon's dexterous hand must be called to the rescue.

LETTERS FROM EUROPE.

BY HORACE PACKARD, M.D., BOSTON, MASS.

COPENHAGEN, June 30, 1903.

EDITOR OF THE GAZETTE:

The influence of climatic conditions upon the life and habits of people is always an attractive study. Here in this northern latitude, and old civilization, the worktime and the playtime are largely determined by the hours of daylight. The day at this time in the year begins at one o'clock in the morning, and ends at eleven at night. The city is astir in what to us would be the small hours of the morning, and in the lingering twilight of the night thousands find recreation in the gardens and parks until the advent of a new day.

In a well-ordered garden of several acres, in the midst of the city, there is a nightly gathering of, I should judge, ten thousand people, and on Sundays and holidays treble that number. In one of the many attractive buildings scattered about the grounds there is an auditorium accommodating three thousand people. Here are given nightly, to crowded audiences, concerts of high-grade music by an admirable orchestra of fifty musicians.

In other buildings, scattered about the grounds, are provided different forms of amusements to meet all tastes, such as operettas, vaudeville, pantomime, music by a fine military band, etc. To all this a general admission fee of fifty ora, or about fourteen cents, is charged. Many restaurants and cafés provide food as well as music and beer. All this, and not an instance of rude behavior or drunkenness. I must believe that the military system and discipline have much to do with the commendable way in which the common people hold themselves in restraint. Every youth, in his three years of army discipline, learns lessons in promptness, obedience, propriety of conduct, neatness of person and clothing, restraint of appetite, etc., which are lifelong in their effects.

Medically, the feature of greatest interest here is Finsen, and the Institute which he has been instrumental in establishing for the treatment of lupus. Dr. Niels R. Finsen began experimenting ten years ago, in what is now known as the light treatment of lupus. His first attempts were made with the sun's rays, condensed by passing them through a plano-convex water lense containing a solution of permanganate of potash. These experiments established the success of the treatment. The short winter days in this high latitude—only about six hours—led him to try the electric light. This he now uses altogether, it having entirely supplanted direct sunlight, because it is more manageable and equally efficacious. An arc light of great intensity is employed, the rays from which are passed through a series of plano-convex lenses, with an intervening bath of distilled water. The heat rays are thus filtered out, and the chemical rays only reach the patient. The success of this treatment has been phenomenal in what was before considered a hopeless disease.

My visits to the Finsen Institute have been not only interesting, but also inspiring. Dr. Finsen himself is rarely seen by visitors, for his health is so delicate that he cannot personally attend upon the patients; but his genius is felt throughout

the institution. He spends about an hour each day in his laboratory directing experiments which he is still conducting along similar lines. At present he is trying to determine what influence, if any, the yellow light rays exert upon living tissues. It is pathetic to view the embarrassments under which this man of genius is laboring to benefit the human race. If thus handicapped he has bestowed in a brief decade such a priceless boon upon the human race, what might he have accomplished if he had possessed average strength and endurance?

A surprising fact came to my knowledge; viz., that, notwithstanding the world-wide reputation which this beneficent discovery has given him, and the great numbers of patients who come to him from nearly all over the world, he benefits financially very slightly therefrom. As director of the Institute, he receives a paltry salary from the government of three to four thousand dollars a year. He and his family live in a very unpretentious way in the upstairs portion of the building which is used as his laboratory.

The Institute building is a plain, square, one-story structure of brick and cement, adapted only to ambulatory treatment of patients. On my first visit the noticeable number of persons whom I met or passed with patches and dressings about the face, gave eloquent evidence of my proximity to the Institute, and its popularity among lupus patients. My wonder was great to see so many persons suffering from this disease, for the impression has always been that it is a rare malady. In a surgical career of twenty years I cannot now recall more than ten cases which have come to my knowledge; yet here were hundreds clammering for the relief offered by the Finsen ray.

In response to my query, "Where do so many patients come from?" the answer was, "From everywhere." This I could readily believe, for the second case to which the assistant director drew my attention was from Brooklyn, N. Y. The greatest number, by far, come from the Scandi-

navian countries, as might well be the case, because of their proximity. The impression seems to prevail that lupus is more prevalent in these northern countries of Europe than elsewhere. If this be true, there must of necessity be a cause for it. May it be that the long winter months, when the sun shines a few hours each day, and even then with but moderate intensity, favor the development of this disease? Its subsidence under the influence of strong light suggests this theory.

Another fact favoring the spread of the disease is found in the domestic habits of the peasants, who eat from the same utensils, sleep in poorly ventilated hovels, and ignore the commonest observances of cleanliness.

The details of the application of the treatment I need not dwell upon, since they and the apparatus have been fully exploited in the daily press. I will only say that the room where the applications are made presents an impressive scene. Hardly a sound is heard as the work goes quietly on. The powerful arc lights are shaded so that the rays fall on the circumscribed area required. A nurse stands beside each table, her own eyes shielded by colored glasses. The condenser is adjusted until a disk of light falls upon the diseased part. For an hour and ten minutes the silent work goes on for each patient.

I left the Finsen Institute with profound respect for this modest, humble man, who labors under such discouraging conditions of health, happy in the consciousness that he has accomplished something of real value to his fellow-men.

I am closing the writing of this letter at 10.30 in the evening by the twilight, which ends only at dawn.

HORACE PACKARD.

EDITORIALLY SPEAKING.

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

WRITING FOR PUBLICATION.

Such a topic as the above is naturally one we should hardly venture to choose without some better reason than that of personal preference. Indeed, were we to consult our own wishes, we should hesitate long before offering comment or advice upon such a subject. But from time to time we have been asked to make suggestions as to the best manner of preparing papers to be read before societies,—papers which, ultimately, were to appear in printed transactions or medical journals.

Such advice as the tyro receives during his early struggles with pen and ink is hardly what is needed by the ordinarily well-educated professional man. The latter is not apt to cover both sides of a sheet of paper with hieroglyphics, whatever he may do with one, nor is he in the habit of rushing into print without something to say worth saying. We will not go so far as to assert that the average professional man is unwilling to see his contributions to medical progress in type, but we do think he is rarely unduly anxious to obtain such recognition. In the majority of instances, what physicians can write is so well worth putting on paper, that the only point to be considered seriously, after persuading them to do so, is how they shall express themselves most accurately and forcefully.

Observation has convinced us that a paper on a medical topic should be even more carefully planned than one on, say, some literary subject. Discursiveness is not permissible; fine writing, so called, is not desirable. A definite aim, adherence to the point, a clear statement of facts, or an equally

clear justification of theories, if such are advanced, are essentials.

Clearness, indeed, is a *sine qua non*. The man who writes a paper whose ultimate destination may be the printed page, should ever strive to make himself perfectly intelligible, and to say exactly what he means. He may read his offering before some society. If any of his statements are ambiguous, misleading, incomplete or contradictory, he may, during the subsequent discussion, explain his meaning or supplement what he has already said; but when his article appears in print, it must be its own commentary and wholly self-explanatory. For this reason a man should write with the greatest simplicity and directness of which he is capable, expressing the whole of his thought, and in the fewest and strongest words at his command.

We say the "fewest" words, because their unnecessary multiplication is provocative of confusion,—just as the needless repetition of a thought or fact once stated weakens its force, or interferes with the logical development of what the writer wishes to convey in its entirety.

On the other hand, it should be remembered that terseness is wholly compatible with the introduction of all relevant details, and that it is a most unfortunate error in preparing a paper on a scientific subject to omit the least link in the chain of events. The value of the report of a case, or of the proving of some remedy, may be chiefly in the inclusion of the minutiae, by which alone helpful comparisons, differentiations or deductions may be made.

Again, in the choice of words or phrases it is well to exercise care and considerable discretion, remembering that "cold type" has a curious trick of making prominent all errors, inaptness of phrase, slovenly contractions, and of rendering especially conspicuous the out-of-place facetiousness which sometimes mars an otherwise admirable paper. We know that it is considered by a certain class of writers for medical publications, not inappropriate to present professional topics.

in humorous or would-be humorous guise. Without criticism of their personal viewpoint, we would emphatically deprecate the adoption of such a standard by medical journalists or independent contributors to our literature. That observant mental attitude of the reader, which scrutinizes and judges the personality of the writer, the man as an entity, is never more alert than when stimulated to such action by the presentation of scientific matter in the manner of the humorist or comedian. The reason for this is obvious. The questions of a man's breeding and scholarship, sense of appropriateness and good taste, and even, in not infrequent instances, the purity of his thought and the quality of his manliness, are all involved. And his equipment in these vital particulars is, at such times, made evident with so few reservations, that a man might well shrink from such unintentional and significant disclosures of his intimate self to his fellows.

As to clean, genuine humor we readily concede its place, not only in our professional lives, but also in our professional intercourse. In our daily meetings with each other, in our social gatherings and reunions, it promotes good-fellowship and strengthens all kindly and fraternal ties. We may unhesitatingly acknowledge its value, recognizing how truly it conduces to sanity and good will, and may show a discriminating appreciation all the greater, because we would limit its exhibition to times and places when and where its appropriateness is generally admitted.

The question of proofreading is one often disturbing to the minds of occasional writers. Not so, in most instances, to those of larger experience. The latter know that the leading medical journals almost invariably have on their staff some member fully competent to correct the already "corrected proof" furnished by the printer. The editor well versed in proofreading will detect, as a rule, such *errata* as will occasionally pass even the best lay proofreader.

Most of these errors are apt to be more annoying and laugh-

able than misleading. "Milinary tuberculosis," "legation of arteries," and an "unaccountable pulse," for instance, are eccentricities of the compositor calculated to deceive no one. On the other hand, "podice of palost," for "iodide of potash," is hardly sufficiently illuminating to the average mind.

Few of the important medical journals commonly furnish proofs of articles to contributors, nor is it necessary or desirable that they should. The delays would be out of proportion to the effective results secured. Those who write society papers which are to appear in transactions or journals should invariably revise them before they are sent to the printer. Corrections and changes after an article is in type are expensive and take valuable time. Slips of the pen and marked errors in construction or grammar are generally rectified by the editor as a matter of course, and it is no reflection on the writer that such errors should occasionally occur. The difficulties of both the compositor and the editor may be minimized by having articles typewritten, but the author should never neglect to read the typewritten copy.

Were it not for the fact that once in a very long time a wolf is discovered in sheep's clothing, we should deem it altogether unnecessary to refer to the ethics of contributing to medical journals.

Within a year a certain physician in Brooklyn, N. Y., sent out simultaneously to a large number of leading journals copies of an "original" paper, without advising any editor, so far as can be learned, that the contribution was being offered to more than one publication at the same time. The article was published in good faith as an exclusive communication by journals that have for years expressly stated that only exclusive contributions were acceptable. When the truth was learned, the author met with the universal contempt he so well deserved.

We realize how unnecessary the majority of the above suggestions must seem to veteran writers, but our excuses have been already offered.

One hint, relating to the sending of articles or to correspondence about them, we cannot feel, in view of some years of experience, to be wholly superfluous. The following anecdote will, perhaps, best convey our meaning, which, however, is not so all embracing as to include paper and envelope:

A friend wrote to Mark Twain asking his opinion on a certain matter and received no reply. He waited a few days and wrote again. His second letter was also ignored. Then he sent a third note, inclosing a sheet of paper and a two-cent stamp. By return post he received a postal card, on which was the following:

“Paper and stamp received. Please send envelope.”

CHOICE OF POTENCY.—If a drug seems well indicated and fails to do good, we should try a considerably higher potency; or if we began fairly high, possibly a much lower potency may do. Such I have seen to be the case, but do not venture an explanation of this apparent anomaly. I have seen rumex 3x greatly aggravate a cough, which the 30th and 200th markedly relieved. I have seen one case of bilious attacks helped much more by iris 2x than higher, and another aggravated by 2x and helped by 30. The only explanation I can see is the susceptibility of the patient. Can we discern this before prescribing? I would suggest in regard of this point, that the more clearly a drug is indicated the more susceptible a patient is to its action, and the higher it must be given. This can only be estimated by the symptoms; consequently, in prescribing for a pathological condition I should not go very high, unless symptoms corresponded as well.—*Dr. J. R. P. Lambert in the Journal of the British Homœopathic Society.*

BOOKS AND READING.

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

URIC ACID AS A FACTOR IN THE CAUSATION OF DISEASE. By Alexander Haig, M. A., M. D. Oxon., F. R. C. P., Physician to the Metropolitan Hospital, London, etc. Sixth edition. Illus. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 947. Price, \$3.50 *net*.

This complete and scientific exposition of the part played by uric acid in the causation of disease, needs no introduction or words of explanation. Even words of commendation are superfluous, no man conversant with medical researches made during the past ten years being unfamiliar with Dr. Haig's valuable contribution. Time has in large measure produced evidence confirmatory of his original claim that, to the introduction of an excess of uric acid into the system, joined with imperfect elimination, a considerable number of abnormal conditions may be traced.

In nearly a thousand pages of carefully written matter we receive much enlightenment on the pathology of high blood pressure, headache, epilepsy, nervousness, mental diseases, asthma, hay fever, paroxysmal hemoglobinuria, anemia, Bright's disease, diabetes, gout, rheumatism, bronchitis and other disorders, together with careful preliminary instruction on the formation and excretion of uric acid, and uric acid and metabolism.

Dr. Haig discards the theory of the formation of uric acid as a cause of disease, but in addition to his views already stated, holds that, with the exception of gout and rheumatism, all the diseases connected with uric acid are due to its effects (after introduction or retention in excessive quantities) on blood pressure and the interstitial circulation in the organs and tissues throughout the body.

This book ought to be owned by every reading physician, and no member of our profession can afford to be anything less than

a student of good medical literature. The price and the helpfulness of this work are manifestly disproportionate, for the former is noticeably small. We wish to add that Dr. Haig in no sense ignores causative factors other than uric acid, of the diseases to which he refers.

A TEXT-BOOK OF SURGERY: FOR STUDENTS AND PRACTITIONERS.

By George Emerson Brewer, A. M., M. D., Lecturer on Clinical Surgery at the College of Physicians and Surgeons, Columbia University, New York. Illus. New York and Philadelphia: Lea Brothers & Co. 1903. pp. 706. Price, cloth, \$4.00; leather, \$5.00 *net*.

We have many admirable large works on surgery, and two or three excellent manuals on minor surgery, with others on special departments of surgical work; but such a book as Dr. Brewer's is seldom seen, and then only in a first edition. The tendency is to take a good small manual and so elaborate it in subsequent editions as to make it quite different from its original form, serving additional or other purposes, and leaving vacant the place it held.

It remains to be seen whether Dr. Brewer's book will undergo this transformation. We hope not. As it stands it occupies a position between a sketchbook of surgery and a comprehensive treatise. It gives excellent instruction on preliminary features such as infection, immunity, inflammation, sepsis, with the acute and chronic infectious diseases, tumors, with their structural characteristics.

In fact, the first five chapters deal with surgical pathology, and are followed by shock and allied conditions; surgical technique; anesthesia. In some eight chapters Dr. Brewer describes injuries and diseases of different systems of the body, before discussing the ever important subject of diseases of the mammary gland, and proceeding to injuries and diseases of the abdominal organs, and the genito-urinary system, etc., in the male.

About one hundred and forty pages are given to injuries and diseases of the osseous system.

The chapter on hernia is plain, practical and well illustrated. A special chapter is assigned to amputations, and another to deformities and their correction. A full index completes this

work which will surely meet with approval. It is not too large for a handbook; it is practical; omissions have been made judiciously; it contains several hundred good engravings and half a dozen colored plates; the type is large and clear; the text is well arranged and freely paragraphed; the binding is strong, and pleasing to the eye.

DISEASES OF THE EAR: A TEXT-BOOK FOR PRACTITIONERS AND STUDENTS OF MEDICINE. By Edward Bradford Dench, Ph.B., M. D., Professor of Diseases of the Ear in the University and Bellevue Hospital Medical College, etc. Illus. Third edition, revised and enlarged. New York and London: D. Appleton & Co. 1903. pp. 718. Price, cloth, \$5.00 *net*.

The first 170 pages, preliminary to the body of Dr. Dench's contribution to the literature of the ear, give a detailed account of the anatomy and physiology of this important organ, and the measures to be adopted in compassing thorough physical and functional examinations. In the above connection the plates illustrating the distribution of the blood supply are worthy of special commendation. A painstaking description of the instrumental means employed in examining the ear, and their application, makes this part of the book a section for careful study.

The sub-topics treated of in the remaining sections will readily suggest themselves to the reader noting such leading sectional titles as "Diseases of the Conducting Apparatus," "Surgery of the Conducting Apparatus," "Surgical Treatment of Intracranial Complications of Aural Suppuration," "Complicating Aural Affections."

Among chapters of peculiar interest are those on middle ear diseases and operations, especially the latter. The technique of such major otological operations as the radical operation for the relief of chronic middle-ear suppuration, and those for the relief of sinus thrombosis and of brain abscess is clearly and fully given, with the inclusion of all minor points helpful to a complete understanding of each step to be taken.

The rational attitude, which recognizes the dependence of the integrity of individual organs upon the maintenance of a normal systemic condition, is very noticeable in Dr. Dench's

writings; and his repeated instructions on the obtaining a complete history of each case, and not a partial, localized account, will win the approval of the thoughtful.

His experience has been wide in his chosen field, and he is a recognized authority; his work is standard and endorsed by the leading specialists of both schools of practice, and used in the colleges of both as a reliable and practical treatise and text-book.

This last edition will, undoubtedly, only confirm previous favorable estimates.

GYNÆCOLOGY: A TEXT-BOOK FOR STUDENTS AND A GUIDE FOR PRACTITIONERS. By William R. Pryor, M. D., Professor of Gynæcology in the New York Polyclinic Medical School, etc. Illus. New York and London: D. Appleton & Co. 1903. pp. 380. Price, cloth, \$3.50 *net*.

A man less eminent in the profession than Dr. Pryor might well hesitate to offer a text-book on gynecology shorn of the classic pages on anatomy and bacteriology, and minus the extended references and comparisons of methods which almost invariably are found in treatises on this subject. But after a careful examination of Dr. Pryor's book we are rather inclined to believe that his work fills a need, the need for something devoted entirely and strictly to the diseases of women, exclusive of the many related subjects. Such a schema admits of a thorough presentation of necessary facts about the subjects chosen, and detailed accounts of methods of treatment. The latter, non-operative as well as operative, are given marked prominence. Dr. Pryor's extended experience has enabled him to serve as a trustworthy guide in the outlining of remedial measures.

The description of diseases occupies the first half of the book, while the latter half is devoted to operations. One hundred and sixty-three illustrations, the majority of them new and all of a high order, add much to the text. We think it high time that the old-fashioned and cumbersome diphthong should be omitted in such words as "gynæcology" and "hæmostasis," and are surprised to find them retained in a work so meritoriously written.

In the section on operative treatment the profession at large will undoubtedly look with special favor on the brief but enlightening chapter on "Conservative Operations on the Uterine Adnexa." We heartily commend this contribution to the literature of rational, conservative surgery, which has no tendency whatever to interfere with *necessary* radical operations.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. VOL. VII. PEDIATRICS. Edited by Isaac A. Abt, M. D., Assistant Professor of Medicine (Pediatrics Department) Rush Medical College. ORTHOPEDIC SURGERY. Edited by John Ridlon, A. M., M. D. June, 1903. Chicago: The Year Book Publishers. pp. 232. Price, \$1.25 *net*.

Without reflecting upon the excellence of other volumes of this series, the above seems to us one of the best edited. The offerings of competent writers during the past year have been rich and varied, and the selections made from them are well chosen, and not unduly abbreviated.

It is one of the commendable points about this particular set of summaries that the abstracts are not mere detached paragraphs, but condensed accounts of the whole of the writer's thoughts.

"Pediatrics" deals chiefly with the pathology and treatment of the more usual diseases of childhood, and gives the advances made in scientific feeding and preventive medicine.

THE LATIN GRAMMAR OF PHARMACY AND MEDICINE. By D. H. Robinson, Ph. D., with an introduction by L. E. Sayre, M. D. Fourth edition, with elaborate vocabularies, thoroughly revised by Hannah Oliver, A. M., Assistant Professor of Latin, School of Pharmacy, University of Kansas. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 277. Price, \$1.50 *net*.

The combined practicality and inexpensiveness of this textbook should make it acceptable to teachers and students. The latter cannot be considered properly prepared to pursue the study of medicine, unless they have some acquaintance with the Latin language.

Aside from the mere educative value of Latin, which is very

considerable, there is the prominent part it plays in the terminology of medical words, and its many contributions of names, phrases, etc., to pharmacy and medicine. Professor Robinson has carried out the plan indicated by the book's title, with excellent judgment. The large number of illustrative exercises, introduced from the very beginning, sustains interest and affords opportunity for the immediate application of the principles of grammar and construction.

There are translations of Latin prescriptions and formulæ, pertinent questions to be answered in Latin, reading lessons, chemical nomenclature, extended vocabularies, medical terms and derivations, instruction in prescription writing.

Dr. Oliver has thoroughly revised this latest edition, and given the work an extended trial in the classroom.

A MANUAL OF OBSTETRICS. By A. F.A. King, A. M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., etc. Ninth edition, revised and enlarged. Illus. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 622. Price, cloth, \$2.50 *net*.

In perusing the table of contents of this compact, duodecimo volume, the reader will have difficulty in calling to mind any subject properly belonging to the study of obstetrics, not here included. So very comprehensive is the scope of Professor King's manual, that a condensed and even cursory style of treating the less important topics is not only explicable, but also excusable. The systematic condensation of matter elaborated in larger works is even more noticeable. This has made possible the presentation of an almost innumerable number of facts in almost encyclopedic fashion, but with the important difference that their relation to each other is never ignored.

The arrangement of topics is, for the most part, that usually followed. The last chapter represents a welcome addition to obstetrical knowledge required by both students and practitioners, *viz.*, obstetric jurisprudence. No work on obstetrics should be considered complete without this information.

The illustrations do not add materially to the value of the

text. The remedies enumerated for the diseases of pregnancy and the puerperal state are the classic ones of the allopathic school; but the adjuvants suggested, and the hygienic measures recommended are of equal value to all skilful practitioners.

SURGICAL ASEPSIS, ESPECIALLY ADAPTED TO OPERATIONS IN THE HOME OF THE PATIENT. By Henry B. Palmer, M. D., Consulting Surgeon to the Central Maine Hospital. Illus. Philadelphia: F. A. Davis Company. 1903. pp. 231. Price, \$1.25 *net*.

At the present time, when an adjournment to a hospital is almost invariably advocated when an operation is deemed necessary, it is, perhaps, advisable that physicians should be reminded of how much may be accomplished in a patient's home, sometimes to the great advantage of a patient.

Dr. Palmer points out the non-interference with convalescence thus secured, and the quieter, pleasanter surroundings. At all events the general practitioner needs to know just how minor surgical cases can be conducted without removal to a hospital, and exactly how post-operative treatment at home can best be carried out. All this can be learned from "Surgical Asepsis," with its numerous chapters on the bacteria, infection, sterilization, accessories needed for operation, drainage of wounds, preparation of operator, nurse and patient, technique of various operations, after treatment, aseptic midwifery, etc.

It is a compact, well-written little book which will bear enlarging. There are ninety illustrations of the commercial variety, but showing the instruments and appliances needed.

A TREATISE ON THE CARE OF THE EXPECTANT MOTHER DURING PREGNANCY AND CHILDBIRTH, AND THE CARE OF THE CHILD FROM BIRTH UNTIL PUBERTY. By W. Lewis Howe, M. D. Philadelphia: F. A. Davis Company. 1903. pp. 61. Price, 50 cents *net*.

This is much too pretentious a title for the real scope of the book, but almost nothing it does contain is without value. Upon the period beyond early childhood it does not touch. One error is made in mentioning certain articles of diet as for-

bidden "before six years of age." Many of them should never be allowed a child at any age; such as pastry, fruit cake, tea, coffee, beer and wine.

A few pages under "Hints" contain sensible brief paragraphs on common deformities or diseases of childhood. Mouth breathing should have been included. Attention should always be directed to this habit, which is serious, and almost invariably traceable to a removable cause. The advice given the prospective mother is very good.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. VOL. VI. GENERAL MEDICINE. Edited by Frank Billings, M. S., M. D., and J. H. Salisbury, M. D., May, 1903. Chicago: The Year Book Publishers. pp. 316. Price, \$1.50 *net*.

This somewhat belated little volume is timely in one respect at least, in that it deals chiefly with gastric and intestinal diseases, disorders noticeably prevalent at this time of year.

Typhoid fever, malaria, dysentery and Asiatic cholera are among the subjects to which considerable space is assigned. The abstracts bearing on these and other topics are taken from articles which have recently appeared in such prominent medical publications as the *Lancet*, *British Medical Journal*, *American Journal of the Medical Sciences*, *Journal of the American Medical Association*, *Medical News*, *New York Medical Journal*, *Berliner klinische Wochenschrift*, *Lyon Medical*, etc.

Gastroptosis, dilatation of the stomach, dyspepsia so-called, gastric ulcer, and various diseases of the liver are brought to the attention of the reader by means of well-chosen summaries of recent methods of diagnosis and treatment.

The ten volumes of which this series consists costs \$7.50.

A CLASSIFIED INDEX OF THE HOMŒOPATHIC MATERIA MEDICA FOR UROGENITAL AND VENEREAL DISEASES. By Bukk G. Carleton, M. D., Professor of Genito-Urinary Surgery in the New York Homœopathic Medical College and Hospital, and Howard L. Coles, M.D. New York: Boericke & Runyon. 1903. pp. 160. Price, \$1.50.

Dr. Coles, some years ago, compiled this much needed index from the standard works of Hahnemann, Allen, Hale, Jahr.

Hering, Farrington, Cowperthwaite and many others, arranging the symptoms upon a somewhat new repertory plan. The helpfulness of this work in actual practice has been demonstrated by Dr. Carleton by a thorough trial, and by the verification of many symptomatic indications included in its pages.

The labors of the specialist or even the general practitioner in the field of urogenital and venereal diseases are almost limitless; and such a definite help as so complete an index must be to the selection of the indicated remedy, will be a blessing which is not likely to be underestimated.

The text has been set in large, clear type, and the binding is neat and serviceable.

THE MEDICAL EPITOME SERIES. *Medical Jurisprudence: A Manual for Students and Practitioners.* By Edward Welles Dwight, M.D., Instructor in Legal Medicine, Harvard University. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 249. Price, cloth, \$1.00 *net*.

Legal medicine is a fascinating subject, but one too often taught in the average medical school in a cursory manner. The importance of having a clear idea of medicine in its relation to law can hardly be over-estimated.

A physician who cannot find time for the study of a comprehensive work on medical jurisprudence will obtain large returns from reading this little epitome. It is more interesting than two-thirds of present day fiction, and contains the gist of the medico-legal facts about mortuary law, feigned diseases, signs of death, personal identity, causes of violent death, pregnancy, abortion, infanticide, inheritance, insanity, life insurance.

It is a good compend to buy for a student friend, but should be purchased in duplicate so that one copy may be retained.

THE SPECIALIST.

GENITO-URINARY DISEASES AND DERMATOLOGY.

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

ECZEMA OF THE NIPPLE.—When eczema of the nipple proves intractable to approved treatment, think of possible Paget's disease and remove a small portion of tissue for a careful microscopic examination.—*Exchange*.

ACNE VULGARIS.—Acne vulgaris in its severer forms is a profound disease. It is not a dangerous disease, but one which affects the whole system of young adults. Acne vulgaris must, therefore, be treated with respect, and it must be handled with care and attention to all details therapeutically.—*Medical Review of Reviews*.

GONORRHEA IN WOMEN.—In gonorrhoea of the urethra, to relieve the urine of its acidity drink large quantities of flax-seed tea or barley water.

In the acute stages we may use the same treatment as in vulvar gonorrhoea: the hot sitz-baths and intra-urethral injections of zinc-permanganate of potash 1-6000; or a two per cent. solution of protargol; some prefer a five to twenty per cent. solution argyrol and get equally as good results.

The diet should consist of bread, milk, fish, soft-boiled eggs, cooked vegetables; avoid all rich or highly seasoned foods; also avoid all alcoholic beverages; and give some of the indicated remedies like gelsemium in drop doses; cannabis sat., cantharis 2x, sepia 3x, and others.—*The American Physician*.

CRYOSCOPY.—(1) Cryoscopy cannot replace, but only supplement, the older qualitative tests and microscopic examination of urine. (2) It is probably the most delicate test we possess in detecting and estimating the effect of therapeutic measures directed toward cardiac and kidney lesions.

(3) It permits of reasonable accuracy in diagnosing renal insufficiency and the type of renal lesion present, though the examinations should be prolonged over a number of days. (4) Uremia cannot be diagnosed from the examination of the urine alone. (5) Cryoscopy of the urine from each kidney, obtained by ureteral catheterization, and especially when supplemented by the phloridzin and methylene blue tests, becomes a very delicate and reliable test in determining a unilateral kidney lesion and the degree of insufficiency of the affected kidney.—*International Medical Magazine*.

CARBOLIC ACID IN SMALLPOX.—Mr. James T. Neech reports from the *Lancet* remarkable results from the use of pure carbolic acid in smallpox. The acid was applied with a camel's hair brush to the eruption over a certain area of the body each day, the face and head being selected for the first day. The acid was tested in different stages of several cases, both mild and confluent, and the result was always the same: An arrest of the disease in the papular, vesicular, or pustular stage; the second suppurated stage abated the pitting prevented, and the infectiousness of the patient diminished. The vesicles dry up into crusts without becoming fully pustular; the contents of the vesicles become absorbed, and the epidermis enclosing them scaled off.—*The Medical Times*.

THE TREATMENT OF SOFT CHANCRE.—Dr. Max Kirstein, of Berlin, had for some time employed applications of pure carbolic acid in the treatment of soft chancres, and had found it to be the safest method of preventing extension of the ulcerative process. He noticed, however, that there were certain disadvantages in employing this treatment, principally that the carbolic acid seemed to retard the formation of granulations, and that the ulcer required a long time to heal. In seeking for a substitute he has recently employed the officinal tincture of iodine, with very satisfactory results. It is applied in the same way by means of an applicator wrapped

with cotton. This may be repeated after 24 hours if necessary. It causes very little pain, and following its use the ulcers healed rapidly, if simply dusted with dermatol or similar powder.—*Medical Review of Reviews.*

CASE OF EPITHELIOMA TREATED BY X-RAYS.—Case 8. Mr. H., epithelioma on the right side of the nose, the size of a split pea, of twenty-two years' standing. Began as a small pimple; was cauterized with chloride of zinc; remained healed three years; reopened again and electrolysis was used, under which treatment it again healed for three years and again made its appearance. This time it was treated by some form of cancer paste under which treatment it seemed to be entirely destroyed and gave no trouble for two and a half years, when it again made its appearance. This time he decided on the X-ray treatment. Began treatment May 18, taking ten minutes at a sitting until two hours and twenty minutes had been taken, at which time a mild reaction appeared and the entire growth sloughed out without other treatment. The ordinary surgical dressings were then applied. The opening soon filled with healthy tissue, and is in good condition at the present time.—*American Practitioner and News.*

RED LIGHT A PREVENTION OF PITTING IN SMALLPOX.—In the *Journal of the American Medical Association* Dr. Jay F. Schamberg makes an examination into the claims of this method of procedure. After pointing out that the treatment of smallpox by red light was resorted to several centuries ago in England, he proceeded to dissect the so-called Finsen theory of employing these rays, and he quotes his own experience, in the Municipal Hospital of Philadelphia, which, though limited, was sufficient to entirely destroy his confidence in this method of treatment. The room which was employed was red in every particular. The window-panes were of ruby-red color, the gas-jet at night was sur-

rounded by a red globe, the walls were painted deep red, and a red curtain covered the entire side of two doors so to as completely exclude the light of day.

Two patients suffering from smallpox with profuse eruptions were placed in this room about the third day of the disease before the lesions had become vesicular, yet in neither instance did the disease pursue a course in any way different from that of the patients treated in the regular wards. One of the patients died, and the other recovered with the most disfiguring scars. Other instances are cited by Dr. Schamberg in which this method of treatment has failed, and he evidently believes that in those instances in which it has done good the results have been due to the mildness of the malady rather than to the method of treatment.—*The Therapeutic Gazette.*

LEUCOPLASIA AND SYPHILIS.—Montgomery presented a case of leucoplasia in secondary syphilis before the California Academy of Medicine, January 27, 1903, stating that the complication was not as rare as was once considered. The patient was a Scotchman, thirty-seven years of age; family history, rheumatism only; primary sore August, 1900; in October of the same year, bedridden with rheumatism of right ankle; February, 1901, universal rash and sores in mouth; in April, May, and June, sore scalp and falling out of hair, onychia on hand and foot. At the clinic, patient presented a general lenticulopapular eruption, in groups. The mouth presented the most striking and annoying affections, mucous patches, papules, etc., which caused the patient great suffering. Most remarkable was the occurrence on anterior portion of dorsum of tongue of a dense, solid, smooth, opalescent coating, which was at one time painful and is still sensitive to pepper, etc. Patient is a heavy smoker, in spite of warnings, and tobacco is well known as a cause of leucoplasia. The author differentiated mucous patches, and lichen planus.

The prognosis of syphilitic leucoplasia is better than that of the disease from other causes. Smoking makes the prognosis almost hopeless. In the case presented, arthritism, lumbago, syphilis, alcohol, tobacco, ill-kept teeth, all play their part in the ætiology. The case might finally develop into epithelioma. Three out of four cases of secondary leucoplasia have occurred in women. In these cases, mercury must be used with caution, to avoid irritation of the mouth. Inunction may be tried, but the author favors hypodermic injections of the bichloride and the frequent swabbing of the mouth with chromic acid.—*Medical News.*

COMMON DISEASES OF THE SKIN. ALOPECIA.—The five affections which stand prominent in private practice are as follows, with their percentages: Eczema, 32.01; Acne, 21.96; syphilis, 6.58 (in public practice, 17.53 per cent.); alopecia, 4.67, and psoriasis, 3.82 per cent.; total, 69.04 per cent. If one masters well the diagnosis and treatment of these five, he will be prepared to properly care for nearly three-quarters of the cases of diseases of the skin which may seek relief—which is, perhaps, quite as much as one expects to do in any branch of medicine. As regards alopecia, loss of hair is no trifling matter to many, and among the 710 patients who have consulted me for this cause, there are many in whom there has been more distress than was occasioned by many apparently more serious complaints. Many cases of alopecia are, of course, light, and cause relatively little trouble, and are frequently neglected after brief treatment; while others prove a serious detriment to the individual.

Ordinary falling of the hair may seem a trivial affair, but as it occasions annoyance and distress, it is certainly not unworthy of the serious attention of the physician, who is often called upon to minister to very slight ailments of other portions of the body—that is, if he can be of any assistance. Unfortunately, this subject has been relatively neglected, in scientific study, and it must be confessed that we know com-

paratively little in regard to either the growth of the hair or the true causes of its fall; the whole condition has been relegated too much to ignorant barbers, hairdressers, masseurs, and quacks generally.—*Dr. L. Duncan Bulkley.*

A CASE OF RODENT ULCER.—J. C. O'Day, in the *Journal of the American Medical Association*, considers this case worthy of report because of the extensive destruction of the face and the compatibility of a fair degree of health extending over a period of ten years. His patient was a male, aged fifty-six years, married, father of five children, living and well. The family history was negative. The personal history was negative except that prior to the onset of ulcer the patient drank considerably. Sixteen years ago a small pimple appeared over the right eye, becoming pustular and painful. The patient consulted a physician, who opened it with a needle, allowing the pus to escape. The margin now began to break down until the eyelid was threatened. Every effort to arrest the destructive character of the disease not only proved fruitless but seemed to aggravate it. In spite of various methods of treatment the disease progressed steadily, attacking skin, muscle, bone, eyes, nerves, and all structures of the face. This continued six years, when the destructive tendency ceased. For the past ten years it has remained in about the same condition. Examination shows complete loss of the superior maxillæ, including all the soft structures up to the horizontal portion of the frontal, bone. The tongue and remnant of the upper lip remain. In eating, he has his food minced and made into gruel with milk. This, with the aid of a spoon, he throws back on the base of his tongue, and it is readily swallowed. Words of the full vowel sound he utters distinctly, but with a peculiar horn-like pitch. He writes readily with slate and pencil, and in this way makes his wants known.

TIME PROGNOSIS IN CONTRACTED KIDNEY.—When the case is one of contracted kidney but without evidences of weakening of the heart, what are the elements of time-prog-

nosis? I have seen a few patients who, up to the day of their death, showed no signs of impending danger other than a slight unexplainable increase in the amount of albumin and casts. I deem this unexplainable increase in the amount of albumin and casts of some prognostic value. . . . It goes without saying, of course, that the increase in percentage of albumin must not be due to decrease in the amount of twenty-four hours' urine.

A second prognostic factor of importance in cases without cardiac weakening is more or less sudden and severe dyspnœa of uræmic origin. The following cases will illustrate this point:

July 24, 1897, I examined the urine of a man about 40 years of age who had a history of attacks of gout. I found 40 fl. oz. of urine in twenty-four hours, sp. gr. only 1011, and excess of night urine over day; urea 370 grains, phosphoric acid 24 grains; one per cent. by bulk of albumin, quite a number of casts, mostly granular, and numerous uric acid crystals.

Two more analyses were made during the summer with substantially the same results as above. I made a diagnosis of contracted kidney without seeing the patient at all. In spite of the low specific gravity of the urine, he enjoyed five years of fairly good health, possibly perhaps because he was a vegetarian, but in the summer of 1902 was seized with dyspnœa, which persisted. Examination of the urine now showed a very large amount of albumin and numbers of very large dark granular casts. I found his heart enlarged and apparently somewhat dilated, but there was no œdema, barring slight pitting on pressure about the ankles. Uremic symptoms increased in severity and he died in a few months.—*Dr. Clifford Mitchell in Medical Century.*

LEPERS IN SAN LAZARO HOSPITAL NEAR MANILA.—The type of disease presented by the lepers in the hospital is chiefly of the tuberculous form, and few of the cases appear to be

far advanced. Mutilation of the extremities seems to be infrequent, and the horrible disfigurements so common in the lepers seen in the countries of Spanish America are relatively rare here. The sexes are about evenly divided, and a large number of the patients are children. A native Filipino doctor is in direct charge of these unfortunates, who are nearly all Filipinos. There are two or three Chinese lepers, but no whites. The lepers appear to be cheerful and contented, though a half dozen are said to have escaped when they were informed of their probable early removal to the leper colony on Kulion. They have their own theatre, chapel and school. Those less affected perform all the work for the leper hospital, for which they receive the same pay as the attendants in the women's department of the hospital. The cooks are leprosy, and order is maintained by several lepers who are paid to perform police duty and who seem very proud of their authority, uniforms, and policemen's clubs. The money that the lepers receive for their service they use to purchase delicacies, and to send to their friends and families outside. The institution is as neat, clean and well kept as the faulty arrangements, construction, and lack of modern sanitary conveniences permit, and there is no overcrowding. There is no communication between the leper department and the rest of the institution, except through the physicians in charge.

The cases of leprosy presented seem to be of an unusually slowly progressive type. Treatment is purely symptomatic; the various specific treatments have been tried and found wanting. Only a few of the patients are in such condition as to require frequent medical attention. The good results reported from the use of the X-ray and the Finsen ray in lupus and the treatment of neoplasms have induced the authorities to order the necessary apparatus for a thorough trial of these methods of treatment; the apparatus has not yet arrived and probably will not be installed at San Lazaro but sent direct to the leper colony on Kulion Island.—*Medical Record.*

ABSTRACTS FROM BOOKS AND JOURNALS.

NATURE'S REMEDY FOR IVY POISONING.—Nature is said to have provided a most efficient remedy for poison-ivy poisoning, in the shape of the widely-spread flower known as "spotted touch-me-not," or *Impatiens fulva*. It is also called the "jewel-weed," and is very abundant in the water courses during June and July, when the rhus toxicodendron and the rhus venenata are most poisonous. The color of the flower of the spotted touch-me-not is a deep orange, and the spots are of a reddish brown. The lips form a sac, not very much unlike the moccasin flower, and it ends in a curved spur. The seed-pods burst if slightly touched, and scatter the seeds all around. To this peculiar property the plant owes its common name. It is also called "noli-me-tangere" and "N'y touchez pas." The remedy is applied by expressing the juice of the plant and applying it to the skin which has been poisoned.—*Practical Druggist*.

SIGNIFICANT PERCENTAGES.—Some years ago (1890) I computed the percentage of insane in the New York State hospitals who were of foreign birth and foreign parentage, and found that outside New York city 50 per cent. had parents of foreign birth, and 30 per cent. were themselves foreign born. In New York city 78.32 per cent. of all cases admitted to the City Asylum had parents of foreign birth, and 67 per cent. were themselves foreign born.

At the Vanderbilt Clinic in the year 1902, 80 per cent. of the cases of neurasthenia belonged to our foreign population, Russian Jews predominating!

The causes of insanity and neurasthenia in these immigrants were chiefly faulty heredity, poverty and attendant evils, physical stresses, emotional excitement, intemperance and sexual excesses.—*Dr. C. E. Atwood in New York Medical Journal*.

PUERPERAL INFECTION.—If the uterus contains decomposing animal matter, it should be cleansed, preferably manually; a curette need rarely be employed for this purpose. It should be avoided, if at all possible, because in the hands of a novice it is a very dangerous instrument in such cases. Even in the hands of an expert it cannot be used without risk.

The indiscriminate curetting which, unfortunately, is still being done to a large extent in puerperal women who happen to have an elevation of temperature or who may perhaps have had a slight chill, cannot be too severely condemned. I have seen a number of deaths which in my opinion were indirectly due to that procedure. Another, although a minor intervention, compared to curetting, resorted to much oftener than necessary, is repeated intrauterine irrigation. The chills which the patients often have after such an intervention may usually be ascribed to it.—*Dr. J. H. Boldt, New York Academy of Medicine.*

THE MORBIDITY OF THE PUERPERIUM.—The causes of puerperal fever have been definitely traced to the introduction of virulent bacteria into the genital canal, yet all obstetricians are familiar with a mild form of fever lasting from one to three days, the origin of which is still obscure. The morbidity of the puerperium is by no means overcome. The temperature may not rise over 101° F. and the pulse not exceed 100, but there is some headache, the tongue is slightly furred, there is increased thirst and sleep may be disturbed. All of these symptoms may arise where the most careful asepsis was employed during confinement. . . .

The etiology of these mild fevers must be sought in the decomposition of the lochia by normal vaginal saprophytes. The absorption takes place through some wound in the genital canal, most commonly the cervix.

It follows that modern antiseptic methods can have little influence on this fever and can, therefore, not entirely prevent puerperal fever.—*St. Louis Courier of Medicine.*

WHERE LEPROSY IS ENDEMIC.—Norway is the only European country where leprosy is endemic, but, owing to the enforcement of segregation, this disease is rapidly disappearing. In 1897 there were probably not more than 700 cases, whereas in 1856 there were 2,833 cases. It is believed that 90 per cent. of the Norwegian cases give a family history of the disease, and the statistics show that 1 per cent. of the cases are under 10 years, and 66 per cent. are from 20 to 25 years of age. Both sexes suffer about equally from leprosy, whereas in other countries the majority of those afflicted are males. In 1882, 107 cases were reported cured during twenty-five years, 32 of which were not treated in hospitals.—*The Medical Bulletin.*

FRACTURE DURING DELIVERY.—On Jan. 5, 1901, at 6 A.M. I was called to attend Mrs. S. in her first confinement. The patient is a strong, healthy woman, 22 years old. The os was well dilated at 6 A.M., and at 8 A.M. dilation was complete. With L. O. A. presentation, the descent of the head into the inferior strait being somewhat tardy, I gave her chloroform at 9 A.M., and delivered with short forceps. After delivery of the head I made traction in the left axilla to deliver the body. During this manœuvre I felt something “give,” the sensation imparted to my finger being as if a muscle had ruptured. The child when born was very active, and in every way apparently normal. I examined the arm closely after delivery, but found no injury. The trained nurse noticed nothing wrong in bathing and dressing the child. On the third day my attention was called to loss of mobility together with some swelling of the arm. Examination at this time revealed a complete fracture of the left humerus in its middle third. Under proper splints the arm made a rapid and complete recovery. The antecedents of both patients are unknown to me.—*Dr. J. A. Wessinger in American Medicine.*

CASE OF BRAIN ABSCESS.—G. W. McCoskey and M. F. Porter (*Journal of American Medical Association*), report the following clinical history which followed traumatism to the nose three years before, producing unconsciousness and fracture of the nasal bones. Pain in the head, chiefly over the right eye, developed; tingling sensation in the left hand, with weakness which progressed and involved the left leg, and later to some extent the right face.

A sudden discharge of pus from the naso-pharynx caused some relief of the pain, but did not relieve the spastic paralysis. The reflexes on the right side were exaggerated. There was a distinct increase of vascularity on the right side of the retina.

A diagnosis of brain abscess was made, which was found by operation at the level of the arm centre of the Rolandic fissure. The patient died from a thoracic complication.—*Medical Review of Reviews*

PRACTICAL USEFULNESS OF HYPNOTIC SUGGESTION.—The pains of locomotor ataxia, rheumatism, neuralgia, etc., may be relieved, but the relief is seldom enduring, and but few persons suffering from these diseases are good subjects. Nevertheless, it is always worth while trying the remedy. It is quite certain that in good cases the bowels may be regulated, appetite increased, and especially insomnia alleviated or cured.

That protean disease hysteria is the field for the practice of hypnotic suggestion. There is scarcely a symptom in all its multitudinous manifestations that has not been removed by suggestion during hypnosis. Pain is abolished and anesthesia produced, paralysis, spasm, and contracture corrected, affections of the digestive and genitourinary system, Raynaud's disease, polyuria, anuria, affections of the special senses, and all the expected and unexpected disturbances arising from an unstable nervous organization are cured or modified by hypnotic suggestion.—*New York Medical Journal*.

COLLEGE, HOSPITAL, AND LABORATORY NOTES

THE seventh practitioners' clinical course in the Homœopathic College of the University of Michigan will begin Nov. 2.

THERE are in the United States 156 schools of medicine, and the estimate has been made that there is an average of one physician to every 600 of the population.

THE triennial festival dinner of the London Homœopathic Hospital, at the Hotel Cecil, June 25, was a great success. Donations to the amount of \$25,000 were made, and it is believed that \$5,000 more will be received. The hospital is now fifty-three years old.

THE formal organization of the new University of Porto Rico has been completed, and its one department, the Insular Normal School, will be opened for the academic year 1903-4.

The scope of the University embraces the establishment of other departments, including a department of medicine.

NEARLY one hundred cherry pits were found in the appendix of a patient who was being operated on in a Brooklyn (N. Y.) hospital, recently. The collection of stones had not caused appendicitis, however. Their discovery was due to an operation for cancer of the stomach. Not only the appendix, but a large space in the intestines was filled with the pits.

PROFESSOR KOSSEL, of the Imperial Health Office, has reported to the Berlin Medical Society the results of the prolonged experiments of the Tuberculosis Commission in infecting calves with human tuberculosis. The commission summarizes as follows:

"The series of experiments strengthens Professor Koch's view that animal consumption as the cause of human consumption does not play the rôle generally attributed to it; but definitive judgment requires further experimentation."

THE date of the opening of the college year for many of our leading colleges can be learned by reference to the following list: Boston University School of Medicine, October 8; New York Homœopathic Medical College, October 6; Hahnemann Medical College of Philadelphia, September 21; Hahnemann Medical College of Chicago, October 1; Chicago Homœopathic Medical College, September 15; Homœopathic College of the University of Michigan, September 29; Cleveland Homœopathic Medical College, September 21; Southern Homœopathic Medical College, October 5; Denver Homœopathic College, September 17.

OBITUARY.

Dr. Frederick W. Payne, specialist in diseases of the eye, died at his home in Boston, July 17, aged 58 years. He was the eldest son of Dr. William E. Payne, of Bath, Me., the first resident practitioner in that State to receive and practice the doctrines of homœopathy.

Dr. Frederick Payne held an enviable position among European, as well as American, oculists. He was a member of the American Institute of Homœopathy, the Massachusetts Homœopathic Medical Society and many other important organizations.

Dr. Mary K. Gale-Warren died in Boston, July 31. She was a graduate of Boston University School of Medicine, class of '77, and a member of the Massachusetts Homœopathic Medical Society.

PERSONAL AND GENERAL ITEMS.

DR. HORACE PACKARD will return from Europe about the twentieth of September.

DR. W. S. PLAYFAIR, the eminent gynecologist and obstetrician, died at St. Andrews, Scotland, August 12.

DR. ESTHER S. BARNARD, a graduate of Boston University, 1900, is now a resident physician at "Interpines," Goshen, N. Y.

UPWARD of two hundred applicants for registration in medicine appeared before the Massachusetts State Board of Medical Examiners in July.

THE first number of a new monthly homœopathic medical journal, published in Denver, Col., and called "Progress," appeared July 15. Drs. D. A. Strickler and H. M. Fryer are the editors.

IT is reported from San Francisco that the use of antitoxine injected through the skull into the brain has proved successful in the cure of tetanus in a man who was badly burned last May and was subsequently accidentally inoculated.

IT is reported that Dr. Lorenz will receive a fee of \$40,000 should he effect a cure in the case of Adolphus Busch, the nineteen-year-old son of Carl Busch, a wealthy brewer of St. Louis. The case is one of congenital dislocation of the hip.

THE Rhode Island Medical Society, acting as trustee of the Caleb Fiske fund, announces that the subject chosen for the prize essay of the coming year, 1903-4, is the Action of Light as a Therapeutic Agent, and the amount of the prize offered is \$250. Dr. Halsey DeWolf is the secretary.

THE annual meeting of the British Homœopathic Congress was held at Oxford, July 23. The president, Dr. Percy Wilde, delivered an address on "Hindrances to Truth." The Congress will meet next year in London. Dr. Burford, of that city, was elected president for the ensuing year.

THE Indiana Institute of Homœopathy at its recent annual meeting unanimously adopted the following resolution: "That the Indiana Institute of Homœopathy hereby expresses its unqualified condemnation of the practice of any pharmacy preparing and putting on the market special home treatments or combination tablets."

LONDON is about to start an institute for massage by the blind, and its committee numbers many representative medical men. It is worthy of note that the blind are usually endowed with a sense of touch exceptionally fine, so that here, and perhaps here alone, is a field in which they may surpass their seeing fellows.

THE Boston Association for the Relief and Control of Tuberculosis has organized with Dr. Edward O. Otis as president, and a large advisory board containing many men and women of prominence in efforts for civic improvement. The Association has sent out an appeal for \$5,000. The treasurer is Mr. George S. Mumford, 40 State Street, Boston.

THE thirteenth annual convention of the American Electro-Therapeutic Association will be held at the Hotel Windsor, Atlantic City, N. J., on September 22, 23 and 24, 1903. The rate will be \$3.50 per day for each person.

Trains leave New York for Atlantic City at short intervals, over the Pennsylvania Railroad, West Twenty-third Street Station. Price of round trip ticket, \$4.75. This ticket is good for return any time within fifteen days after date of sale.

The scientific program is comprehensive, rich and varied.

A PROFESSIONAL friend after exposure to poisoned ivy recently, tried all known remedies in vain for the resulting symptoms, which finally yielded like magic to skookum chuck cerate externally, and skookum chuck 3x internally.

IN connection with the Institute for the Study of Infectious Diseases, of Rush Medical College, founded by Mr. and Mrs. Harold McCormick as a memorial to their son, Jack Rockefeller McCormick, *A Journal of Infectious Diseases* will be issued in the fall, to be edited by Professors Hektoen and Jordan, of the University of Chicago.

The estimated annual expense of \$5,000, which is equivalent to an endowment of \$125,000, will be met by Mr. and Mrs. McCormick, for an indefinite term.

THE annual assembly of the British Homœopathic Society was held at the London Homœopathic Hospital July 1 and 2. Dr. H. Nankivell, of Bournemouth, was elected president. Three quite unique exhibits were a feature of the second evening: (1) A demonstration of specimens and microscopic slides by means of the epidiascope. The epidiascope (of Zeiss, London and Jena) is a lantern, by means of a complicated system of reflectors within which objects as they are, without transference to lantern slides, are thrown on the screen in colour and perspective (by Dr. Neatby and the operator on the epidiascope).

(2) Sir W. Crookes' spintharscope and microscope showing the rare metal radium (by Dr. Burford).

(3) Dr. S. Czapski's corneal microscope (by the operator of Carl Zeiss).

THE NEW ENGLAND MEDICAL GAZETTE

No. 10.

OCTOBER, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

THE FINAL RESULTS IN OPERATIONS FOR MYO- MATA UTERI AND FIBRO-MYOMATA UTERI.

BY NATHANIEL W. EMERSON, M.D. BOSTON, MASS.

[Read before the Surgical and Gynæcological Society of the American Institute of Homœopathy at its annual meeting held in Boston, 1903.]

In the consideration of all cases of myomata and fibromyomata uteri before the operation, one of the most important questions, from the standpoint of the patients, which almost invariably arises is as to what are the final and permanent results of the operation. If the patients live are they cured, or are they merely left alive with a new combination of distressing symptoms? Are they restored to life of ordinary usefulness and activity proper to their age and circumstances, or are they merely physical wrecks of another type?

With a view to get some light in a measure upon this aspect of the subject, I determined to look up whatever cases I had operated who were still alive and could be found, and obtain from them so far as possible answers to a series of questions, duplicates to be presented to each one.

I have always made extraordinary efforts to keep informed of all cases of fibroids operated by myself, and therefore have

been able to gather what I believe is an unusual number of answers. These questions have not been presented to any case operated on later than July 1, 1902, so that a year or more has elapsed since the time of operation.

There have been up to that time one hundred and sixty-eight cases in all, five of which died as the immediate result of the operation. This includes all cases of myoma or fibromyoma operated on by myself up to the above date, without reference to the special operation in any case. As a fact of course each case had applied to it such operation as at the time seemed best to fit it. There were therefore of abdominal hysterectomy, seventy-nine cases with four deaths; vagino-abdominal hysterectomy, eleven cases; vaginal hysterectomy, forty-seven cases; myomectomy, abdominal, two cases; myomectomy, abdominal; tubo-ovariotomy, fourteen cases; with one death; tubo-ovariotomy, double, five cases; myomectomy, vaginal, eight cases; curetting, two cases. Total, one hundred and sixty-eight cases with five deaths.

It will thus be seen that most of these cases, one hundred and fifty-eight out of one hundred and sixty-eight, were operated on by opening the abdominal cavity, and that the operations were sufficiently radical to make conclusions drawn from them of corresponding value.

Of the one hundred and sixty-three making a surgical recovery, to my knowledge ten have since died. One was from causes which were probably a consequence or continuation of her condition at the time of operation. She was an old lady of sixty-eight who had a large single fibroid of most peculiar consistence. The central portions of it had broken down into a grumous fluid substance which distinctly gave fluctuation, and she was in a very bad way at the time of the operation. Abdominal hysterectomy relieved her of the tumor and she made a good surgical recovery; but lapsed into a peculiar nervous condition with much mental depression, and died two and a half months later as from a general marasmus. Another died three months after the

operation from empyema. Another eight months after operation from a recurrence of a sarcoma, the tumor removed having been a fibro-sarcoma and very adherent. The other seven died at periods varying from ten months to six and a half years, from causes in no wise relating to the fibroid or the operation for its removal.

This leaves one hundred and fifty-three alive at the present time so far as known, which is to me a remarkable statement when it is known that the first of them were operated upon nearly thirteen years ago, and that many of them were desperate cases at the time of the operation. This surely shows a gratifying percentage of recoveries, so-called, in a condition of such gravity.

Not content with knowing that the patients were merely live I desired to know just what their subsequent condition was: hence the following set of questions, which were put in the form of a circular letter.

DEAR —

Will you write answers to the following questions? I am trying to accumulate data as to the results of operating in cases such as yours, and a response from you will be of valuable assistance. Whatever reply is made will be considered confidential. Please answer each question in space following it and questions 5, 6, 7 and 8 by full explanations, if necessary.

1. Are you as well as before the operation?
2. Have you been able to resume your accustomed duties?
3. How long after the operation before you considered yourself well?
4. Are you free from discomfort as a result of the operation?
5. What has caused you the greatest discomfort since the operation?

6. Have you the same power of endurance as before the operation?

7. Have you grown stouter? If so, how much have you gained?

8. Have you had any new difficulties distinctly attributable to the operation?

9. Do you now consider yourself well?

10. Under like circumstances would you undergo the operation again?

Very truly yours,

No special questions have supplemented these, nor has special attention been drawn to any questions, and in no one of the answers received did the writer have the slightest influence in determining the replies as returned. Several sent back wishing to know how I wanted the questions answered, and in each case I invariably replied to answer them as best she could from her understanding of them, and that I wanted only to know what her actual condition was.

Many supplemented these categorical answers by sending a general letter, which was not only interesting reading in itself, but also threw much light on the general aspect of the whole question. The sum of all the impressions made by these letters is more optimistic and favorable than any conclusions drawn by me. Of the one hundred and fifty-three patients competent to answer one hundred and twenty-four have replied. The answers received have been carefully summarized so far as possible, and the following conclusions have been drawn from such summary.

Question 1.—“Are you as well as before the operation?”

To this fifty-two answered “yes”; fifty-nine answered “better”; eleven answered “no”; two answered “doubtful.” So that one hundred and eleven or nearly ninety per cent. were as well or better than before the operation.

Question 2.—“Have you been able to resume your accustomed duties?”

Ninety-four answered "yes"; eleven answered "not wholly"; eighteen answered "no"; one was unanswered.

That is that seventy-six per cent. had resumed their accustomed duties at the end of one year, and nine per cent. more were on the way to doing so.

Question 3.—"How long after the operation before you considered yourself well?"

The replies to this question were, as would be expected, very diverse.

Sixteen did not answer at all; fifteen more reported that they were not fully recovered but were improving; two answered "in a short time"; one answered "a long time," but intimated that recovery had taken place. Others answered as follows:

Two in one month; two in two months; four in three months; two in four months; two in five months; thirteen in six months; three in seven months; two in eight months; one in nine months; twenty-eight in one year; one in fifteen months; nine in eighteen months; one in twenty months; twelve in two years; five in three years; one in four years; two in five years.

Of those answering "not fully recovered" a sufficient time had not elapsed in some of the cases to know what the permanent result would be. The great majority considered themselves well in from six to twenty-four months. The partial solution of this question has been very helpful to me in being able to give encouragement that patience and time alone will show what to expect for a permanent result. Much could be said concerning the answers to this question, but attention will be called only to the fact that the delay in recovery is largely caused by these factors: 1st, the necessary time to recuperate from conditions established before the operation, this usually being the lesser cause of delay. Many cases are extremely enfeebled before consenting to the operation, and afterwards a proportionately long time is

necessary for recuperation. 2d, conditions due to a precipitated menopause.

Question 4.—“Are you free from discomfort as a result of the operation?”

Eighty-nine answered “yes”; eighteen answered “no”; fifteen answered “not quite” or “nearly so”; two did not reply at all. That is, eighty-four per cent. were nearly or quite free from any ill results directly attributable to the operation.

Question 5.—“What has caused you the greatest discomfort since the operation?” brought forth, as was to be anticipated, a great variety of replies. From them it is obvious that the principal complaints are of conditions characteristic of the menopause, whether natural or induced. When precipitated, as in so many of these cases, it is usually more violent than when occurring naturally. Of permanent discomforts three only report a “hernia,” due of course to the operation. One of these developed, before the surgical recovery, pneumonia, and was in a precarious condition for some time, and I have no doubt the hernia was a direct result of this complication. I have since successfully operated the hernia and she is now well. The other two are still afflicted with the hernia. Two report constipation, which is remarkable, in my opinion. Twelve report some form of weakness or irritability of the bladder, including one probable case of vesico-vaginal fistula, again a remarkable circumstance, it seems to me, when it is remembered what extensive manipulation is required in many cases. In three of these the bladder was opened in the course of the operation. Aside from these mentioned cases there were no permanent disagreeable effects from the operation. Most trouble was experienced from a group of symptoms characteristic of the menopause, most of which will undoubtedly improve with time. Twenty-eight reported that there were no discomforts of any kind.

The answers to this question were very varied and difficult to analyze, and many discomforts were attributed to the

operation as a direct result which were doubtless incident to ordinary vicissitudes of life in women who had reached maturity.

Question 6.—“Have you the same power of endurance as before the operation?”

Forty-seven replied “yes”; thirty-one replied “more”; fourteen replied “not quite”; thirty-two replied “no.” That is, sixty-three per cent. have as much or more endurance than before the operation. Eleven per cent. are short of it but apparently improving, and only twenty-five per cent. are behind the ordinary stability of life. The answers to this question seem especially noteworthy.

Question 7.—“Have you grown stouter?” If so, how much have you gained?”

Two did not answer; thirty-nine answered “no”; five had “lost” weight, and seventy-eight answered “yes.” These latter gained all the way from five pounds to eighty pounds in one case, the average being twenty and one-half pounds. Four had gained in weight immediately after the operation, but had subsequently returned to their normal weight. Several had gained very rapidly at first from twenty-five to fifty pounds, but had lost about seventy-five per cent. of it later. From this it will be seen that something over one half of all cases made a permanent gain in weight.

Question 8.—“Have you had any new difficulties distinctly attributable to the operation?”

Eighty-five reported unequivocally “no”; one reported “yes”; one did not reply, and thirty-seven replied “yes,” but qualified the answer by mentioning that the complaint was as signified by answers to questions 4 and 5. Most of these difficulties were distinctly attributable to the menopause. When one considers the complicated mechanism of a hysterectomy it is certainly remarkable that more often a permanent disability is not left behind.

Question 9.—“Do you consider yourself well?”

Three did not answer, and may therefore be classed among

those who have not recovered; twenty-eight answered "no"; fourteen answered "not quite," and seventy-nine answered "yes." That is, two-thirds gave a favorable response without qualification, and less than twenty-two per cent. still considered themselves "not well."

Question 10.—"Would you undergo the operation again?"

Four were in doubt; five replied "no," and one hundred and fifteen replied "yes."

This was meant to be the crucial question and it is satisfactory to have so large a number give without qualification a favorable reply to a question of this character. A woman who has been through the entire experience is certainly entitled to respect for her opinions, and such an almost universally favorable answer to this last question, especially at the end of such a series of questions, must be helpful in determining one's attitude towards the problem of whether to operate or not.

A SIMPLE BUT SUCCESSFUL METHOD OF TREATMENT FOR TUBERCULAR LARYNGITIS.

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

[Read before the Boston Homœopathic Medical Society.]

To diagnose tuberculosis in a given case in times past was to disclose the doom of the patient. At the present time, an early diagnosis is the first step toward recovery, provided the patient can, and will take advantage of the hygienic, dietetic, and medicinal treatment so bountifully extended to him by public and private institutions.

Although we are well aware of the possibilities of recovery in a case of acute pulmonary tuberculosis, it seems to be the general impression that if the disease has attacked the larynx, there is little or no chance for the patient to be saved. This impression has been greatly strengthened in this section, by

the fact that our public institutions for the treatment of tuberculosis have refused patients who had tubercular laryngitis, because the management did not believe that they were curable cases.

A long article which appeared in the *New York Medical Journal* within two months, discussed the prognosis and treatment of tubercular laryngitis. Internal administration of creosote was recommended to its physiological limit, and local treatment was largely discarded not only as inefficient but also as dangerous.

Other articles have appeared from time to time which have either gone into the pathology, or the varied lines of treatment, or both, so extensively that at the end one could find no new thought, no new hope or hold whereby to grapple with this insidious disease.

It is for these reasons that I have ventured to take a few moments of your time to present what seems to me a ray of hope to the earnest physician and his discouraged patients.

Tubercular laryngitis is almost always secondary to pulmonary tuberculosis, and is due to infection from the sputum. It is not, however, impossible that the bacillus may be lodged in the larynx first, and there form the starting point of the disease. An early diagnosis is of the greatest importance because through the knowledge thus obtained, we may surround our patient with such safeguards and aids to his general health as shall in themselves do much towards his ultimate recovery, if they do not ensure it.

If the condition under consideration is almost always secondary to pulmonary tuberculosis, then, in a general way a thorough examination of the chest should reveal the condition if there, and usually will. Given pulmonary tuberculosis with a hoarseness of the voice which soon develops into aphonia or mere whispering, followed by dysphagia, which may develop more or less rapidly until the act of swallowing becomes so painful that the taking of sufficient food is impossible, there is little chance for error in diagnosis.

Upon examination by the laryngeal mirror, a picture more or less varied may be seen, according to the general condition of the patient and the stage of the disease.

The usual focus for infection is the posterior commissure, or over one and sometimes both arytenoid cartilages, or upon the epiglottis. Here is first seen a marked congestion and swelling of the tissues, later there develops the definite tubercle, a small yellowish seed-like appearance underneath the swollen mucous membrane, which degenerates and forms the site of the ulcer. It is with this marked infiltration and ulceration that the patient usually presents himself for treatment, which condition, we are told, may be treated by curettment, or with lactic acid or other applications, but probably to no avail. The article in the *New York Medical Journal* to which I referred, states that "when infiltration of the aryepiglottic fold and arytenoids has occurred, no matter how slightly, the patient will surely die unless he can at once be removed to some high and dry climate." It is in variance with this statement, that I wish to cite the following cases and the treatment pursued.

June, 1900. Theodore S., Age 23. Australian. Family history negative: Had just returned from Cuba where he had been in camp life in the Spanish-American war. Loss of weight, 20 lbs. Usual weight, 135 lbs. Examination of the chest revealed dulness over the left apex, also a small area over central portion of the right lung. Temperature, 99.4° at night. Very hoarse, could scarcely speak above a whisper. Some pain on swallowing. Laryngeal mirror revealed right cartilage and posterior commissure markedly infiltrated, with an ulceration as large as a split pea over right arytenoid cartilage and extending over into the posterior commissure. The vocal bands and false vocal bands were much inflamed. The larynx as a whole was not anemic, neither was the epiglottis or the soft palate. The disease had not progressed thus far.

The patient had been refused admission to the Rutland

Hospital. He had an opportunity to go out of the city to one of the suburbs where I cared for him. His food was selected for his especial need. He slept practically in the open air, and did light work about the place daily. Such remedies as seemed indicated from time to time to aid in keeping up his general health were used, but the special treatment of which I wish to speak was local.

The local application of formalin in the treatment of tubercular laryngitis was, so far as I can ascertain, first recommended in Boston, by Dr. Rice, in 1898. Two and one-half per cent. of formalin is the 40 per cent. aqueous solution of formaldehyde gas, and mixes with water in all proportions. Being a 40 per cent. solution of formaldehyde gas in water, there are required 1 part formalin and 19 parts of water to make the 2 per cent. formaldehyde, or a 1 part formalin and 39 parts water to make a $2\frac{1}{2}$ per cent. of formalin solution. This latter was applied by means of a bent probe on which was tightly wound absorbent cotton saturated in the solution. The patient was taught to grasp the tongue and draw it forward, leaving the operator two hands, the one to hold the laryngeal mirror, and the other to apply carefully and exactly the solution. Care was exercised not to use too much force, but gently to wipe over the ulcerated area.

This was applied three times weekly for three months. Healing began at once. At the end of the year there was some inflammation, some hoarseness, but no dysphagia, no ulceration, and the patient was apparently well. Two and one-half years have passed and he is still well.

November 13, 1902. Mrs. D. Age 55. American. I found the patient in bed, and she had been sick in bed for six weeks. Temperature, 99.6°. Pulse, 88. Cough, hoarseness, or voice nearly a whisper. The act of swallowing was painful, and she would gladly have eaten nothing. Dulness over the left apex; crepitant *rales* over both lungs front and back; sharp pleuritic pains on right side in axillary line; considerable loss of weight. Examination by laryngeal

mirror revealed anemia of the soft palate, pharynx, and epiglottis; congestion and swelling of the aryepiglottic folds; an ulcer, $\frac{3}{8}$ by $\frac{1}{4}$ of an inch, in the posterior commissure extending over onto the right arytenoid cartilage.

The general treatment of the patient was continued as had been prescribed by her family physician, Dr. E. P. Ruggles, who made splendid use of the present day fresh air treatment combined with a carefully planned diet. I recommended the use of a 2 per cent. solution of formalin locally, daily applications. Within two weeks the pain on swallowing had improved greatly. The ulceration had lost in a measure its angry appearance. I saw the patient again December 10, and there was practically no pain on swallowing.

This treatment was continued for three months, every day for six weeks, then every other day, by the patient's son, who up to that time had never had any experience with the head band and mirror, and the laryngeal mirror. I saw the patient May 4. She is attending to her household duties, and says that she feels about as well as ever, perhaps not quite so strong.

The ulceration is entirely healed. No inflammation in the larynx whatever. The site of the ulcer is apparent by a little thickening of the mucous membrane over that area.

Many other cases could be mentioned among the dispensary patients who have been successfully treated by this method.

I do not wish to imply that every case of laryngeal tuberculosis can be cured by this treatment, but I do believe that it could cure many cases that would otherwise go from bad to worse under the constitutional treatment or the correcting method. It is not in the advanced stages where there is marked anemia and pallor so noticeable in the mucous membrane, with much loss of flesh, and much mischief having been done in the lungs, that we can expect to cure with this or any other treatment. But where an early diagnosis has been made before the general health has been taxed too far,

this treatment accompanied with the present day hygienic and dietetic treatment has cured a number of cases in our hands, which I believe otherwise would have proven fatal. In all of these cases there has been a good deal of infiltration.

It is not claimed that curing the laryngitis cures the patient; but the patient cannot be cured unless the ulceration is removed, and this can be done while other methods are at the same time being pushed to build up the patient. Thus we may as surely say of the cases I have mentioned, they are cured as we can ever say of a tubercular patient.

I call your attention to this treatment for two reasons. First: because it has proven successful in a disease which so often is neglected because it is thought to be hopeless. Second: because it is so simple that no great amount of training is necessary in order to be able to properly treat such patients. In fact they can be taught to treat themselves.

THREE CLINICAL CASES TREATED BY THE X-RAY.

BY E. A. JONES, M.D., WORCESTER, MASS.

[Read before The Worcester County Homœopathic Medical Society.]

CASE I. Mrs. S. F., aged 51 years, had a hard, firm, resisting tumor in the left axillary space the size of a large orange, also tumors of the same dense character, somewhat nodular, in both groins extending from the anterior margin of the crest of the ilium, following the lymphatic chain to the median line where they were connected by a cord-like feeling band of tissue about one-fourth to one-half inch in diameter, the largest diameters of the tumors being about three or three and one-half inches.

The family history of this patient shows that the father, sister, and several more distant relatives, have died of cancer in different parts of the body.

Ten years ago she had the uterus and ovaries removed for a fibroid condition. A little more than two years before

she came to me she received a blow in the axilla, followed by the formation of a tumor which continued to grow, attended by considerable sharp pain most of the time. A few weeks later, or approximately two years before beginning X-ray treatment she ran into a table in the dark, the corner of the table striking her in the groin, this was followed by the same manifestations as the blow in the axilla, viz.: continuous pain and the progressive formation of a tumor.

A few months before I saw her there had begun to develop a small tumor of the same character, without the exciting cause of a blow or other violence, in the cervical glands of the left side which were removed by the injection method at a sanitarium. This treatment, however, seemed to aggravate the other growths as they were developing more rapidly and causing more pain.

I have not attempted to give a diagnosis in this case as it may be open to question whether it was cancer or not. Certainly from the history of the case, together with the family history, there are grounds for a suspicion of malignancy, and the growths had been diagnosed as cancer by several physicians before the case came to me. However, I will leave the diagnosis to your individual judgments, and simply report results.

A medium soft German tube was used, the rays being generated by a static machine. The tumor in the axilla being treated first, distance of tube from patient varying from six to fifteen inches, treatments given about twice a week, length of each treatment varying from fifteen to twenty-five minutes.

After the third treatment there was a decided softening of the tumor, with slight diminution in size, and complete and permanent relief from pain. The effects of the individual treatments were carefully noted, and, as the tolerance of the skin increased, they were pushed until there was a decided bronzing of the skin. By this time the patient had taken about twelve treatments, and the tumor had decreased to about the size of an English walnut and was much softened.

Attention was then directed to the tumors in the groins, which were growing more painful and were interfering somewhat in walking, the same care being taken to note the effect, and, as rapidly as was considered safe, to increase the time of exposure and to decrease the distance between the patient and tube. There was a softening and diminution in size evident, together with relief from pain, after the second or third of the treatments which were continued without incident until all traces of the tumors had disappeared, when a few more treatments were given to the axillary growth which rapidly melted away.

After twenty-eight treatments, extending over a period of fourteen weeks, all the tumors had entirely disappeared, but to make assurance doubly sure, five more treatments were given at intervals of one week. In all, the patient received thirty-three treatments, extending over a period of about four and one half months. A lead screen was used with nearly every treatment. A few being given (with caution) without protection. There was no X-ray burn.

CASE II. Mr. S. A. B., a retired lawyer, aged 73 years, came to me with an epithelioma of the left temple, a little larger in size than a silver dollar. This trouble first made its appearance as a small papule about ten years ago, without pain or evident increase in size until a barber irritated it by sticking his scissors into it, after which it gradually increased in size in spite of the various treatments used. One year before I saw this patient he entered a sanitarium, where the caustic method is resorted to. After a stay of eleven months he returned home to rest and regain his strength, which had been much depleted by the severity of the treatment. The only effect of this treatment aside from causing him, as he expressed it, to "suffer the tortures of the damned," was a possible retarding of the progress of the disease without the lesion showing signs of healing. After a month's rest he presented himself to me for treatment by the X-ray. At this time pain was severe and constant.

Treatments were given with a German tube of medium vacuum, a sheet lead shield being used, distance of tube from patient varying in different treatments from six to twelve inches, length of treatments varying from ten to twenty minutes. For the first two weeks the diseased area was rayed on alternate days, after that two treatments a week were given.

Following the first application of the X-ray there was considerable relief from pain, and a free watery discharge from the diseased area; after the second application the pain entirely disappeared. From this time on there was complete absence of all abnormal sensations, and healing progressed rapidly.

After thirteen treatments the crusts came off, leaving a perfectly healed surface, the scar tissue being hardly noticeable unless close observation was made. About one month after the last, or thirteenth, treatment there appeared on the forehead a small papule, which he was afraid might be of the same nature as the original manifestation, and that area having been covered by the lead shield had not been affected by the X-ray. I gave him one treatment without the lead shield, or other protective, and there has been no suspicion of a return since.

At no time during the treatment was there the slightest discomfort occasioned by the application of the ray.

CASE III. Mrs. E. P. L., aged 82 years, came to me the fifteenth of last December with an inoperable scirrhous of the right breast, of about three years' standing. This patient had been using an advertised, guaranteed, so-called cancer cure, until the condition became so advanced that the realization was forced upon her that relief must be obtained quickly if at all.

The case presented a most extensive involvement of tissue, the whole right chest wall being implicated. There was an ulcerating area of about two and one-half or three inches in diameter which, with the infiltrated tissue about it, was

firmly adherent. The lymphatics of the right arm were extensively involved from the axilla nearly to the elbow, the subclavicular and cervical glands were indurated, hard, and prominent, a mass presenting just above the clavicle the size of an egg; in fact the whole condition indicated a most desperate state of affairs in which, I believe, there was absolutely no hope of staying the progress except through the application of the X-ray.

Semi-weekly treatments have been given with a German tube of high penetrating power, the ray being generated from a static machine. Length of treatments varying from ten to thirty minutes, distance of tube from patient varying from two to twelve inches. The first few treatments were given without a screen, or other protective, and were directed to the glandular involvement of the arm, axilla, cervical, and clavicular regions, leaving the ulcerating area as a central drainage point. The pain and odor rapidly decreased, and entirely disappeared by the time four or five treatments had been given. The indurated glands rapidly softened, and there was a free watery discharge at the point of ulceration, taking the place of the previous bloody pus discharge. When the treatments were directed to the central mass a lead shield was used, and while improvement was very slow it was evident. Treatments were guardedly pushed, and with caution the irritation was advanced to the point of causing a desquamation without a deeper X-ray burn (the condition presenting the appearance of a sun-burn), since then improvement has been more rapid. This case is still under treatment and improvement is progressive. The indurated glands of the arm, axilla, neck, and clavicular region have entirely disappeared; the involvement of tissue appears to be restricted to the immediate vicinity of the ulcerated area, which is now about one and one-fourth or one and one-half inches in diameter and freely movable; the depression of the nipple is disappearing, and there is every evidence of complete healing.

While the history of this case is necessarily incomplete at this time, I have reported it to show what can be done in some cases of one class of apparently hopeless conditions.

EDITORIALLY SPEAKING.

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

THE ABUSE OF PUBLIC OFFICE.

The recent investigation of the management of the Boston Almshouse and Hospital at Long Island has attracted general attention, and been the cause of many and varied comments. These comments have been by no means confined to the approval or the censure of the officials of the institution; the trustees who have acted for the City of Boston—which technically if not truly means the citizens of Boston—have justly come in for a considerable amount of criticism.

It is not our intention to dwell upon this investigation as a whole. Considering the manner in which it has been conducted we feel, as many others feel, that the results are partial, and, to a certain extent, unreliable and inconclusive. There have been negligencies and abuses for which non-residents on Long Island as well as residents are apparently morally, if not legally, responsible. A trust has been betrayed, the trust of the intelligent and conscientious care of the sick and dependent classes. A trust has been betrayed just as many another public trust has been or is being betrayed for the sake of private gain, or because of private indifference, jealousy, lust of power, or political expediency.

We are quite accustomed to these little incidents in civic life. Even enlightened, honest (?) Boston has not been without them in the past. Many a weightier and better wielded pen than ours can ever hope to be has exposed and scored the men and methods, in this and other cities, which disgrace a country of admittedly ideal principles and most disreputable practices.

With the investigation as a whole we are not now concerned, but only with a single detail in itself quite sufficient to furnish food for considerable reflection.

We cannot, of course, vouch for the correctness of the revelation embodied in the following paragraphs taken from a Boston paper, date of July 17, but the matter of fact directness of the report causes it to wear an air of extreme probability:

“Daniel Mallen, barber at the Long Island Almshouse and Hospital, told the city council investigating committee yesterday afternoon that he was accustomed to shave sixty men without washing his shaving brush. Mallen said he used the same mug, the same two towels for the sixty, and changed his shaving water only when he needed more lather.

“Mrs. Lincoln asked Mallen why he didn’t change his shaving water.

“Mallen—‘It would take me a week to get through if I did.’

“Asked how far he would have to go for clean water Mallen said about sixty feet through the ward. But he never had done so because the man who always shaved the inmates before himself never had done so. He never had been cautioned by the superintendent of the Almshouse and Hospital during the three and one-half years that he had been shaving inmates.”

The City of Boston, by special ordinance, adopted May 4, 1900, requires that barber shops shall be operated under certain restrictions, the providing of running hot and cold water in each shop, the sterilizing of mugs, shaving brushes and razors after “every separate use thereof,” the providing of a clean towel for each person and the cleansing of the barber’s hands after serving a customer. What is more, the shops are under the official supervision of the Board of Health, and subject to inspection at any time.

By the adoption of such public measures for the protection of the public, even the less well informed citizens have been taught that there is need of such protection; that without it many contagious diseases, some of them loathsome and

ineradicable may otherwise quite probably be transmitted. Ignorance of these facts, therefore, has been so largely replaced by knowledge, that the plea of ignorance is no longer admissible. And yet, upon Long Island, in an important city institution, the filthiest practices have been disclosed, if the reports published by the daily press are correct. If the one we quote is correct, the barber of that institution admits, that without once stopping to wash his brush, he has shaved sixty men, renewing the shaving water only when the original supply was exhausted, and using but two towels for the whole sixty operated upon.

According to the daily papers, it was offered in excuse that the men thus shaved in large numbers and under such conditions, were not affected with any disease. The probability of this being true we will willingly leave to the judgment of the profession. But even were they in perfect health, there can be no shadow of excuse for the practising upon them of such indignities, the exhibition of such criminal carelessness. Are we in our individual and collective capacities to spend thousands of dollars and lifetimes of arduous labor to increase the world's knowledge of the etiology and prevention of disease, and yet allow such gross and flagrant instances of the deliberate disregard of the elementary principles of hygiene to pass unchallenged, or go unpunished?

The case in point is not a small matter, nor should the criticism it here evokes be passed over as a mere tempest in a teapot. The instance we cite is one of many which go to prove the lamentable indifference characterizing the attitude of public officials toward the comfort and welfare of public wards. It is inconceivable that the criminal laxity we have just called attention to, could have been unknown to the superintendent of the Long Island institution; and upon him, no less, but rather more, than upon his subordinate, must the odium rest. Such neglect of duty, such resulting disregard of the laws of health and common decency cannot be considered trivial or unimportant. It is too plainly

illustrative of that defective moral sense of those in office which, in all departments of municipal government in one city or another, has so often made the honest discharge of duty the exception and not the rule.

As physicians we should reprobate the dereliction pointed out in this single instance; but while we do this, we should not forget that no absorption in the multitudinous demands of professional life can ever excuse us from our primary duty as citizens to give some personal attention to the administration of all public affairs. If we, and others like us, do not, those who make politics their business will. And in this connection it may not be amiss to remind our constituents that, though it is well for a country to escape from the autocratic rule of pope, king, czar, or emperor, it is not well that it should merely exchange masters, and accept as a substitute ruler the professional politician, be he democrat, republican, or socialist.

SCIENTIFIC PROVING OF DRUGS ESSENTIAL.—A reproof of our drugs is absolutely necessary, but according to the latest scientific principles the chemist, the microscopist, the X-ray, the blood tests, all should play their part in the proving of every drug. As provers we should have students of medicine, or physicians of both sexes, above the average in intelligence and sound in mind and body. They should devote their entire time to this work and be paid for it, and some one in charge who has had a thorough training in scientific research. Every organ in which symptoms develop should undergo a thorough daily examination by competent diagnosticians. An endowed institution devoted entirely to this purpose would accomplish more in a few years time than all the homœopathic medical schools, societies or individual efforts combined.—*The Chironian*

SOCIETY REPORTS.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held in Worcester, Wednesday, August 12, 1903. The meeting was called to order at 10.20 A.M., by Vice-President Edwin A. Clarke. The minutes of the previous meeting were read and approved.

On motion of Dr. Crisand the Society voted to sell one of the two sets of "Allen's Encyclopedia," which are in the library of this Society.

At 10.45 A.M. the meeting was turned over to Dr. Lucy E. Wetherbee, chairman of the Bureau of General Medicine.

The first paper was "The Early Diagnosis of Tuberculosis," by David P. Butler, M.D., of Rutland. This was a very instructive paper, and the writer urged all physicians to be more alert in the early diagnosis of this much dreaded disease. Dr. Butler laid great stress on the systematic taking of the temperature.

Dr. Crisand, of Worcester, discussed this paper, and spoke of the dilated pupils in early tuberculosis. He said that he believed this sign to be reliable.

The second paper was by Dr. Frank W. Patch, of Framingham Centre, on "Training Schools for Nurses."

This was a very unique paper and showed most decidedly that Dr. Patch has made a thorough study of this subject. The doctor believes that the course in training schools should be four years. The first year the pupil should have no connection with the hospital, but should study anatomy, physiology, bacteriology, English, and reading aloud. The pupil nurse should be well trained in housekeeping. Dr. Patch believes that graduate nurses should be the teachers of these pupils. Nurses should not be paid for their time during

their course of training, but the standard of all training schools should be raised.

This paper was discussed by Dr. Caroline Osborne, Superintendent of Nurses at Memorial Hospital, Worcester.

The third paper was by Dr. Edgar A. Fisher, of Worcester, on "The Significance of Indican."

Dr. Fisher reported some interesting cases, and gave many practical suggestions.

The fourth paper was by Dr. A. J. Atwood, of Townsend, on, "Diet in Diabetes."

Dr. Atwood reported a case of diabetes which he treated in a rather unusual way. He allowed his patient to eat any of the vegetables, with the exception of potatoes and beets. No animal food was allowed except milk and eggs. No extractives were permitted. On this diet the patient began to gain, and the amount of sugar in the urine steadily decreased until, at the end of six months, the urine contained no sugar, and the patient was apparently in good health.

At 1.30 P.M. the meeting adjourned to the State Mutual Restaurant, where dinner was served.

EDWIN ROY LEIB,

Secretary.

MORE EXPERIMENTS WITH RADIUM.—The most astounding results of radium have been again demonstrated by London, of Berlin. Thirty milligrams (about a half grain) of radium chlorid were placed in a small rubber and metal box with a mica cover, and this was laid on the top of a glass vessel in which were 21 mice. In five days all were dead, while 6 controls were as lively as ever. The author also calls attention to a new disease—dermatitis radiodenes, which are the peculiar lesions produced on the skin by the action of the radiations from radium.—*St. Louis Courier of Medicine.*

BOOKS AND READING.

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

MANUAL OF THE DISEASES OF THE EYE. FOR STUDENTS AND GENERAL PRACTITIONERS. By Charles H. May, M.D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department, Columbia University, New York, 1890 to 1903, etc. Third edition, revised. Illus. New York: William Wood & Co. pp. 408. Price, cloth, \$2.00 *net*.

It is obvious that the general practitioner should be familiar with the fundamental facts of the branch of medicine dealing with diseases of the eye. It has long been evident, however, to the specialist in these diseases that the average physician is not especially well grounded in this phase of professional work.

Students, also, although well-taught, receive from the commonly abbreviated course in ophthalmology a somewhat confused idea of what they ought to have in their minds in a clearly defined form. It is to increase the now too limited knowledge possessed by both students and general practitioners, that Dr. May's admirable work is given to the profession in its third complete, yet condensed, edition. It has passed through three editions in as many years. It gives a lucid and clearly outlined description of all the common diseases of the eye, with their etiology, symptomatology, complications, course, differential diagnosis, sequelæ, and treatment both medical and operative. Anatomical and physiological data are included wherever helpful. Rare diseases receive brief mention. The greater number of the illustrations, nearly 300 in all, including many fine colored plates, are original. The book itself is a well-bound, compact duodecimo volume.

THE MEDICAL EPITOME SERIES. MICROSCOPY AND BACTERIOLOGY: A MANUAL FOR STUDENTS AND PRACTITIONERS. By P. E. Archinard, A.M., M.D., Illus. Philadelphia and

New York: Lea Brothers & Co. 1903. pp. 210. Price, cloth, \$1.00 *net*.

The beginner in medicine is frequently bewildered by his inability to distinguish between what he must learn, and what it is desirable he should learn. It is also difficult for him to systematize knowledge acquired. In both these perplexities he will be greatly helped by the series to which the above condensation of microscopical and bacteriological lore belongs.

We consider these helps well calculated to give legitimate and judicious assistance to students, if the users are under competent guidance in their college work. Leading subjects are presented as in standard text-books, and vital matter emphasized by terse statements, descriptions, and lists of questions. The 74 engravings in the above epitome are of a high order of excellence.

CONSTITUTIONAL THERAPEUTICS. THE PATIENT, NOT THE DISEASE." By A. W. Woodward, M.D., for twenty-five years a Teacher of *Materia Medica* and Clinical Therapeutics in the Chicago Homœopathic Medical College. Philadelphia: Boericke & Tafel. 1903. pp. 557. Price, cloth, \$3.50.

Dr. Woodward dedicates this volume to "those physicians who, believing that a scientific therapeutics is attainable, are willing to make a new study of pathology and the physiological action of drugs as conditions essential to that end."

The first hundred pages are introductory, and explanatory of the author's views upon the importance and significance to the prescriber of a comprehension of pathological conditions as compared with a knowledge of constitutional peculiarities in the individual, the symptomatology peculiar to the individual case, the modifying influence exerted by previous maladies experienced by the patient, the influence of environment, etc. There are two chapters on systemic physiology, and a chapter composed of tables showing the source of symptoms and signs of disease. A brief presentation of pharmacodynamics and therapeutics in general follows; and a chapter on constitutional therapeutics—prefatory to the body of the work, which deals with the physiological effects and therapeutic application of some thirty-three or four drugs, chiefly by means

of illustrative cases from the Cyclopedia of Drug Pathogenesis, various journals, or personal observation.

The great purpose of the work is avowedly the commendable one of aiding in individualizing our remedies, and facilitating in some measure their differentiation as therapeutic agents. We will leave it to those more competent than we are to pronounce upon the measure of success attained.

RADIUM, AND OTHER RADIO-ACTIVE SUBSTANCES; POLONIUM, ACTINIUM, AND THORIUM, WITH A CONSIDERATION OF PHOSPHORESCENT AND FLUORESCENT SUBSTANCES, THE PROPERTIES AND APPLICATIONS OF SELENIUM AND THE TREATMENT OF DISEASE BY THE ULTRA-VIOLET LIGHT. By William J. Hammer, Consulting Electrical Engineer. New York: D. Van Nostrand Co. 1903. pp. 72. Price, cloth, \$1.00.

The above is in substance a lecture delivered by the author at a meeting of the American Institute of Electrical Engineers and the American Electrochemical Society in New York last April. The title is explanatory of the text, which presents the topics enumerated in a thoroughly scholarly and painstaking manner. Of special interest are the pages relating to radium, Prof. Curie's isolation of and observations upon this practically new element. There is also an exceedingly interesting section on the treatment of disease by the ultra-violet rays, with some account of the work at the Finsen Institute near Copenhagen.

We recommend this monograph to the attention of all interested in electro-therapy.

BLAKISTON'S QUIZ COMPENDS. No. 1. A COMPEND OF HUMAN ANATOMY. By Samuel O. L. Potter, A.M., M.D., M.R.C.P. Lond., formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco, etc. Seventh edition, revised and enlarged. Illus. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 372. Price, 80 cents *net*.

Four score new pages materially enlarge the size of this well-known compend of anatomy, which was first brought out twenty years ago. The present edition has been entirely

rewritten so that its text might be in harmony with the statements and nomenclature contained in the larger works of Gray, Morris, and Quain.

The descriptive matter is taken from these authoritative text-books. Tabulation is frequently resorted to in presenting such subjects as the circulatory and nervous systems. Illustrations are freely used, and include, among others, 16 full pages plates of the arteries and nerves. The student who acquires all the information in this compend, will be able to answer the "stiffest" State Board questions in anatomy ever likely to be propounded.

BLAKISTON'S QUIZ COMPENDS. No. 16. A COMPEND OF DISEASES OF THE SKIN. By Jay. F. Schamberg, A.B., M.D., Professor of Diseases of the Skin, Philadelphia Polyclinic and College for Graduation in Medicine, etc. Third edition, revised and enlarged. Illus. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 291. Price, 80 cents *net*.

We should certainly think this book worth at least a third more than the price asked for it. It is less a quiz compend than a small modern manual of practical information about the most commonly met with diseases of the skin. It is fathered by a man thoroughly conversant with his subject. It is written in such a simple, concise, direct manner that not a line of the text is wasted. The cuts are much better than those usually found in less recently conceived compends of this general character.

We should judge that physicians might like this little book for ready reference, and for the methods of local treatment it suggests.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. VIII. MATERIA MEDICA AND THERAPEUTICS, ETC. Edited by George F. Butler, Ph.G., M.D., and others. July, 1903. Chicago: The Year Book Publishers. pp. 326. Price, \$1.50.

The scope of this, the eighth volume of the series, includes not only materia medica and general therapeutics, but also preventive medicine, climatology, suggestive therapeutics, and forensic medicine.

The sections on light and electro-therapeutics will at once attract the reader's attention. They form a helpful summing up of much matter on these topics presented in recent numbers of the best medical journals.

Preventive medicine should be read with care. Some of the legal aspects of unfortunate results due to the application of the X-rays will be found under Forensic Medicine.

The subscription price of the ten volumes is \$7.50.

CATALOGUE OF PLASTER CAST REPRODUCTIONS FROM ANTIQUE AND MEDIEVAL SCULPTURE: SUBJECTS FOR ART SCHOOLS. Copiously illustrated. Boston: P. P. Caproni & Brother. 1901. pp. 300. Price, cloth, \$1.00.

Boston is justly proud of having within its limits this firm of master artisans who are also artists. It is a liberal education to the eye to visit their galleries at 1914 Washington Street, for in them and on the walls appear the most perfect reproductions of the works of ancient and modern sculptors. The catalogue just mentioned contains photographic views of these gems of art, 220 out of the 300 pages containing nothing but illustrations. As each illustration is numbered it is easy to refer to the explanatory lists of subjects and prices. The latter are reasonable, and the workmanship is above criticism.

Visitors are welcome at the galleries whether purchasers or not, but we rather think few will come away empty-handed. There are many fine anatomical studies among the casts, as well as statues, busts, reliefs, masques, medallions, armor and shields, etc.

MUNICIPAL AFFAIRS. VOL. VI. NO. 4. MUNICIPAL OPERATION AND PUBLIC FRANCHISES. STENOGRAPHIC REPORT OF THE NATIONAL CONVENTION. New York: Reform Club, Committee on City Affairs. 1903. pp. 883. Price, \$1.00 post-paid.

We heartily commend this volume to the attention of our confreres, believing that, with us, they will recognize the desirability of all educated men and women becoming conversant with the best expert thought of the day on the conduct

of municipal affairs. These volumes are issued quarterly. Recent previous ones have dealt with such questions as municipal art, public lighting, the housing problem in cities, railway franchises, Sunday opening of saloons, etc. These are all vital and practical issues upon the intelligent solution of which our well-being in civic life depends. Each volume includes a large number of papers prepared by experts, many of them of world wide reputation.

In the present volume arguments against as well as in favor of municipal ownership of public franchises, are ably and fairly presented. Volumes may be obtained by remitting their cost to the Reform Club, 50 Pine Street, New York City.

THE CRAFTSMAN: Syracuse, N. Y.: The United Crafts.
Price, \$3.00 a year; 25 cents a copy.

The "Craftsman," in its October issue, enters upon the third year of a successful existence. Its leading article upon *L'Art Nouveau* is from the pen of S. Bing, in whose studios in the rue de Provence, Paris, the modern movement received its first impetus and its name.

Another article of great interest is "The Halo in Art," by Caryl Coleman, which, owing to late arrival, could not be produced in September.

Irene Sargent continues the Craftsman Ceramic Series, with an account of the Newcomb Pottery.

"The Use of Wood in Switzerland," is the title of a finely illustrated paper by Wendell G. Corthell. The recently added department devoted to "The Nursery" contains original designs for Paper Wall-Hangings, made with special reference to the pleasure and instruction of children, and the "Needlework Section" gives illustrations of cross-stitch, lace-making, and tapestries.

THE SPECIALIST.

DISEASES OF THE NERVOUS SYSTEM.

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

DAILY RHYTHM OF EPILEPSY.—The study of 150,000 seizures shows that there is a more or less definite daily rhythm in the epilepsies, in the early evening, noontide, and in the early morning, which roughly divides the twenty-four hours of the day into eight periods. There are also smaller secondary rhythms. The interpretation of the rhythm is explained on the basis of cerebral fatigue and the accumulation of waste product at these periods.—*Medical News.*

SUDDEN BLINDNESS FROM HYSTERIA.—Sudden blindness from hysteria is rare, for while complete loss of sight may occur, it usually develops gradually with a concentric, progressive narrowing of the field of vision. The great majority of the cases occur in women and follows frequently some mental shock. The pupils dilate and contract readily even in the blind eye and we find in these patients some of the other stigmata of hysteria, as localized areas of anesthesia or hyperesthesia. The prognosis is good, but relapses may occur or a long time may elapse before restoration of sight is complete.—*Providence Medical Journal.*

ALCOHOLISM AND DEMENTIA.—Probably all subjects of alcoholism suffer from degrees of dementia, although many of the activities of the body are performed automatically, hence the real condition is unknown. Another disease may be said to be constantly present in all persons who drink to excess, namely, arteriosclerosis. The first effect of alcohol increasing the heart's action, driving the blood to the brain with great rapidity, is comparable to a continuous concussion along the delicate arteries of the brain. The high ten-

sion produced by the sudden increase in the column of blood forced to the brain and surface is followed by low pressure and deranged nutrition.—*New York Medical Journal.*

PARALYSIS.—Bartels reports the following case: A man, thirty years old, a worker in leather, had pain in the back due to Pott's disease. There was complete flaccid paralysis of the abdominal muscles and loss of the patellar tendon reflexes. There was total anesthesia in the legs, but deep puncture in the sole of the foot caused, after some time, a burning sensation. The patient grew worse and finally died, and at the autopsy there was found an almost complete transverse lesion of the cord, although some fibers were still preserved. From the second lumbar segment down there was degeneration of the posterior roots. The case is important in determining reflex action.—*Medical Era.*

NEUROMA OF INTERCOSTAL NERVES: CASE.—A woman thirty years of age complained of a lobulated tumor occupying the eighth intercostal space on the right side in the axillary line, which was a source of trouble and pain to her because preventing her from tightening her stays. The tumor was shaped like a dumb-bell; the extremities were as large as the top of the middle finger, freely movable and non-adherent to the skin. Its mobility, its situation (deeply in the intercostal space) and its painfulness suggested it to be a neuroma. On incising the skin the tumor was found lying between the external and internal intercostal muscles, connected with the nerve by a stalk. It was easily removed.—*The Medical Times.*

THE EPILEPTIC AURA.—Spratling classifies and studies the various epileptic auras under four heads: (1) Psychic; (2) sensory; (3) motor; (4) irregular. He gives examples of each kind, and reviews extensively the literature on the subject. As to the significance of the various forms of aura, little or nothing is known. The author's experience leads

him to believe that the more sudden, severe, and complete the epileptic attack, the less likely is it to be preceded by an aura; while the further the convulsion departs from the classical type, the more common and distinct the aura. Spratling believes that a close analytical study of aura may result in contributing a possible clue to the seat of epilepsy.—*New York Medical Journal*.

EFFECT OF COLORS ON THE INSANE.—Some curious experiences are reported from Italy as to the effect of colors on the nerves of the sick and insane. In the hospital for the insane at Alessandria special rooms are arranged with red or blue glass in the windows, and also red or blue paint on the walls. A violent patient is suddenly brought into a blue room and left to the effect of that color on his nerves. One maniac was cured in an hour; another was at peace in his mind after passing a day in a room of violet. The red room is used for the commonest form of dementia—melancholy—usually accompanied by a refusal to take food. After three hours in the red room a patient affected in this way began to be cheerful and ask for food.—*The Medical Times*.

OPEN AIR LIFE FOR EPILEPTICS.—Lastly there is one remedial measure to which I would assign the very first rank, and that is life in the open air. Though I do not believe that this will greatly avail in those cases where the disease is dependent upon an organic focal irritation within the cranium, yet in all other conditions there is nothing which will compare, for its sedative and healthy effects on afferent excitability of any form, whether with sensory or motor accompaniments, with open air life. This may be partly due to the fact that open air life is our most effective preventive of toxemia from autoinfection. But on general principles, open air treatment is as much indicated in the treatment of epilepsy as in the treatment of tuberculosis.—*New York Medical Journal*.

SYMPTOMS OF NEURASTHENIA.—Various repeated motions, winking, grimaces, wrinkling of the forehead, peculiar movements of the hands, habitual movements of the fingers, supposed previously to be scarcely more than bad habits, proved, on careful observation, to be commonly the result of run-down conditions, affecting the nervous system, lessening inhibition, and so giving the liability to slight motor explosions of various kinds, with resultant unnecessary and almost involuntary movements. It was noted that these were peculiarly liable to affect neurotic individuals with a certain amount of family heredity as regards nervous conditions, and were usually worse at times, when overwork, loss of sleep and appetite, or emotional stress made the patient's general condition less robust and his power of inhibition less capable than it had been previously.—*Medical News.*

PROGNOSIS IN NERVOUS DISEASES.—While this is better than is supposed, generally, and the number of recoveries is as great as in any other disease, certain forms are hopeless, notably general paresis. Landry's palsy, and multiple sclerosis, even the most discouraging cases of myelitis, especially if traumatic, may turn out well, and many hemiplegias, especially when syphilitic, recover. A syphilitic etiology favorably modifies the prognosis, save in tabes, general paresis, and epilepsy; and even in these decided benefits may be secured. The recoveries in meningitis, excluding the tuberculous variety, reach fully fifty per cent. Among the insanities all the non-organic types are recoverable, and the majority yield excellent and prompt results. A vicious heredity always constitutes an adverse factor. In epilepsy, chorea, and the neuroses generally, the more anomalous the type, the more favorable the prognosis, is the rule. Etiology is relatively unimportant in its bearing upon the prognosis in many of the neuroses. Removal of the cause to be effective in promoting relief and convalescence, must be prompt—

so prompt, indeed, as almost to precede diagnosis.—*Dr. W. B. Pritchard in Medical Record.*

TOXIC ORIGIN OF NERVOUS DISEASES.—As to the toxic origin of nervous diseases, it is becoming more and more evident, through the revelations of physiological chemistry and bacteriology, that it is a most important etiological factor, and a more general recognition of this fact would, I am confident, do much toward the initiation of better therapeutic methods. It may be safely asserted that a large proportion of all aches and pains and abdominal mental phenomena are due directly or indirectly to the imperfectly transformed products of digestion. Mankind is stupid in many directions, but its stupidity in the matter of eating and drinking passes comprehension, and has given rise to the saying that “gluttony kills more people than intemperance.” For one cause of insanity or neurasthenia with their profound and varying conditions of mental and physical derangement, there are thousands of cases of transient but ever-recurring disturbances of mind and body due to toxic causes. Man habitually overeats, and the resultant end products cause, by their irritation, a long train of familiar symptoms, heaviness of head, dulness of intellect, vertigo, confusion of ideas, cold extremities, etc. It is not then a cause of surprise that the physiological functions of the body are so frequently disturbed by autoinfection. When one considers the chemical complexity of the human economy, and how tissue metabolism is subject to hindrance and derangement because of disturbed digestive processes, incomplete oxidation, and imperfect elimination of waste material, it is rather a cause of wonder to see how much harmonious action there is in the complicated mechanism of the living body. Our knowledge of autotoxis as a cause of mental and nervous disease is enlarged because of the microscope and physiological chemistry, and it is believed that by urinary analysis the special organ at fault can be designated.—*Dr. A. D. Rockwell in Medical Record.*

FRENKEL TREATMENT OF TABES DORSALIS.—In conclusion I have a word to say on one of the latest developments in treatment. I speak of the exercises devised by Frenkel, whose book is published so far as I know only in the German-Swiss language.

If the patient is unable to walk, the bed-exercises are of two kinds: (1) A board at right angles with the foot of the bed, having nicks cut in it. The patient lifts his heels from notch to notch until he can do this accurately. (2) Next, two parallel connected boards, into the holes of which he places his heels from one to the other, the frame lying flat on the bed. Since he cannot see what he is doing this is much more difficult. When, as by this time will probably be the case, he is improved enough to get up, he is made to walk as accurately as possible on chalk circles described as far apart as the degree of ataxia warrants in parallel lines. As he improves at this the circles are brought nearer and nearer until they approximate to an arrangement in line. Finally he walks toe and heel, and when this can be done he will probably walk fairly well.

This is an outline of the process which is capable of any variations to suit individual needs, or which the ingenuity may suggest as advisable. The rule for progress is to give the patient what he *just can't* do, and set him to practise at it. He works only from fifteen to twenty minutes daily, but gives his whole mind to the exercise.

In most cases improvement may be looked for at the end of the first fortnight. Bedridden cases, though convalescence is often far more tedious, have by perseverance been able to walk quite well at the end of six months.—*Dr. Edmund Hughes in Journal of the British Homœopathic Society.*

ETIOLOGY OF LOCOMOTOR ATAXIA.—Dr. E. von Leyden in the *British Medical Journal* gives the following summary of an article which appeared in the *Berliner klin. Wochen.*, a few months ago:

“Cases of tabes of traumatic origin have been described by many authors, but it is by no means generally accepted that these cases are really due to the trauma. Case of a thirty-two-year-old-man, who had not had syphilis, but who developed tabes in connection with a fall on the head. The clinical signs of the disease were typical. A forty-six-year-old railway employe had been injured on the left leg, fracturing the malleolus; later, he broke his left thigh, and after this he developed the signs of tabes dorsalis. The writer then proceeds in detailing some post-mortem appearances. A laborer was affected with a progressive paralysis, which had followed a fall; eight months later he died. Post-mortem the spinal column was found to be uninjured; the whole gray matter of the cord showed small patches of softening, and there was descending degeneration of the pyramidal track and ascending degeneration of the posterior columns. The rest of the cord was unaltered.

“After referring to the works of Schmaus in connection with multiple sclerosis and syringomyelia and of Stadelmann, in connection with late apoplexy after trauma, the writer passes on to the consideration of Minor’s experiments of so-called nervous-system concussion. These experiments go to show that the symptoms of concussion are, in reality, due to slight lesions of the blood and lymph vessels, and the author is prepared to believe that some forms of trauma can produce like lesions in the nerve fibres themselves. He argues from these and other observations that tabes can be and actually is at times caused by the direct effects of trauma. Passing on to overexertion, he instances some cases of needle-women who worked for very long times at sewing machines, and without any other possible cause developed tabes. Another case coming under his notice was that of a man who had to overexert himself by writing a great deal at night time. At first his symptoms were ascribed to scrivener’s palsy, but in course of time they proved to be tabetic. There was no syphilis.

“Fuerstner’s experiments on dogs, who were made to turn

their head for a number of times, go to prove that prolonged exertion may lead to degeneration of the lateral columns of cord. According to Edinger, overstimulation of the nervous system produces damage in the ganglion cells chiefly, and the author finds that if one explains this in the light of the neuron theory that the molecular arrangements are disturbed, we find but little difficulty in appreciating how overexertion can lead to such a disease as tabes. Edinger's experiments with rats working in the treadmill support this. In conclusion he adds a very few words on the effect of cold as a possible etiological factor."

ABSTRACTS FROM BOOKS AND JOURNALS.

PULMONARY PHTHISIS.—The properly selected homœopathic remedy, even in incurable cases, is the best palliative, and far superior to allopathic "dope."—*Exchange*.

ONE CAUSE FOR HABITUAL ABORTION.—Syphilis is undoubtedly the chief cause of recurrent abortion. Intraperitoneal adhesions, chronic nephritis, and deep cervical lacerations account for a certain number of cases.—*British Medical Journal*.

COCOANUT FOR TAPEWORM.—A writer in the *Medical Summary* advises for the expelling of tapeworm the eating of cocoanut for two or three days to the exclusion of all other diet. He claims that the worm will come away entire in every case without the use of cathartics.

DOUCHING AFTER LABOR.—Vaginal douching is unnecessary after normal labor, unless the lochia are of a disagreeable odor, as may be the case on the third day and then the douche is best made of normal salt solution (1 drachm to a quart).—*New York Medical Journal*.

LARYNGEAL TUBERCULOSIS.—I desire to express my earnest belief that the treatment of tubercular laryngitis should usually be the same as that addressed to tuberculosis of the tongue, bones or skin—complete removal of the affected parts at the earliest possible moment, provided we have previously given a conscientious trial to the more conservative methods.—*Dr. L. B. Lockard in Philadelphia Medical Journal.*

PALLIATIVE REMEDIES.—The practice of prescribing palliative remedies for the suppression of pain has crept into our work, as greatly to the discredit of our methods, as it has been to the blunting of the keenness of our medical instincts. This evil is two-fold in its application; first, it is a great injustice to the sick; second, it makes the most superficial and unsuccessful prescribers.—*The Medical Advance.*

TYING THE UMBILICAL CORD.—A practical way of tying the umbilical cord is to place an artery forceps on the cord near the umbilicus and allow it to remain a few minutes tightly clasped. On removing the forceps a deep groove of hard, semi-transparent tissue can be seen. The ligature is placed in this canal and tied with a jerk. It is then impossible for it to slip off.—*The American Physician.*

INJURIES OF THE HEAD.—In severe injuries of the head, it is sometimes difficult to distinguish sutures and vascular grooves from fissured fractures, even after careful examination. Wipe the part over carefully with a sponge of absorbent cotton or gauze. The blood lying in a suture or groove may always be wiped away, whereas no amount of rubbing will remove the line of blood effused between fractured bones or separated sutures.—*International Journal of Surgery.*

POST-OPERATIVE HEMORRHAGE.—Bleeding after operations is a condition that is sometimes reached by our remedies. Phosphorus and china are well-tried drugs, and will

often correct a hemorrhagic diathesis or a worn-out and weakened system which predisposes to easy hemorrhage. Their administration will oftentimes be followed by a marked improvement, secondary hemorrhage prevented, and new and better strength added to the patient, and this will lead to a more satisfactory recovery.—*The Chironian*.

ESSENTIAL PRELIMINARIES TO OPERATION.—Few operators give sufficient time to the pre-operative preparation of their patient, and, consequently, convalescence is complicated without reason. Rest in bed for from forty-eight hours to a week should precede elective abdominal work, and during this time the intestinal tract, heart, skin, and kidneys should be carefully prepared for the operation. Attention to such details makes abdominal work easy, as compared to like work in an unprepared patient.—*Dr. J. O. Polak in Brooklyn Medical Journal*.

HURRIED EATING.—Just as by stoking a steam engine to cramming point the fuel burns badly and the intensity of the fire is lowered, so by bolting his food the vital processes within a man's body are hindered rather than helped. Necessarily food eaten rapidly escapes in a great measure the preparatory processes of digestion, and sooner or later a breakdown in the maltreated human machine supervenes. In a word, hurrying over eating is fatal to the healthy sustenance of the body.—*Lancet*.

DEATH FROM ACCIDENTS.—The death rate due to accidents and injuries is highest among persons forty-five years of age and over. The average age at death from accidents is about 33.5. The warmer months show a larger proportion of fatal accidents than the cooler months. A person is more liable to meet death by accidental injuries than by any other single cause, except tuberculosis, pneumonia or heart disease. One is twice as liable to die from accident as from old age.—*Medical Examiner*.

DELIRIUM TREMENS AND SNAKES.—Persons suffering from delirium tremens usually imagine that they are surrounded by snakes. An explanation of this hallucination is offered by the result of some recent French experiments. Sixteen alcoholic patients were examined with the ophthalmoscope, and it was found that the minute blood vessels in the retina of their eyes were congested. In this condition they appear black, and are projected into the field of vision, where their movements resemble the squirming of serpents.—*Medical Times.*

CATHERIZATION.—Never pass a catheter or any other instrument into the bladder without feeling that you are undertaking one of the operations in which absolute asepsis is important, and in which its neglect may bring about the most appalling results. Catheterism must be considered as a procedure requiring as much cleanliness, delicacy and patience as any in surgery, and it is well to realize that when taken in time, an affection of the ocular conjunctiva is trivial, compared to an infection of the bladder.—*International Journal of Surgery.*

PTOMAIN POISONING.—The symptoms are those of a more or less pronounced gastro-intestinal catarrh, with general feeling of malaise, epigastric pressure, regurgitation and vomiting of sour or bitter particles, and also diarrhœa. In the medium and more severe cases the above symptoms are accompanied by secretory disturbances, characterized by dryness of the skin and mucous membranes.

In addition, we find nervous disturbances, which demonstrate themselves in different gradations of bulbar symptoms. These last-named cases are fortunately rare.—*California State Journal of Medicine.*

WOUNDS OF THE ABDOMINAL VISCERA: TREATMENT.—The lesson taught by every study of this class of inquiries is that the only safe line of procedure lies in an exploratory laparot-

omy. No matter how great the doubt as to the presence of a visceral injury, it is safeguarding the interests of the patient to make the operation and to make it at once. No delay should be thought of on account of shock. If there is great amenia when the patient is first seen, direct transfusion should be instituted at once, while preparations for the operation are being made. No preparation of the patient can be made except to secure thorough sterilization of the field of operation.—*Cleveland Medical and Surgical Reporter.*

CONTINENCE AND HEALTH.—The result of the false impression instilled into the minds of young men, that sexual indulgence is essential to health should be corrected. It is through the medical profession that this saving and salutary influence of enlightenment must come. The family physician is peculiarly adapted, by his intimate relation with his patients, the freedom which his vocation allows him to talk on subjects ordinarily forbidden, and his relation as friend as well as professional adviser, to impart this information and explain matters relating to sexual hygiene in a manner always decent, but sufficiently plain.—*Prof. C. A. Morrow in New York Medical Journal.*

ETHER AS A CAUSE OF DEATH.—Ether rarely causes death through its immediate but more frequently through its after-effects, such as pneumonia and uremia. These complications may be avoided by keeping the head lower than the level of the body, turned to one side, and not giving ether in too concentrated a form; also by not keeping the patient on his back too long, and by relieving postoperative tympanites as soon as possible. The contra-indications to the use of chloroform are myocarditis, pericardial adhesions and non-compensated valvular disease. It should not be given when the blood-pressure is low or *in status thymicus*, or when a prolonged anesthesia is necessary.—*American Medicine.*

SUSCEPTIBILITY TO DISEASE.—Racial peculiarities as to heredity have long been recognized. I will mention only one or two instances, and these in connection with susceptibility. The colored race, in most instances, seems to have very little susceptibility to the micro-organism of yellow fever, but a very high degree of susceptibility to that of tuberculosis and pneumonia, especially if removed from the natural tropical climate to a temperate zone. The Jewish race seems to possess a very high degree of resistance against the tubercle bacillus, but is very susceptible to the causes of neuroses, diabetes, and affections of the skin. The tolerance and want of tolerance seem to be inherited qualities.—*Medical Record.*

FISH AND LEPROSY IN INDIA.—The spread of Christianity, more especially that of the Roman Catholic form, in India, seems to have been attended by a large increase of the number of leprosy cases among the converts. This may be owing to the circumstance that the converts, some of whom, previously to conversion, were strict vegetarians, take to eating fish; and others, especially those of the Roman Catholic persuasion, are in a measure compelled, by the abstinence rules of the church, to eat fish in much larger quantities than they formerly did. The fish consumed by lepers is salted and dried when in a very advanced stage of putrefaction. This is especially the case in India.—*Monthly Homœopathic Review (London).*

ABSCCESS OF THE LIVER.—Pyemia, traumatism, gall-stones and round worms frequently produce abscess of the liver, but probably the most frequent cause of single abscess is some form of dysentery, and, further, the amœbic type most often produces the condition. The amœbæ can often be demonstrated in the scrapings from the abscess wall when not to be found in the pus itself. If left to itself the abscess will, in most instances, rupture into the pleura or lung, al-

though rupture into the peritoneum or on the surface is not rare. The mortality of liver abscess without operation is between 90 and 95 per cent.; those cases recovering usually follow rupture into the lungs.—*American Journal of the Medical Sciences.*

GASTRIC CANCER.—Few cases of gastric cancer live beyond two years. Most, indeed, die in from eight to sixteen months. Sixty per cent. occur at the pylorus; 10 per cent. at the cardiac end, and 30 per cent. occupy the walls and the greater and lesser curvatures. Primary cancers of the stomach will take in from 25 to 40 per cent. of gastric cancers. Now that our facilities for scientific investigation are within easy access, early diagnosis of gastric cancer will materially benefit the patient by early and complete operative procedures. By operating early in malignant disease of the stomach, we may confidently expect great alleviation of human suffering and prolongation of life.—*Dr. W. Anderson in Pacific Medical Journal.*

COLLECTIONS.—Business men collect monthly. If they collected quarterly, their losses would be immense; if semi-annually, probably three-quarters of them would fail absolutely. Physicians should take the hint and collect from their patrons frequently while their bills are small and easily paid. If only \$1, it should be collected, so as to familiarize their patrons with their exact and prompt method of doing business. Carry nothing over. If our men would only do this, their losses would not exceed 5 per cent. of their collectable accounts. By collecting semi-annually their losses would increase to 25 per cent.; if yearly, they would lose about one-half of their entire business. These estimates are conservative, and represent a concensus of opinion deduced from the observation and experience of many shrewd observers in widely separated parts of the country.—*Dr. George R. Patton in the Northwestern Lancet.*

EYE AND EAR REMEDIES.—Eserin 3x was introduced into our practice through the investigations of N. L. MacBride, of New York; it is valuable for twitching of the eyelids, soreness of the eyeballs, dimness or blurring of vision after using eyes in reading, pains over eyes, in vertex or occiput; the keynote being aggravation by use of eyes.

Sulphur 3x is a grand remedy and completes the cure of many a stubborn eye, ear, nose, and throat affection. It is useful after failure of other remedies and especially beneficial in blepharitis in which there is a moist crusty condition of the lids, for continued supuration of the middle ear in scrofulous children, or chronic rhinitis due to intra-nasal irregularities superimposed upon debilitated general condition. If with any local affection of the special organs under consideration there is any skin lesion which is aggravated by ointments or water, this remedy may be prescribed with added confidence. Its sphere of action is wide and it rarely fails when indicated.—*Journal of Ophthalmology, Otology, and Laryngology.*

CONDUCT OF PREGNANCY AND LABOR.—Have the prospective mother avoid drugs, and take out door exercise, keeping the bowels regular by a free ingestion of pure or saline waters, and such other attention to dietetics as may be necessary. A hot sitz bath once or twice a week during the latter part of the gestative period with instructions to use the hot enema and douche when labor begins, completes in the main the outlined regimen previous to confinement.

One measure employed in the conduct of labor which I believe to bring more comfort to the patient and more satisfaction to the attendant than any other one thing is the use of the fomentive treatment to the soft parts during the progress of the first and second stages. This is done by the simple use of cloths wrung from water as hot as can be borne and applied with sufficient frequency to maintain the steam process. It tends to relieve the pain and makes less the likelihood of a ruptured perineum.—*Cleveland Medical and Surgical Reporter.*

COLLEGE, HOSPITAL AND LABORATORY NOTES

THE secretary of Pulte Medical College announces the receipt of the Carolyn Hooper \$25,000 bequest.

ONE hundred and seventy-two persons have been treated for rabies at the Pasteur Institute, New York City, since January 1, 1903.

MR. WILLIAM WALDORF ASTOR has contributed \$100,000 to the British cancer research fund, in response to an appeal made by Mr. Balfour at a public meeting held a few weeks ago.

A HOSPITAL, to cost \$75,000, is to be erected in Chicago, the physicians of which must use no alcohol in their prescriptions. The hospital will be called the Frances E. Willard National Temperance Hospital. The three schools of practice—, allopathic, homœopathic, and eclectic—will be represented on the medical staff.

AT the recent meeting of the State Board of Medical Examiners, representing the Medical Society of Pennsylvania, at Haddon Hall, Atlantic City, N. J., it was found that of the three hundred and ninety-two applicants for license fifty-one failed to attain the legal average, two withdrew on account of sickness, and one was expelled for cheating.

THE Institute of Technology, Boston, will have two new laboratories this fall, a laboratory of physical chemistry, and one for sewage investigations, the latter to be known as the sanitary experiment station. The biologist, C. E. A. Winslow, who will be in charge of the station, is quoted as saying: "The attempt will be made to look into the future and consider practical processes for dealing with the sewage of large cities, many of which are to-day using methods of disposal which it may eventually be necessary to abandon in the interests of the public health."

PREPARATION OF PLAGUE ANTITOXIN.--Haffkine, working in the Pasteur Institute, has produced a vaccine very similar to that of typhoid fever and cholera. He grows the

plague bacillus in mutton broth covered with a layer of clarified butter, from the drops of which the bacilli grow in stalactites and by occasionally shaking they drop in granular heaps to the bottom. This is repeated several times and the resulting sediment of disintegrated bacilli is used as vaccine material after being killed by 65°C heat, the toxicity standardized and kresol added as a preservative. In practice but one or two doses are employed. The usual local and constitutional reaction follows the injections.

The statistics carefully collected and analyzed speak strongly in favor as to the value of these inoculations.—*The Columbus Medical Journal*.

THE following interesting hospital case is given as reported in the daily press:

“Dr. Monnier, surgeon at the hospital of St. Joseph, Paris, recently operated on a curious case and stated the result before the Paris Academy of Medicine. Some time ago a peasant came to him and complained of severe pains in the stomach and prolonged indigestion.

“The doctor first tried some simple remedies, but soon saw that they were of no avail. An operation was resorted to and in the course of it the doctors were astonished to find the most extraordinary assortment of objects in the man’s stomach.

“There were eight teaspoons, half a fork, a portion of a comb, a cobbler’s awl, the blade of a knife, a brass tag and a door-key in the collection.

“These heterogeneous materials were all strongly oxidized and had been for some time in the stomach. There was no appreciable ulceration of the walls of the stomach, and three weeks after the operation the general state of the patient is very good. He takes food regularly and will soon leave the hospital.

“The patient is twenty-two, and seems to be frequently subject to nervous attacks, during which he has a mania for swallowing whatever is in his hands.”

OBITUARY.

DR. EGBERT GUERNSEY, one of the most eminent members of our school, and a well-known author and medical journalist, died at his home at Fishkill Landing, N. Y., of broncho-pneumonia, September 19. He was eighty years old.

DR. L. A. STEWART, of Clinton, Mass., met death by drowning at Brooksville, Me., September 20. The brief item conveying this sad news contained no information as to how the accident occurred, but it is thought that the doctor, who was bathing in a cove near his summer residence, may have been disabled by striking his head against a rock.

Dr. Stewart was for many years a practitioner in West Brooksville before removing to Clinton, Mass., and was an ex-president of the Maine Homœopathic Medical Society. He was fifty-five years old, and leaves a wife and family.

PERSONAL AND GENERAL ITEMS.

DR. HARRIET HORNER, B.U.S.M, class of 1903, has located at Castine, Me.

DR. J. R. TAYLOR, JR., B.U.S.M., class of 1903, has opened an office at 2 Commonwealth Ave., Boston.

DR. SARAH H. JENNESS has removed from 741 Tremont Street to 6 Garrison Street, Boston. Office hours until 10 A.M.; 1 to 3 P.M. except Sunday. Telephone, 2190-3 Back Bay.

DR. MARY REES MULLINER may in future be consulted at 175 Newbury Street, Boston. Office hours by appointment. Dr. Mulliner will limit her practice to mechano-therapy, including massage, corrective work, etc. Telephone, 1066 Back Bay.

CINCINNATI physicians recently petitioned the Ohio State Board of Health to debar osteopaths from vaccinating school children. The position was taken that surgery, even in minor degree, should not be practiced by adherents to this cult. The petition was sustained.

THE city health department of Colorado Springs has posted notices over the city warning the persons against trespassing on the grounds of the city or in any way polluting the water supply. A fine of from \$150 to \$500 will be imposed for each violation.

ONE hundred cases of bubonic plague were reported in Tondo the middle of September. Tondo is the most northern and populous suburban district of Manila. Of these cases eighty had a fatal termination. Cholera is prevalent in all parts of the island, the result of an absence of rain.

A SOUTH AFRICAN correspondent writes to the *Homœopathic World*, London: "South Africa offers some splendid openings for homœopathic medical men. I cannot imagine why we are so neglected by them when any number of the other side seem to be anxious to come. The Dutch, too, are nearly all homœopathic, so that everything favours homœopathy. Durban, Johannesburg, and other large towns have no one."

THE San Francisco Board of Health has taken the following action: "*Resolved*, By the Board of Health, that no cellar or other apartment below the level of the street throughout the Chinese district should or shall be used as lodgings, living apartments or places of manufacture and production, and the health officer is hereby directed to enforce this resolution to the extent of his power and to obtain such legislation as may be necessary to its further and more complete enforcement."

THE American Public Health Association will meet at Washington, D. C., October 26, and continue in session five days. Dr. Walter Wyman of Washington is president, and Dr. Chas. O. Probst of Columbus, O., is secretary.

THE NEW ENGLAND MEDICAL GAZETTE

No. 11.

NOVEMBER, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

PROSTATECTOMY: ITS PRESENT POSITION AND OUT-LOOK.

BY JAMES B. BELL, M.D., BOSTON, MASS.

[Read before The Massachusetts Homœopathic Medical Society, October 7, 1903.]

After mature consideration of the subject it seems to me that there is no more important practical question before the medical profession at the present time than, What are we to do with our cases of enlarged prostate?

First, let us look at the prevalence of this condition, and second, at its importance.

Sir Benjamin Brodie says, "When the hair becomes gray and scanty, when specks of earthy matter begin to be deposited in the tunics of the arteries and when a white zone is formed at the margin of the cornea, at this same period, the prostate gland usually—I might, perhaps, say invariably—becomes increased in size."

L. Bolton Bangs believes that prostatic enlargement begins a considerable time before the fiftieth year, and that its earliest manifestations are not generally recognized.

These, however, are but general statements and should be corrected by the more accurate observations of Sir Henry

Thompson, aided also by his many dissections, and who arrives at the conclusion that after the age of sixty, about 34 per cent. of all men have enlargement of the prostate, and that 15 or 16 per cent. suffer from marked symptoms of this condition.

Dr. George W. Johnson gives a very valuable report of the examination of the prostates of three hundred and sixty men over fifty-five years of age, the majority between sixty-five and seventy-five years; of these, two hundred and eighty-six, or 75 per cent., had perceptible enlargement of the prostate, and 18 per cent. had urinary disturbance.

Warren says, "It is comparatively rare to find a prostate in a man over fifty-five or sixty years of age which is not enlarged."

These statements are all undoubtedly confirmed by our own observations and experience.

Now as to the importance of this condition: If the symptoms were only confined to the increased frequency of urination, the tardy and dribbling stream, and the rising at night with more or less frequency, these annoyances might be borne with patience; but already at this stage the bladder is never emptied, and after every urination from one to several ounces of urine are retained, and this residual urine is liable, although constantly changing, to become the seat and source of an infection, of a suppurative cystitis, with gradual ascending infection of the ureters and kidneys, and the possible formation of stone in the bladder, with all the sufferings and dangers which these conditions bring.

The obstruction may at any time give rise to a retention of urine, with the necessary use of the catheter, or the beginning of the catheter life with all its inconveniences and dangers.

It is my own belief that the chief bar to longevity among otherwise healthy men, is the enlarged prostate gland.

Such an obstruction to one of the chief functions of the vital economy is the beginning of an attack upon the very citadel of life.

If 34 to 75 per cent. of all women above sixty had fibroid tumors of the uterus, and 15 to 18 per cent. serious symptoms from the same, we should certainly have many more hysterectomies than we have now.

If, then, prostatectomy can be made more simple, more easy and as safe as vaginal hysterectomy in selected cases, which I hope to show, we shall certainly have reached the dawn of a new day in this department of surgery.

In advocating this radical operation, I do not ignore the value of palliative treatment; on the contrary, I would recommend the careful selection of remedies for relief of the temporary congestions of the neck of the bladder which aggravate the conditions.

Many patients, as I continually observe, can be kept very comfortable and the catheter life postponed for years, by the use of conium, hepar, sil., sulph., sarsap., and other remedies selected according to the symptoms, with a carefully regulated life.

The catheter, also, is most valuable when properly used, but the difficulty with its use is the almost impossibility of securing surgical asepsis and the consequent bladder infection.

It is because of the latter condition, and the fact also that the passage of the catheter sometimes becomes very difficult or impossible, that we have to seek for some means of radical relief and cure.

In studying the various operations hitherto practiced for the relief of prostatic obstruction, it would be most interesting and valuable to consider the normal surgical anatomy of the organ and its pathological conditions, but as that would make this paper too long, we will proceed at once, therefore, to consider the six operations, with their modifications, which have been practiced up to the present time.

First, *Vasectomy*, a resection of the vasa deferentia on each side.

This operation has been proposed (by Albarran) and practiced as an easy way to suspend the functions of the testicle

and their apparent influence upon the growth of the prostate.

The operation is a very simple one, and there is considerable evidence that it has ameliorated some cases very decidedly.

Fryer says the operation has no mortality, but he also says that its results are neither so rapid nor so radical a cure as from castration, and also that from neither operation has he ever seen a restoration of the functions of a bladder that had once become completely dependent upon the catheter.

Bryant says of this operation: "The reported death rate is quite as much as in castration; permanently improved 59 to 82 per cent. But since the danger is quite as great and the outcome not so good, castration should be given the preference as a surgical expedient."

It should be added, however, that vasectomy does not emasculate, which is greatly in its favor.

Second, *Castration*, announced and advocated by White in 1893. There is undoubtedly a connection between the development of the testicles and the prostate gland, and it is also quite sure that the removal of the former induces, in some cases, the atrophy of the latter. I have certainly seen very excellent results in some cases myself. As long as we had no better and equally safe operations to offer, this was quite often practiced. It has a mortality, however, of from 5 to 10 per cent., is very uncertain in its results, and sometimes produces serious mental disturbances. I believe that it is wholly abandoned now.

Third, *Prostatotomy* by the Bottini method, by the electro-cautery.

In the search for some means which would give the largest amount of benefit with the least amount of risk, in cases of prostatic obstruction, the Bottini method has been welcomed and has now been pretty thoroughly tested in the twenty-five years since it was devised.

This operation as improved later by Bottini, and still more by Freudenberg, consists in burning three very narrow grooves or incisions, less than half an inch deep, one posteriorly and

two laterally, in the prostate gland within the bladder. A slough of burned tissue forms in each groove, which is cast off after a time, widening the canals a little and the contraction of the cicatrix is supposed to contribute somewhat more to the patency of the passage.

From a study of the current literature, and of all the cases I have been able to collect, I think the results of the Bottini operations as reported are about as follows:

Mortality, 8 per cent.; cures, 50 per cent.; improved, 30 per cent.; not improved, 12 per cent.

Of course these figures may vary much with different operators, but I believe they represent a fair average.

An operation which has produced 50 per cent. of cures can not be condemned as without value.

It has the advantage that as it seems to be a rather mild operation patients are more ready to submit to it than to other more radical procedures, and they can, therefore, be induced to have something done earlier than by the other methods. This fact, also, ought to lessen its mortality.

On the other hand, we have to consider that the operation does not permanently remove the cause of the trouble, and there is no reason why the gland should not continue to enlarge and reproduce the obstruction. It is also suited only to those cases where the obstruction is not great, or especially where it consists only, or chiefly, of a bar-like formation across the floor of the bladder.

It is also, as Bryant says, "an operation in the dark," and cannot be made as definite and exact as all surgical procedures should be.

Bissell covers the ground very thoroughly as follows: "The Bottini operation is not so simple or so easy as at first sight one would expect. It is an operation of detail, and one which requires care and skill, and an intimate and clear knowledge of the exact condition of affairs in the bladder neck. It is an operation by no means devoid of danger. Death, following suppression of urine immediately succeeding this procedure, has occurred several times, to my personal knowledge."

Freudenberg reports a case in which he cut through a fold at the base of the bladder; sepsis and death resulted. Perforation of the urethra and sepsis are reported. Pulmonary emboli have been found at autopsy. Hemorrhage is a constant danger, and the greater in that it comes on at the time the sloughs are thrown off—about ten days after the incision. It may take place earlier. Cystotomy and tamponing have been necessary in a number of cases, in order to save the patient's life. Absolute retention is not an infrequent immediate result of the operation.

In one of Meyer's cases he was obliged for this cause to tap the bladder over the pubes for three days. Pain and severe tenesmus, almost unbearable, are not infrequent complications. Dribbling is an occasional sequel which may be permanent. But the most serious of all the objections to Bottini's method is the risk of sepsis.

In every case of enlarged prostate which comes to us for treatment there is already a cystitis, or all the elements preparatory to its development.

There are present a number of pathological changes in the mucous and other coats of the bladder as well as the tissues of the prostate gland and its adnexa. A trauma, such as is done by the Bottini instrument, is all that is needed to light up an inflammation in the tissues. The destruction of a considerable amount of tissue in a closed sac, and the leaving it there without drainage, seems to me to be a surgical negligence without any excuse. To say that it is done with every antiseptic precaution is saying what is impossible.

The cicatrization produced by a Bottini is said to prevent or complicate seriously any further operation upon the gland. Moreover, this procedure does not take into account the real causes of the obstruction and its sequences, or at least affects only a small proportion of them. If the retention, cystitis, and their results were caused by a bar or a collar, or other obstruction at the lower portion of the vessel opening only, the Bottini would apparently be the indicated operation, al-

ways provided free drainage afterward could be instituted to prevent septic infection. A catheter tied into the urethra, to my mind, is a brutal and painful relic of the dark ages of genito-urinary surgery.

Bottini's operation does not adequately appreciate the causes of the obstruction. It does not treat the condition complicating the hypertrophy. It does not allow for drainage of a dirty wound. In a word, it is unscientific and unsurgical.

Herrick says, "Bottini's operation has the advantages that with more or less pain it may often be done under cocaine, and is attractive to patients as not being a cutting operation. Almost completely in the dark, it burns a groove in the prostatic obstruction; if the surgeon burns too much he gets urinary infiltration, and if too little it must be repeated. It leaves a sloughing wound, bathed with urine, in an often infected cavity, with most imperfect drainage, as it is almost always followed by retention of urine requiring a permanent catheter for from three to seven days, and is commonly followed by temperature to 101 degrees or even 104 degrees F. Embolism is not an uncommon cause of death, and secondary obstruction, cicatricial or otherwise, is not infrequent."

Its mortality, according to Keyes, is $6\frac{1}{2}$ to $16\frac{2}{3}$ per cent, and we may add that it is rapidly losing its adherents. Worse than deep internal urethotomy, it must share its fate.

We will now consider the three methods of *Prostatectomy*. This operation consists in the removal of all, or the most, of the prostate gland, and if it can be done early enough, will remove or prevent all the evils of prostatic obstruction.

The three operations are as follows: First the Supra-pubic, second the Combined Supra-pubic and Perineal, and third the Perineal.

The Supra-pubic operation was brought before the profession by McGill, in England, in 1888 and 1894; also by Belfield, of Chicago, about that time, and has been much practiced and recommended by Freyer, of London, and by Mayo-Robson, and some others.

It is done through the usual supra-pubic incision of the bladder. The mucous membrane covering the enlarged portions of the prostate is incised with scissors, and the several parts of the gland enucleated with the fingers. The pedunculated middle lobe is simply excised with the scissors or twisted off.

The hemorrhage is controlled by very hot irrigations, or in some cases, with the thermo-cautery, introduced through the speculum, or with per-chloride of iron, applied on a sponge.

The bladder is drained with the tube coming out of the wound, which is closed around it with sutures.

The Combined operation is known also as Alexander's, and was introduced by him in 1896. A very similar operation had, however, been published by Nicoll, in London, in 1894.

Alexander describes it as follows, the supra-pubic wound having been made in the usual way: "The supra-pubic opening is then covered with gauze, and the patient placed in the lithotomy posture. A broad median-grooved staff is passed into the bladder through the urethra and held by an assistant. The membranous urethra is then opened by a median perineal section, the floor of the urethra being thoroughly cut from just behind the bulb back to the apex of the prostate. This must be done thoroughly. The staff is then withdrawn and the gauze removed from the supra-pubic wound. The surgeon now washes and disinfects his hands. Two fingers of the left hand are then passed into the bladder through the supra-pubic wound, and by these the prostate is pressed downward into the perineum. With the forefinger of the right hand the surgeon begins the enucleation, which is performed entirely through the perineal opening. The fibrous sheath of the prostate covering its posterior and interior surface is broken into with the finger, and the capsule entered; the entire prostate is shelled out from within its sheath by digital dissection. The inferior and posterior surfaces of the prostate should be first separated from the capsule. The mucous membrane of the bladder and prostatic urethra covering the

enlargement, with the underlying muscular tissue, is stripped up from the part to be removed, but is not opened. The lateral lobes are first removed, after which, if there is a middle enlargement or a projecting tumor or tumors, these can be pressed downward into the perineal wound and enucleated in the same manner. During the enucleation the prostate can be drawn down into the perineum by forceps, and for this purpose I use an ordinary ring sponge holder with a strong lock in the handle.

“After the removal of all the prostatic growths, the lower wound is flushed with a 1 to 5,000 bichloride solution, a perineal tube is inserted into the bladder, and a rubber drainage tube of moderate size is placed in the bladder above the pubes. The retraction sutures are removed, and the bladder is allowed to drop back behind the pubes. The upper part of the suprapubic wound is then closed by sutures, and a dressing of gauze pads applied, which is perforated to permit the drainage tube to pass.”

The Perineal operation is accomplished wholly through the incision in the perineum. The latter is either the medium straight incision or the inverted Y with the branches toward the anus. The median straight incision is by far the best, as it wounds no important vessels, and when well opened by retraction, gives good access to the gland. The most of the bleeding will be from the bulb of the urethra, and this may need pressure forceps or a few ligatures. A grooved staff having been first introduced into the bladder as a guide, the incision is carried down until this is plainly felt in the membranous urethra and the latter is fully opened by the knife to the apex of the prostate.

A small steel sound is now passed through the wound and guided by the staff into the bladder, and the staff is withdrawn; the right forefinger is carried into the bladder and the latter explored. The left half of the gland is now enucleated by introducing the forefinger into the capsule, either with or without the aid of the scissors. The work must be done from

behind forwards, as this is the line of cleavage, and will be aided by the grasping of the gland with volsellum forceps, drawing it down, and cutting away portions with scissors as in morcellation of uterine fibroids.

Murphy has designed some hooks for this purpose, but the forceps are far safer for the surgeon and the patient.

A prostatic tractor has been designed by Syms, a collapsible rubber bag, attached to a tube to be introduced through the wound into the bladder, and then filled with water for the purpose of drawing the whole prostate down.

Lydston has designed one consisting of a hinged lever on a rod with a cross handle for the same purpose. Young has invented an instrument with two expanding fenestrated blades for a like use.

Personally I do not think there is much necessity or use for any one of these instruments, but of the three, Syms is the best, being flexible and more out of the way. The right half of the gland is now removed in the same manner as the left, including also the middle lobe if the latter is enucleable.

The bladder is now explored again, any pedunculated growth cut away with scissors and any stones removed with forceps, being first crushed if necessary with a lithotrite introduced through the wound. The bladder is then washed out thoroughly with hot saline.

A good-sized rubber tube is passed well into the bladder, through the wound, and secured with a silk worm gut stitch. The wound is partly closed by stitches of the same in the anterior portion, leaving room to pack several pieces of gauze about the tube to control any oozing. The bleeding is very slight and manageable. The drainage tube is long enough to bring through the dressing and to carry into a vessel at the bedside.

The after treatment will vary in different cases, but the patient should sit up in bed as soon as possible, and the tube be removed in eight or ten days; a foul bladder will need irrigation.

The occasional passage of a sound through the urethra as the wound heals will secure the caliber of the canal.

It will be necessary in some cases after eight or ten weeks to freshen and close the perineal wound with silk worm gut sutures.

I have described this operation thus in detail, because I believe that it is in about this form that we have the coming operation, and by all means the best one.

We may now briefly consider the relative merits of these three operations. Of the first, although we have favorable reports from some operators and especially from Fryer, with his forty-four cases; and in spite of the fact that the operation is generally recommended in the later text-books somewhat guardedly; we must nevertheless conclude that this is not the operation of the future for many good reasons. In the first place, the supra-pubic incision has a high mortality of its own, in elderly persons. When made for the removal of stone, and nothing more done than to gently lift out the stone with forceps or fingers, the mortality is 18 per cent.

The shock from this incision is greater, and the danger from infection of Retzius' space is also serious. When we add to this severe and more or less indefinite traumatism of the bladder, more or less serious hemorrhage, and poor drainage, we certainly have grave obstacles with which to contend. Bissell says, "The supra-pubic route is open to serious objections. First, and of perhaps the most importance, drainage is up-hill and against the force of gravity. Shock is much greater than in the perineal operation. The floor of the bladder is extensively lacerated. The prevesical areolar tissue is easily infected, and sepsis is not the infrequent result of opening a purulent bladder above the pubes."

Ferguson says: "The hemorrhage in supra-pubic prostatectomy or in the combined method is often very alarming. On one occasion the writer had to leave the pressure forceps on blood vessels, and pack the bladder tightly with gauze for twenty-four hours. The patient narrowly escaped death

from both hemorrhage and sepsis. Sepsis and intoxication from pus and fetid urine coming in contact with the prevesical tissues and wounded and raw surfaces within the bladder, are great sources of danger in the supra-pubic operation."

Murphy says: "The supra-pubic route was the one uniformly followed in my ten years' service at the Alexian Brothers' Hospital. Either enucleation or cauterization was accomplished through a supra-pubic opening, by the aid of curved scissors, Kocher dissector, volsellum forceps and the index finger. The middle lobe was readily and easily enucleated, but the enucleation of the lateral lobes through the supra-pubic route was always a difficult, bloody, dark and unsatisfactory procedure, though many times gratifying in its relief to the patient."

When we consider that in addition to all these objections, the operation is technically wrong in not supplying a method for accurate, clean and definite removal of the gland, we may well be prepared to relegate this operation to the scrap heap.

With reference to the Combined or Alexander operation, we only need to say that the combination is wholly unnecessary.

The only object of the upper incision is to give an opportunity to press the growths down from above that they may be reached below. This might be done, if necessary, through an incision which does not open the bladder as has been proposed, but increasing experience shows that even this is not required. The objections to this operation are the same as to the first one, with the exception of the drainage and the better access to the gland.

Murphy says: "Alexander considers that the technic of the prostatectomy bearing his name is a most dangerous and difficult one, and he is disposed to discuss its failures, rather than its successes." The last operation, the perineal, alone meets all the requirements of the case. The operation is definite, direct and complete from beginning to end; it meets all the surgical indications.

The straight median incision will probably suffice in every

case, but it may be extended partly around the anus in the form of the inverted Y as recommended by Murphy and others, if necessary.

The enucleation is thoroughly practical, and all the obstructions are readily removed. The hemorrhage neither from the capsule or the incision is at all important.

The shock of the operation is the least, and the drainage is direct and perfect. For all these reasons we may expect a mortality in fairly favorable cases of not over 2 to 5 per cent.

Murphy reports thirty-two cases with one death; Young reports twelve cases and no death, and Ferguson, six cases and no death. Sims has six cases and no death. Sims says: "To one accustomed to operations on the prostate this particular method will be found to be comparatively simple, and not a very difficult one to perform. When properly performed the operation is not a formidable one, the hemorrhage is very slight, and the patients suffer comparatively little. The author feels that prostatectomy will be proven in the future to be a thoroughly sound and proper procedure. He believes the death rate will be no more than is compatible with a condition that is in itself so grave and menacing."

Murphy says: "(1) The perineal route gives the best ultimate result. (2) It is accompanied by less danger than the supra-pubic or Bottini's operations, as (a) hemorrhage; (b) sepsis; (c) injury to the neighboring structures; (d) less danger to life. (3) The drainage is excellent and favors rapid restoration of the bladder to its normal condition." He also says in another article: "The perineal is the most direct and least bloody route. It admits of a very large opening, and permits the prostate to be drawn quite into the open before it is attacked. It gives the greatest security against injury to the bladder wall, and least liability to disturbance of the internal sphincter. It endangers the rectum least and affords the best drainage."

Bissell says: "Perineal prostatectomy has many attractions. By it the prostate is easily reached. Hemorrhage is light or

is easily controlled. Drainage is in the lowest and the most direct route by force of gravity. The opening into the bladder is at its most dependent portion, and the best possible irrigation is obtained for both bladder and urethra. Sepsis following this formidable operation is, therefore, less apt to occur. The urethra need not be injured nor the floor of the bladder, except at the point where drainage is to be made. With the perineal prostatectomy and drainage, restoration of the function, with minimum danger to life, can be expected in suitable cases, and when the operation is done by experienced surgical hands with exact knowledge of the anatomy of the region and the structures involved, the perineal operation is quite simple."

Alexander says: "Enucleation of the whole prostate through the perineum is apparently the latest legitimate endeavor of modern surgery to eradicate the evil of obstructed urination. It seems to be the outcome of a more precise knowledge of the organ in health and disease, and of the analysis and comparison of the several operative methods already made."

The technic of this operation will doubtless be improved and perfected as we have a larger experience with a greater variety of cases, and the results will equal those of any of our well established surgical operations.

This I believe to be the operation of the present and the future for prostatic obstruction.

THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.

BY DAVID P. BUTLER, M.D., BOSTON, MASS.

[Read before the Worcester County Homœopathic Medical Society.]

When we can say that the early diagnosing of pulmonary tuberculosis means that we can cure it eight times out of ten, the importance of such diagnosis is evident.

Quite as important as the chest signs are the history of the case, family and personal, and the general physical characteristics. A family history of tuberculosis, alcoholism, or of

any chronic disease or of a low standard of vitality should excite additional suspicion of tuberculosis when any of the usual signs of that disease are present.

A personal history of alcoholism and dissipation, unhygienic environment or occupation, glandular involvement present or past, chronic low vitality, recurrence of acute illness especially of pleurisy, should give unusual importance to the slightest symptoms suggestive of pulmonary tuberculosis. Most pleurisies appear to be of tubercular origin.

I believe that depression of the general vital force has more to do with this disease than any special conformation of the chest, or physical type.

In any case where the cough has lasted as long as three weeks a chest examination should be made. A thorough chest examination means stripping the patient to the waist, and a time-taking percussion and auscultation over every square inch of the surface of the chest. This includes the axillary area and the region covered by the scapulae, which should be thrown outward for a careful back examination.

While the initial lesion in most cases is found in the apices, in many others it appears elsewhere, and the result of your examination, if negative, is of no value unless every inch of the chest surface has been covered. The sputum test, while valuable if positive, is of no value as a negative sign; and though many cases should be recognized before tubercle bacilli are present in the sputum, such examination sometimes gives a positive diagnosis in the absence of chest signs.

Most important of the constitutional symptoms is an afternoon or evening rise of temperature. Dr. Trudeau says that a persistent afternoon rise of temperature unless it can be distinctly assigned to some other disease, means a tubercular focus somewhere in the body. The temperature should be taken just before rising, again at 3.30 or 4 P. M., and at 8 P. M., and should be taken systematically in this way for two or three weeks. It is, however, well to remember that if the case has been under good hygienic surroundings some weeks before you see it the rise of temperature may not be present.

Other suggestive signs are pleurisy, failing appetite, gastric indigestion, constipation and often dyspnoea. This last symptom is often the very first to appear, and if so is very suggestive. Loss of weight and strength are often not early signs of the disease. Blood spitting is, perhaps, one of our surest signs of pulmonary tuberculosis. Very rarely, comparatively speaking, is it due to any other cause. Increase of pulse both in rate and impulse is often present early in the case. The morning cough—the symptom that means so much to the layman—is not always present early in the disease. Many cases are first called to our attention by a hemorrhage, and the cough begins after that.

The presence of any one of the foregoing symptoms except the gastric and intestinal symptoms should suggest an immediate chest examination. The more of the symptoms we have in combination the more urgent the examination. If the afternoon rise of temperature, hemorrhage, or dyspnoea are present, with or without cough, and physical signs of the disease cannot be found, yet no other disease can be diagnosed, it is only right to proceed as with pulmonary tuberculosis.

The point that I wish to impress is that we must not wait for pronounced physical signs before we diagnose these cases. We must know our cases sooner. We must watch the convalescence of pneumonia, pleurisy, grippe, measles and whooping-cough as carefully as we do their critical stages, for convalescence is the time during which patients are most liable to tubercular infection. When they get strong enough send them if possible out of the city for a few weeks. Keep them from city dust storms. It is safer for a convalescing patient, if well protected, to go out in a rain storm than in a dust storm.

Do not call every case where there is an afternoon or evening rise of temperature ambulatory typhoid or malaria without also considering incipient tuberculosis. Many of the symptoms of grippe are those of a virulent initial attack of tuberculosis. If we recognize early our tubercular cases that are secondary to other diseases, we shall have recognized early nearly one-third of these cases.

I have left till the last the physical signs often found very early in these cases. First in frequency are a few very fine crepitant *rales*, usually at one apex, sometimes at both; sometimes in front, sometimes in back; in place of these, or with these, an occasional sibilant *rale*. Usually we get with the *rales* prolonged expiration much oftener heard in back than in front. Often we get a jerky respiration absolutely without *rales*. In the very earliest cases I think we rarely get appreciable dulness. If secondary to pneumonia our case is usually basic, and neglect to examine that part of the chest will prevent the recognition of the disease.

In closing I would say, partly in recapitulation, that the essential things in recognizing pulmonary tuberculosis early are,—watching the predisposed cases closely,—such patients as are predisposed by heredity, environment, or illnesses such as those mentioned above, and especially those patients who have or have had tubercular glands; also giving thorough chest examination on the slightest suspicion, and finally paying close attention to the revelations of the clinical thermometer.

If these things are done not only shall we recognize our cases when they are curable, but we shall more often fulfil the more important function of the modern physician,—that of preventing disease.

REPORT OF A CASE OF FRACTURE OF THE RADIUS AND ULNA.

BY J. EMMONS BRIGGS, M.D., BOSTON, MASS.

[Read before the Boston Homœopathic Medical Society.]

While it frequently happens that in the treatment of simple fractures, no especial surgical knowledge is required, the profession is alive to the fact that complicated breaks often occur which require an exceptional degree of skill and experience.

The purpose of this paper is to bring to your notice a case which is of more than usual interest.

Miss G., aged twenty-two, met with an accident on Christmas night while coasting. A double runner sled came in collision with a telegraph pole. The impact was severe and my patient sustained, among other injuries, a fracture of the ulna and radius at the junction of the middle and lower thirds. These breaks occurred at about the same level, the radial about three-fourths inch lower than the ulna.

I saw her a few days after the accident, she having been treated by her family physician, who had placed her forearm in an anterior-posterior splint. The splints were skilfully applied, but failed to hold the bones in their proper position; that is, the radial fragments were in apposition, but the lower segment of the ulna was deflected inward.

The patient was anesthetized, the splints were removed, and another anterior-posterior splint adjusted. Great difficulty was experienced by any method employed in maintaining both bones in their proper position at the same time. It seemed that either one or the other persisted in being out of place. Finally by adjusting pads between the bones and strongly supinating the arm, a fairly accurate approximation was maintained as shown by the X-ray. The splints were readjusted from time to time, and, in about three weeks, plaster of Paris was substituted for the wooden splints. The union of the radius was perfect in four weeks time, but there was motion at the site of the ulna fracture. The positions of the bones were quite satisfactory; in alignment perfect, but a new difficulty began to make its appearance at about the sixth week. A contraction of the first and second finger with inability to straighten them. This became so pronounced as to render the hand practically useless. It should be borne in mind that during all this time plaster of Paris bandage was worn because of the ununited fracture of the ulna. Pronation and supination were also somewhat restricted. On removal of the plaster of Paris bandage an enormous callus was discoverable at the point of the fracture. This originated mostly from the ulna, but by far the most troublesome feature

of the case was the ever-increasing flexion of the fingers and the inability to use the hand. It soon became evident that the cause of the impairment in the functions of the hand was due to the callus which had infiltrated the tendons of the flexor muscles of the forearm. Energetic and faithful applications of electricity and massage failed to improve the condition.

In April, 1903, some four months after the accident, the hand was badly crippled, and instead of improving, it was evident that the condition was becoming more and more pronounced. A useless and deformed hand seemed the inevitable outcome in her case. Attempts at passive manipulation failed to produce anything like straightening of the fingers, and she herself by using her volition could move them scarcely at all. Feeling sure that this deformity would be to a great degree permanent and greatly handicap my young patient, it seemed best to attempt a rather radical operation for her relief. Had I known just how radical it was to be I should have hesitated about undertaking it.

Operation was made on April 18, 1903. An incision five inches in length made along the anterior aspect of the forearm in the median line. The hardened indurated border of the callus was soon reached, and working through it I came down to the point of the ulna fracture and found it ununited. An enormous callus had formed which had extended into the soft parts in the region about. Especially did it incorporate the muscles and tendons of the forearm. Tendon sheaths for inches were so completely amalgamated into the mass as to make them unrecognizable. Tendons were adherent and immovably fixed.

The operation consisted in cutting down to the site of the ulna fracture, removing in so doing much of the callus, wiring the ulna and freeing up every adhesion until I was able to straighten the fingers. This was an exceedingly tedious and extensive operation, but before finishing it, it was possible to freely extend the fingers. Much trouble was experienced

in holding the ends of the ulna in position. When wired, the bones at the point of fracture would invariably incline inward until it would rest upon the radius. Twice wiring was tried but proved inadequate. I determined to try another expedient which seemed indicated in this case, in fact it was the only measure which came to mind which would prevent the bones from coming in contact. I had previously drilled holes in the ends of the fractured bones. I now introduced through the skin of the ulna side of the forearm, at a point directly against the fracture, a straight needle threaded with silkworm gut. This I carried through the hole in the upper fragment, then threaded the silkworm gut through a hole in the lower fragment, I brought it out through the skin at a point about three-fourths of an inch below the point of insertion. I then adjusted a short wooden splint on the ulna side of the forearm, and tied the silkworm gut suture around it. By pulling this stitch with reasonable force I was able to maintain the bone in perfect alignment, and prevent the tendency of the ulna to come in contact with the radius. This difficulty overcome, the dissection was carried on until every tendon on the flexor surface of the forearm was exposed and in most places denuded from its sheath. This is the part of the operation which particularly disturbed me, for I was apprehensive that, in the destruction of the sheath through which the tendon glides, there would be restricted motion and a re-establishment of the same deformity or lack of ability to use the fingers. This doctrine is taught in most text-books on surgery. After securing the bone, dissecting the tendons, and separating the muscular bellies from those which were in proximity, the wound was closed by a continuous silk suture applied in the skin only. The arm was placed in an anterior-posterior splint and was left undisturbed for three days, at the expiration of which time passive motion of the fingers was commenced; this being unaccompanied by pain, was persisted in daily thereafter. Electricity was applied to the flexor region of the forearm, and contraction of the muscles obtained. This was

done daily for two weeks when the patient was discharged from the hospital. The wound healed entirely by first intention, and to this fact the excellent result obtained is attributable.

Nine months have passed since this fracture occurred; five since the operation. The present condition of my patient is exceedingly satisfactory. She can use her arm and hand very satisfactorily. Every finger can be voluntarily extended or flexed, either separately or collectively. The supination and pronation is perfect. She can straighten her fingers, can flex them all upon the palm except the forefinger, which nearly touches. Her condition is daily improving, and it is probable that a nearly perfect result will be obtained.

There are two points in this case which are of interest: 1st. The method which was used in wiring the bones. 2nd. The operative measures adopted in order to overcome the deformity occasioned by the encroachment of the callus into the tendons and muscles of the forearm.

In closing I will offer the following suggestions about work upon the tendons and their sheaths. Much can be accomplished in cases of adhesion and mutilation involving tendons and their sheaths. The sheath can be sacrificed in part or in toto without occasioning annoying restrictive adhesions, provided one requisite is maintained—absolute asepsis. Failing in this, all work upon the tendons and their sheaths will be more than useless, resulting in a deplorably worse state of affairs than existed before operation was undertaken. If suppuration occurs, inflammatory exudates will utterly and hopelessly bind contiguous tendons, muscles, fascia and ligaments into a solid and immovable mass.

It is with a sense of horror that I contemplate the results which would have followed a suppurative wound in the case cited,—deformity, absolute loss of motion and of function to a much greater degree than would have obtained had no operation been undertaken.

AN OPEN LETTER.

MELROSE, MASS., September 20, 1903.

EDITOR NEW ENGLAND MEDICAL GAZETTE:

Dear Doctor:—In my paper “The Physician and the Public Schools,” read before the Boston Homœopathic Medical Society, and published in the July GAZETTE, I said: “We do not, as a matter of school routine, test eyes and ears, etc.” This statement should be qualified for two reasons. First, because the feasibility of the proposed examination was seriously questioned in the discussion of the paper, while the last report of the School Committee of the town of Hyde Park shows that it is entirely feasible, and, moreover, a matter of urgent necessity; furthermore, such compulsory examination of the pupils in the public schools is already embodied in the statutes of several states. Second, it is a pleasure to call attention to the fact that our colleague, Dr. David W. Wells, has done this work in Hyde Park, solely as a measure of public service. Let us hope that in good time Dr. Wells will give us the results of his work in the schools of Hyde Park.

Very truly yours,

C. P. HOLDEN.

CARE OF PUPILS' EYES IN LONDON SCHOOLS.—In London schools those children whose sight is defective are given cards by the oculist of the school board, which inform the parents that the children should be sent for treatment to a hospital. Unfortunately, however, the public hospitals seem not to have dealt thoroughly with the cases sent to them, so that the results have been discouraging alike to the patient and to the medical examiners. This complaint, however, does not hold good of the ophthalmic hospitals, where, as a rule, better service has been rendered.—*Ophthalmic Record.*

EDITORIALLY SPEAKING.

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

THE IMPORTANCE OF ORAL HYGIENE.

We have recently received a communication from the secretary of the National Dental Association, requesting us to call to the attention of the medical profession the following resolution adopted at the meeting held during September, at Asheville, N. C.:

“*Resolved*, That it is the sense of the National Dental Association that each medical college in the United States should include in its curriculum a lectureship on Oral Hygiene, Prophylaxis, and Dental Pathology.”

To this resolution the secretary adds an explanatory word, saying, “The dental profession feels that, with the introduction of the teaching of oral hygiene in the public schools, which they are striving to accomplish, and the co-operation of medical men who have been specially instructed on this subject, a great stride will have been made toward the prevention of caries of the teeth, not to mention many other good results to the general system, which would surely follow a better care of the oral cavity.”

In view of the now almost burdensome and cumbrous multiplicity of departments, chairs, and lectureships in the average medical college of any standing, we question the advisability of adding another course devoted wholly to the topics named. No member of our profession, however, possessed of the knowledge acquired through large experience or extended observation, will deny their importance.

However excessive the claims may be of the part played by defective teeth in the causation of serious diseases such, for instance, as pernicious anemia, the fact remains that interference with the general nutrition of the body is not un-

common as a result of long continued and neglected carious conditions of the teeth. Within a year the *Lancet* has asserted that children suffer from impoverished nutrition because of caries and inability to masticate food. Holt expresses the opinion that caries of the teeth is a menace to the general health of the child. Butler in his admirable work on "The Diagnostics of Internal Medicine," says: "The influence of carious teeth in causing bad breath and dyspepsia from imperfect mastication, and adenitis, by furnishing a source of irritation or infection, should not be overlooked."

Nor are those of tender years the only sufferers from this cause. Adults also are seriously affected. The excruciating pain characteristic of neuralgia, and occurring in the eyeball, upper part of the head, or in the temporal region, or even back of the ear, may be frequently traced to inflamed or congested nerve pulp, confined gas from decomposed pulp, pyorrhœa alveolaris, or other affections of the teeth. Again, experience multiplies instances where inflammation of the pulp or about the root of a tooth has resulted in suppuration and the formation of a local abscess, which, in turn, has led to external fistulæ or sequestration of portions of the jaw.

Stress has often and properly been laid upon noticing the condition of the teeth and gums when "taking" a case. Their appearance is or should be helpful in diagnosing a considerable number of diseases in which changes in the oral cavity occur. In the diabetic, the syphilitic, the tuberculous, the victims of scurvy or of certain poisons, and even in the rheumatic or gouty, the teeth and gums furnish valuable evidence. But here we have the results and not the cause of disease, and the former as being symptomatic are more obvious. They are also more common, but for this very reason, equal if not greater emphasis should be laid upon the latter, that the part played by defective teeth in the causation of disease may not be overlooked. They may proclaim an antecedent constitutional or organic departure from health; but they may, on occasion, prove to be the direct source of infection or a contributory cause of impaired health.

By all means, then, let our medical students receive more ample and detailed instruction in oral hygiene, prophylaxis, and dental pathology. And at the same time let special insistence be laid upon the fact, that the service undergraduates and graduates are to render the community includes the sharing of this knowledge with patients and friends, and above all with parents, for the care of a child's mouth should commence at his birth, and of his teeth with those which first appear.

MOUTH BREATHING DURING SLEEP.—I would warn here against the often indiscriminate use of all kinds of devices to prevent mouth breathing during sleep. I consider them absolutely dangerous, and fail to understand how experienced laryngologists can recommend them. These "devices" consist in some bandage tied around the head and chin in order to close the mouth during sleep. In normal persons we surely do not need them, for every person with normal nose and throat invariably keeps the mouth shut during sleep. In other words, if any person sleeps with open mouth, there is a pathological reason for it, and it is not merely a bad habit. Remove this cause and you need no "device." I believe that a swelling of the turbinated bodies occurs even in young children. This is sufficient to close up the nose, and prevent nose breathing. If you then close up the mouth, too, the child is in danger of suffocation. The reason that this accident has not yet been observed is that these children manage to open their lips to some extent and breathe through the spaces between the teeth.—*Dr. W. Freudenthal in Medical Record.*

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Society was held at the Boston University School of Medicine, East Concord Street, Boston, Thursday evening, October 1, 1903, at eight o'clock, the president, William F. Wesselhoeft, M.D., in the chair.

The records of the last meeting were read and accepted.

REPORT OF THE SECTION OF SURGERY.

Frank A. Gardner, M.D., Chairman; Thomas E. Chandler, M.D., Secretary; Amelia Burroughs, M.D., Treasurer.

PROGRAMME.

1. "Report of Case of Ununited Fracture." George H. Earl, M.D.
2. "Fracture about the Hip." Charles T. Howard, M.D.
3. "Report of Cases of Fracture." J. Emmons Briggs, M.D.

Discussions led by Drs. Hayward, Bell, Carvill, Packard, Powers, and French.

Dr. Earl: I am very sorry that the item of chief interest in what I have to offer you to-night is not here. The little patient, the subject of the pictures, is sick, and cannot leave the house, and you will have to accept them instead.

This case seemed to me of peculiar interest for several reasons: from the fact that the patient was only eleven months old when the tibia was fractured; and second, that she has submitted to no less than four operations.

The accident occurred in this way: Sitting in a high chair, she fell, and the leg caught in such a way as to snap the tibia. Splints were applied and after five or six weeks there was still motion. Some sort of splint was worn after that and there seemed to be a partial union. When two years old, she began to walk, but the leg bent forward. At three years of age the bone was cut, straightened, wired, and kept in plaster the usual length of time, but, when she walked again, the leg bent again.

A year later, the same result. Three operations, a year apart, had been performed by men who are considered the best surgeons in the city, at three, four and five years. Two and a half years ago, about three years after the last operation, the child came to our hospital and the leg was bent about as shown in this skiograph. It was suggested at that time that possibly the three years' rest and the influence of remedies, like *calcareia*, there was a better chance of success than ever before. However, nothing was done then.

About a year and a half ago, she came back and another attempt was made to straighten the leg. At that time the bones showed increase of the deformity. When walking, the leg bent forward at the place of fracture in spite of splints. Before going down to the fracture, the leg was straightened by manual force on the table, and was felt to yield under the hands in the line of non-union in the bone. In cutting down on the bone, there was every appearance of a longitudinal fracture, or splitting of the whole shaft, but running down the shaft of the tibia it was found to be a long oblique fracture. The three operations when the leg had been cut and wired the old line of fracture was simply crossed. The edges of the bone were freshened and wired with heavy silver wire, and kept in plaster for six or seven weeks, the child not allowed to walk. Then an ordinary hip splint was applied, which takes the weight off the leg. Occasionally she got about the house without the splint. Taken in the hands, there is still slight motion at the fracture, but no deformity. She is now eight years old, rather large of her age, perfectly healthy, except this misfortune.

I want to say that the leg, before the last operation, was nearly two inches shorter than the other, but by manipulation we were able to slide the bone down so that it is less than an inch shorter now.

Another thing which I think was an element in the failure was the long manipulation necessary in order to complete the operation.

You will notice in the more distinct skiographs that the lower end of the fibula is broken, and was so at the second or third operations.

One object for bringing this case before you is to get some suggestions as to the wisest course to be pursued. I think it would be well to open this bone and freshen the surfaces by curetting, or sawing, or drill through and freshen the surfaces of each bone and in that way to throw out the callus and permit a better union.

Discussion.

Dr. Powers: In regard to the special reasons given by Dr. Earl for non-union, the drawing of the bone downwards and the long manipulation. It seems to me that unless sepsis occurred the long drawing down and manipulation would not cause non-union. There seems to have been a failure of nutrition as far as the bone was concerned, or there would have been better union in the long time under treatment, and there had been probably a certain amount of irritation, shown by the tendency to cause callus. If any one was at fault for this condition, it was the patient rather than the surgeon. In spite of the best care and treatment these cases sometimes fail to unite.

One suggestion in regard to the treatment. The method that occurred to my mind was the drilling down, inserting ivory pegs, and with every thing in perfect line there would be no change of position, no slipping of the support. I have been hoping for a support which would give better results than thus far obtained. The present means help and are quite sufficient, simple and practical, being based on the traumatic action the drilling is supposed to have.

Dr. Howard's paper was of more than usual interest, because of the helpless condition in many, and, in fact, most cases which I have seen of fractures of the hip in elderly women. I have in mind a case, which came to my notice in 1900. The patient was said to be eighty-two, though her age had been previously given as eighty-six. The fracture occurred when

walking about the room, simply turning caused it. She was in the hospital for a short time, and was treated with weights and sandbags, and has never since walked without crutches. For the last three years or more she has been able to pick up her crutches and walk about the house with very little aid. She is, of course, an unusually well preserved woman of her years. There has never been any union to give sufficient strength to carry any weight. In this case a simple splint was molded to the side, and held on by a bandage for quite a while.

I am glad that Dr. Howard made the point of a slight extension. I have found many cases of excessive extension. In one case, an extension of the leg, fourteen to sixteen pounds had been applied. The patient was not very comfortable and the bones were not held in any better position. I had three-quarters of the amount removed.

In regard to plaster of Paris splints. Although practically they might hold the bone in place quite well, for elderly people, persons seventy years of age, or even fifty-five to sixty, where the skin is unusually sensitive, they are apt to be too long retained.

Dr. Briggs' remarks in regard to the sheaths of the tendons were of especial interest. With a clean wound you can get along very well, but as soon as suppuration is set up, the tendons, which are all very sensitive, are partially, and the membrane entirely, destroyed, and the chances for recovery are very slight.

Treatment of fractures is a question of great importance to any one who has the care of them, and I think physicians, who have fractures of all kinds to treat, even with the advantage of the X-ray, certainly carry at all times great responsibility. Fractures do not need to be treated absolutely at the time they occur, but should be well treated early in order to get the best results.

Dr. Wells: I would like to ask Dr. Briggs what current strength he used, and if it was sufficient to cause contractions of the flexors?

Dr. Briggs: The galvanic current was used, with a couple of cells. There was contraction of the muscles the first day. In a few days we carried the force up sufficiently to affect the fingers.

As to Dr. Howard's paper. It was very interesting. One thing I might criticize, i.e., his reference to absolute bony union. Records are not absolutely infallible, and I wonder if Dr. Howard himself saw the case reported as bony union. Personally, I do not think that bony union takes place, except in a comparatively few cases. I agree with Dr. Wesselhoeft that it does not make any difference whether there is bony union or not, so long as the patient gets about.

I saw a case a number of years ago, a woman eighty years of age, where there was a fracture of the hip, with displacement and shortening. The patient was in bed eight weeks and in about a year's time was able to go down town shopping from her home in Dorchester; she walked from the car to her residence, a distance of about one-eighth of a mile, assisted only by her cane. Although bony union to a certain degree sometimes takes place, inflammatory exudations are thrown out and adhesions form, which result in a fairly satisfactory joint. Why so many cases of ununited fracture? I wish we knew more about them; they are certainly very distressing cases; patients find fault with physicians, and they are very trying for both patients and physician. I have met in the last three years three cases of ununited fractures. In the case mentioned to-night I can still feel a slight motion, and do not think that the ulna is perfectly united. More than a year ago in Dr. Packard's service, there was a case of delayed union; a man who eleven months previous had fractured both tibia and fibula, and could not dispense with splints for ten months. A most peculiar case of resection of knee joint for tuberculosis, operation performed six months ago has not united to-day.

What shall we do with such cases? There are various methods, such as cutting down to the bone, sawing off bone, or chiseling, wiring, and use of plaster of Paris splints for a long

time. I have tried roughening up subcutaneously, introducing a sharp instrument through the skin, along the line of fracture and roughening the surfaces. I introduce a sharp instrument and scrap both surfaces of the bone, with some success.

In bones where wire is left I have had to remove it, and I have seen quite a number of cases where silver wire has been left in tissue, and has caused trouble one or two years from time of insertion. I have sixteen or seventeen cases of hernia carrying silver wire without any trouble.

Dr. Gardner: Just a word in regard to a fracture that occurred last February in the gymnasium, of which I have charge. A boy, fifteen or sixteen years old, was vaulting over a bar five feet from the floor. He was clumsy, tripped on the bar as he went over, and took a plunge forward (a header as the boys would say) out on to the gymnasium floor, and struck with his arm outstretched, dislocated the ulna backwards and fractured the internal condyle of the humerus. I happened to be in the building at the time. He was etherized and the dislocation reduced and a temporary dressing applied. Two or three days after, when the swelling had gone down, we took off the dressing, intending to put on a permanent one, but I found a large blood blister. Dressings were changed every day and antiseptic washes used. At no time did we have a permanent dressing. The boy made a good recovery, and has a good arm.

In the *New York Journal of Surgery* for May there is an interesting article bearing upon this subject. In this article the writer advocates very strongly the use in fractures about the joints of the simplest sort of dressing, frequently changed, the fracture being treated by massage. The whole thing seems to be so revolutionary. It is claimed a Paris surgeon is following this method. I want to know if any physician here has treated any fracture in just this way.

Dr. Powers: This is my treatment at the present time for the Colles' fracture. I find the method good, if the limb is

kept rigid; otherwise it cannot be used. Any one who can adjust a fracture once can do it several times, and if he cannot do it once, he should not attempt it at all.

Dr. Gardner: As I went to the hospital one day, I met a man who was looking for a surgeon. He was an engineer in an electric station at Salem, and managed to get his finger caught in a machine, the descending piece came down on his hand, completely crushing the phalanges of the forefinger. The wound was cleansed very thoroughly and plaster of Paris bandage applied to the second finger and palm of the hand, making it perfectly immovable; dressings were then applied to the crushed finger, using the second finger for a splint. The result was a perfect finger. He was very happy over the result, as several injured by the same machine had lost a finger. Using the well finger for a splint was very successful in this case.

Adjourned at 9.35 o'clock.

H. O. SPALDING,
Secretary.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The Sixty-third semi-annual meeting of the Society was held in Pilgrim Hall, 14 Beacon Street, Tuesday afternoon and evening, October 6, and Wednesday morning and afternoon, October 7, 1903.

TUESDAY, OCTOBER 6, 1903.

AFTERNOON SESSION.

The meeting was called to order by Vice-President William F. Wesselhoeft, M. D.

REPORT OF THE COMMITTEE ON OPHTHALMOLOGY, OTOLOGY
RHINOLOGY AND LARYNGOLOGY.

Conrad Smith, M.D., Chairman.

I. "Ocular Analgesics." David W. Wells, M.D.

Discussion opened by Albert W. Horr, M.D.

II. "Treatment of Affections of the Nose and Throat, Conservative to the Ear." Elmon R. Johnson, M.D.

Discussion opened by Howard P. Bellows, M.D.

III. "Hospital Report: A Year's Clinical Work." N. H. Houghton, M.D.

EVENING SESSION.

REPORT OF THE COMMITTEE ON DERMATOLOGY, SYPHILOLOGY
AND GENITO-URINARY DISEASES.

John H. Urich, M.D., Chairman.

- I. "Nerve Syphilis." James Krauss, M.D.
 - a. "Early Nerve Syphilis." A. Howard Powers, M.D.
 - b. "Late Nerve Syphilis." Edward P. Colby, M.D.
 - c. "Nerve Syphilis as Shown by the Ear." Howard P. Bellows, M.D.

WEDNESDAY, OCTOBER 7, 1903.

MORNING SESSION.

The meeting was called to order at 10.25 A. M. by Vice-President William F. Wesselhoeft, M.D.

REPORT OF THE COMMITTEE ON SURGERY.

Edgar A. Fisher, M.D., Chairman.

- I. "Report of the Work at the Burrage Hospital." George H. Earl, M.D.
 - II. "Prostatectomy; Its Present Position and Outlook." James B. Bell, M.D.
Discussion by John K. Warren, M. D.
 - III. "Some Observations in Surgical Clinics Abroad." Alberta S. Boomhower, M.D.
 - IV. "A Few Thoughts upon the Surgical Treatment of Bright's Disease." Joseph W. Hayward, M.D.
Discussion by Horace Packard, M.D.
 - V. "Interesting Cases." Winslow B. French, M.D.
Discussion by William F. Wesselhoeft, M.D.
- Adjourned at 1.20 P. M. for luncheon.

AFTERNOON SESSION.

The meeting was called to order by the Vice-President William F. Wesselhoeft, M.D.

The Records of the last meeting were read and approved.

The following candidates for membership were elected to membership:

Catharine W. Castle, M.D., Somerville; Eugene M. Dolloff, M.D., Lynn; Franklin A. Ferguson, Ch. B., M.D., Biddeford, Me.; Frances G. Lamb, M.D., Haverhill; Fred. L. McIntosh, M.D., Newton; Grace Stevens, M.D., Northampton; Dudley A. Williams, M.D., Dighton.

Voted, to adopt the following resolutions: We, the members of the Massachusetts Homœopathic Medical Society, do hereby express their appreciation of the dedication of the Burrage Hospital to its noble use; and also the efforts of Dr. Helen S. Childs, and other members of the Hospital Staff, in promoting its efficiency and high standing.

We would wish a copy of the above resolution sent to Mr. Burrage, and spread upon the Records of this Society.

3 P. M.

REPORT OF THE COMMITTEE ON MATERIA MEDICA.

Samuel H. Calderwood, M.D., Chairman.

I. "Clinical Evidence; Its Necessity and Its Conditions."
A. H. Tompkins, M.D.

Discussion by Horace M. Paine, M.D.

II. "Reprovings of the Homœopathic Materia Medica Should Represent Artificial Diseases." Horace M. Paine, M.D.

Discussion by A. H. Tompkins, M.D., Howard P. Bellows, M.D.

Adjourned at 4.30 P. M.

FREDERICK L. EMERSON, M.D.,

Recording Secretary.

BOOKS AND READING.

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

DISEASES OF THE NOSE AND THROAT. By Charles Huntoon Knight, A.M., M.D., Professor of Laryngology Cornell University Medical College, etc. Illus. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 422. Price, cloth, \$3.00 *net*.

In dealing with questions relating to the pathology and therapeutics of the upper air tracts, the author advocates an "open mind," believing that the last word is yet to be written. This discerning spirit is evidenced throughout the book by a careful and impartial presentation of the views and methods of laryngologists of repute, and by a modest if direct reference to the writer's personal experience.

While the text on such subjects as hypertrophied tonsils, quinsy, diphtheria, etc., causes us to reflect with gratulation upon our superior therapeutic resources, no exception can be taken on the score of general excellence of subject matter. The work being wholly new is in line with modern advances in the specialty discussed. No phase of it is neglected, and gratifying familiarity is shown with the best recent views on such important topics as rhinitis, nasal neuroses, neuroses of the larynx, and especially tuberculosis of the larynx. The necessity of early diagnosis, and of unremitting efforts to secure amelioration if not the eradication of the disease is well put, and means of accomplishment are clearly outlined.

DISEASES OF THE URINARY ORGANS INCLUDING DIABETES MELLITUS AND INSIPIDUS. By Clifford Mitchell, A.B., M.D., Professor of Renal Diseases in the Chicago Homœopathic Medical College, etc. Illus. Philadelphia: Boericke & Tafel. 1903. pp. 716. Price, cloth, \$4.00 *net*. Postage, 30 cents.

It is gratifying to receive a work on this specialty in medical practice, representative of the best thought and most fruitful experience of the day in our own school of therapeutics. We do not wish to be indebted to the old school for all our good books, even on a single subject. Dr. Mitchell's well conceived and

well written treatise is therefore welcome, and will serve not only as a text-book for advanced students, or as an additional aid to the specialist, but also as a very helpful assistant to the general practitioner, who should be competent to cope with many if he cannot with all the diseases of the urinary organs. It is true, as Dr. Mitchell says, that the expert surgeon now accomplishes much in the cure or alleviation of suffering in these cases which the general practitioner may be unable to compass; but, he very sensibly adds, the latter "should at least become aware that his patient may possibly be saved by surgical means."

There is a great deal of good common sense, and practical instruction in this book. It enters into minutiae in matters of diet, climate, and hygiene; it indicates comprehensively the medical treatment promising best results, and does not slight surgical treatment. Pertinent stress is laid on diagnosis, and means to that end. The illustrations are ordinary, and the index capable of improvement, but the book is well printed and bound.

A DICTIONARY OF MEDICAL SCIENCE. By Robley Dunglison M.D., LL.D. Twenty-third edition, thoroughly revised with the pronunciation, accentuation, and derivation of the terms. By Thomas L. Stedman, A.M., M.D., Fellow of the New York Academy of Medicine. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 1212. Price, cloth, \$8.00 *net*; leather, \$9.00 *net*; half morocco, \$9.50 *net*.

In the latest edition of "Dunglison" we rejoice to find the same old friend, but in thoroughly modern dress. The claim that the revised volume contains "a full explanation of the various subjects and terms of anatomy, physiology, medical chemistry, pharmacy, pharmacology, therapeutics, medicine, hygiene, dietetics, pathology, bacteriology, surgery, ophthalmology, otology, laryngology, dermatology, gynecology, obstetrics, pediatrics, medical jurisprudence, dentistry, veterinary science, etc.," though ambitious and all-embracing, is not far wide of the mark. Careful examination shows that the work is, indeed, an epitome of medical science, not merely defining terms but also explaining them and their relations to each other so far as space permits.

Over fifteen hundred new definitions have been added; large

numbers of obsolete words omitted, and those retained have in many instances been more carefully defined. Cross references have been freely supplied.

Specialists have revised the veterinary terms and those used in dentistry.

The work is lavishly illustrated, the six hundred illustrations including eighty-five full page plates, mostly in colors. Graduates and undergraduates alike need a work of this character. All the bindings are serviceable, and every copy has a thumb index.

THE RELIGIOUS SENSE IN ITS SCIENTIFIC ASPECT. By Greville Macdonald, M.D. New York: A. C. Armstrong & Son. 1903. pp. 243. Price, \$1.50.

Although this volume bears the imprint of an American firm it was published in London, and is the work of a lecturer to students at King's College. It consists of three lectures, dealing severally with, "The Religion of Service," "The Religion of Renunciation," "The Religion of Freedom."

The writer attempts to prove, and we believe many will admit succeeds in proving, that the religious sense exists even in the lowest forms of animal life, though in a dormant and elementary form. He endeavors to make good this claim by illustrations drawn from the life history of the sponge, certain shell forms, the guelder rose, and bees.

His definition of the religious sense is that, whether passive or active, it is "that acknowledgment of the Law which compels all creatures possessing the sense to work or live for objects or attainments, be they immediate or prospective, in which the individual has no personal concern, save perhaps in exalted specimens of the species. Man."

We are unprepared to say that Dr. Macdonald has fully succeeded in his effort to afford an acceptable and tenable explanation of the development of the religious sense in accordance with scientific laws. Personally we do not think it necessary that the fact of the presence in man of the religious sense should be made to square with the imperfect knowledge of God's methods of creation, possessed by even the greatest scientists. We approve of the book, however, as a scholarly, helpful and stim-

ulating work on the subject, and as offering a particularly lucid exposition of the beneficence of God in His dealings with man, though permitting sin and pain as necessary factors in man's evolutionary growth.

FUNCTIONAL DIAGNOSIS OF KIDNEY DISEASE, WITH ESPECIAL REFERENCE TO RENAL SURGERY. By Dr. Leopold Casper and Dr. Paul Friederich Richter of Berlin. Translated by Dr. Robert C. Bryan and Dr. Henry L. Sanford. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 233. Price, \$1.50 *net*.

We are indebted to the perspecuity of the publishers no less than to the intelligence of the translators, for this valuable contribution to the literature of diagnostics as it has to do with diseases of the kidneys. Here is a manual for the specialist in this class of cases, for the general practitioner, the pathologist, and especially for the surgeon whose work includes renal surgery.

This manual explains the problems of functional diagnosis in general, and in particular; the importance of functional kidney diagnosis in surgery, with the methods of examination and their relative value. The methods of functional kidney diagnosis as applied to the determination of renal sufficiency in general, then to the determination of the function of each kidney are fully explained with characteristic German painstaking and accuracy.

The sixty supplementary pages of experimental results form not the least valuable portion of this meritorious little work.

THE THEORY AND PRACTICE OF MEDICINE. By Gaius J. Jones, M.D., Dean and Professor of Theory and Practice, Cleveland Homœopathic Medical College, etc. Edited and arranged by J. Richey Horner, A.M., M.D. Published by the author. 1903. pp. 450. Price, \$2.50.

The paging of this book is decidedly misleading, as it is interleaved, and the blank pages are included in the numbering. The index has not been paged at all. In saying that the work is not modern, and is incomplete, we do not wish to give the impression that it is devoid of merit.

It is personal; it tells in homely phraseology what a man in forty years' active practice has learned about the diseases he treated. This is good as far as it goes. His range in the matter

of remedies is limited, but those he knows and uses, he certainly has made the most of. We believe with Dr. Horner, that the profession has been rendered a service in this publication of a second edition of Dr. Jones's lecture, for it is practically in this form that his teachings are offered to the profession at large.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Vol. IX. Physiology, Pathology, Bacteriology, Anatomy, Dictionary. Edited by W. A. Evans, M.S., M.D., and others. August, 1903. Chicago: The Year Book Publishers. pp. 233. Price, \$1.25.

Any laboratory worker may be glad to have this volume, which will be of material assistance, as it contains reports of important recent discoveries in pathology and bacteriology and of new and improved laboratory methods. A dictionary of new medical terms is a helpful addition, though necessarily somewhat limited. There are quite a number of illustrations. The series of ten volumes, forming a complete bird's-eye view of progress in all departments of medical science during the past year, can be obtained at the subscription price of \$7.50.

THE CHAUTAUQUAN: A MAGAZINE OF THINGS WORTH WHILE. Springfield, O., The Chautauqua Press. Price, \$2.00 a year; 20 cents a copy.

For the coming year "The Chautauquan" will continue the editorial policy which has made it one of the uplifting forces in the life of the American people. The distinctively educational features which connect "The Chautauquan" with the admirable work of the Chautauqua Institution will be of unusual interest and value in the numbers of the magazine issued during 1903-04.

A series of nine articles upon each of the following topics will be among the many worthy offerings: "The Racial Composition of the American People," "American Sculptors and Their Art," "Arts and Crafts in American Education," "Reading Journey in the Borderlands of the United States." "The Civic Renaissance."

From the same press appears monthly a capital little magazine for boys and girls called "Pets and Animals." It is entertaining, and yet teaches children much about animals they ought and will like to know. The subscription rate is only 50 cents a year

EDUCATION: A MONTHLY MAGAZINE DEVOTED TO THE SCIENCE, ART, PHILOSOPHY AND LITERATURE OF EDUCATION. Boston: The Palmer Company, 50 Bromfield Street. Price, \$3.00 a year; 35 cents a number.

The twenty-fourth volume of "Education" commenced with the September number, and both this and the October issue gave promise of a continuous offering of good things throughout the new year. "Education" for November contains papers on "The Imagination as a Practical Faculty," "Alcott as a Pioneer Educator," "The Higher Education of Boys," and many other articles of interest. The general character of this magazine is such as to make it acceptable to all who wish to keep in touch with what is being done in the educational field.

ANNOUNCEMENT. The November number of "Lippincott's Magazine" will mingle the best of good stories with the most entertaining papers.

The complete novel will be from the pen which has cheered so many readers with those "Parables in Black" that have been appearing from time to time in this magazine. It is called, "A House Divided," and is by Ella Middleton Tybout. The story has the humor which its author cannot restrain, but it is in the main a simple and moving love-tale of an old farming region in Delaware and its characteristic people.

The heedfully chosen short stories of the November number will be, "At the Crown and Sceptre," a laughable romance of twin elopements, by Ralph Henry Barbour; "The Nihilists' Sign," a lurid and exciting melodrama, by Eleanor Stuart; "The Girl with the Banjo," a racy little narrative in which the hero finds the heroine where he least expects her, by Jean D. Hallowell; "The Man in the Tower," a flash-light on a little tragedy, by Francis Howard Williams; "One Year in Nementia," by Judith Underwood; "Hiram Mathews's Monument," the whimsical record of a queer public benefactor, by Clinton Dangerfield.

Maud Howe, whose charming Roman notes have been widely praised, will describe an interview with the Queen of Italy in her inimitable gossipy manner.

THE SPECIALIST.

DISEASES OF THE HEART AND LUNGS.

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

CARDIAC ARTERIOSCLEROSIS.—In cardiac arteriosclerosis the final result is fibrous nupocarditis with dilatation and insufficiency, or death may occur suddenly from rupture of the heart in consequence of coronary thrombosis or embolism. The symptoms in general are those of a weak heart; and palpitation, bradycardia or tachycardia, arrhythmia, angina, dysprosia, cardiac asthma, Cheyne-Stokes breathing, epileptiform attacks, unconsciousness, and passive congestion of the various organs, and dropsy, are to be recognized.—*The Medical Examiner.*

PREVENTION OF TUBERCULOSIS IN CHILDREN.—Let the sunshine into the darkened streets and alleys, narrow courts and reeking tenements, and there will be less tuberculosis among the children. Every new park, every new playground, every improved tenement will help in the fight against this greatest scourge of mankind. This is no new doctrine, but it is doctrine that needs to be proclaimed until it is lived up to.—*Archives of Pediatrics.*

PNEUMONIA IN THE AGED.—The successful treatment of pneumonia in the aged depends upon a discreet nurse and an intelligent physician. It also demands a warm room, well ventilated, a comfortable bed and proper nourishment. Medicines and stimulants have a most important place. We should anticipate the possible sudden termination of the disease from heart-failure, by keeping the patient in the horizontal position and the early administration of cardiac tonics, while from first to last, throughout the entire course of the disease, we should administer at frequent intervals the homœopathic remedy.—*The Hahnemannian Monthly.*

VALUE OF LARGE LUNG CAPACITY.—Positively, a perfect lung capacity should be attained by using the lungs freely, forming a habit of breathing deeply, asleep or awake. Inhaling to the full capacity of the lungs (minus the residual air) at stated periods; and at all times displacing in our respirations as large a quantity of air in the lungs as can be easily accomplished, remembering that the oxygen from the air, mingling chemically with the carbon of the blood, is not only the great purifier of the blood, but by its presence in the circulation, is the natural stimulant, as it flows through every portion of the system, to vital assimilation, prompting every tissue in the body to absorb from the blood the food it needs to give it life and strength. Very few people realize the immense advantage a large lung capacity gives to those who possess it.—*Exchange.*

PLEURITIC EFFUSION IN TUBERCULOSIS.—Pleuritic effusion invariably occurs at some period of pulmonary tuberculosis, it is the main factor in a great many tuberculous cases that interferes with the patient occupying the recumbent position during sleep, and, of course, where the lungs are considerably disabled, interferes quite seriously with sleep as well as is responsible for severe and protracted dyspnoea. Percussion will always indicate flatness in these cases. Most physicians when they discover this flatness on percussion attribute the modification of the percussion note to solidification of the lung from tuberculization. Whereas this is true in a certain proportion of cases, at the same time pleuritic effusion must not be lost sight of, as where this is the case paracentesis thoracis will afford a most valuable means for relieving the patient.—*The Medical Examiner.*

A CASE OF PYOPERICARDITIS.—The case may be briefly summarized thus: A healthy lad of sixteen developed a sore throat which in a day or two was followed by most of the symptoms, but without very distinct physical signs, of pneumonia of the left base. On the eighth day after the onset of

the attack an apparent crisis occurred. The temperature rose and fell irregularly for the next three days. Then came a period of five days with the temperature generally raised and with some slight increase of all the symptoms. For the next eight days the temperature was usually markedly sub-normal. At no time was either an endocardial or exocardial murmur heard. A left empyema was then opened, but without the relief to the general symptoms which had been expected. Ten days afterwards the pericardium was opened, but with only a slight temporary general improvement, soon followed by a more irregular temperature. The patient died thirteen days after the pericardium had been opened, and twenty-three days after the operation on the pleura. The immediate cause of death appeared to be the result of internal hemorrhage from the heart, due to rupture of one or more small abscesses in its walls. The bacteriological examination proved the presence of pneumococci in great numbers in the blood, death being the result of a general pyemia, due to the pneumococcus.—*British Medical Journal.*

LITHIUM CARBONICUM IN HEART DISEASE.—If you are looking about for a remedy to patch up a heart which has been badly damaged by an attack of rheumatic fever and calcareous deposits, do not forget lithium carb. The history will not be one of malaria followed by rheumatic fever, but one of lithiasis, gout or chronic rheumatism, followed by rheumatic fever and calcareous deposits. As a result you will have valvular insufficiency accompanied by chronic inflammation of the finger-joints. The remedy will be indicated when, in addition to the above, you have soreness and pain in the region of the heart aggravated by bending forward; this pain is more frequent in the morning. Also sudden jerking pains about the heart aggravated by any excitement; not only is this pain made worse from mental excitement, but the excitement also causes a nervous palpitation which increases both the soreness and the pain and brings on an attack of dyspnoea. Then

you have formation of gas in the stomach, which not only causes satiety on beginning to eat, but a sticking, burning pain upward from the epigastrium. This pain, caused by gas, also brings on attacks of dyspnoea and increases the soreness and pain above mentioned. The urine is scanty and red and there is a frequent desire to micturate. The continued use of lithium carb. 6x will clear up the urine, sweeten the stomach, absorb some, if not all, of the deposits, and make the valves more pliable, so that, while your patient will not be cured, he will be immeasurably improved."—*North American Journal of Homœopathy.*

GOOD ADVICE FOR PRACTITIONERS OF ALL SCHOOLS.—No medicine should be given in any disease unless we know just what we expect it to do. Do not give any remedy for pneumonia just because it has been recommended in the disease. Some remedies may be good for pneumonia, but very bad for men, women and children afflicted with the disease, and then, during the course of the disease, the local and constitutional conditions are undergoing a change. The remedy indicated to-day might be of injury to the patient to-morrow. Mix your remedies with brains.

The surgeon of to-day uses but few medicines, but he studies those few well and knows just what he can do with them. He has the latest and best instruments and appliances, and he knows just how to use them to get the best results.

How is it with the physician of to-day? He has his laboratory, his microscope, his hematometer, his reagents, and other instruments of precision. He can make out a beautiful diagnosis, but then he is at a loss to know what to do. The physician of to-day does not know as much about therapeutics and the action and the limit to remedies as did his predecessors of twenty-five to fifty years ago. When he has made out his diagnosis, he takes up a price list of tablets and proprietary medicines and runs down the list till he comes to the name of the disease he has diagnosed, and gives it to his patient.

Nearly 50 per cent. of all prescriptions are for patent or proprietary medicines.

Physicians are becoming diagnosticians instead of therapeutists.—*Medical Record.*

SOME HEART REMEDIES.—*Actæa Racemosa.*—Heart affected by rheumatic poison; recurring attacks of pain resembling angina pectoris; left arm feels as if bound to the side; gloominess.

Arsenicum.—Endocarditis and hypertrophy; septic conditions; fatty granular degeneration; feebleness of heart with constant fainting; angina pectoris; præcordial pain and anxiety; great aggravation from ascending stairs or climbing hills.

Cactus Grandiflorus.—Acute carditis; hypertrophy; valvular disease; aneurysm; spasm of heart, causing it to feel as if compressed with an iron band or clutched by an iron hand; soreness and constrictive sensations.

Kali Carbonicum.—Cardiac asthma; attacks at 2 A.M.; dyspnoea so great must sit up in bed, leaning forward; cardiac cough; exophthalmic goitre.

Kalmia Latifolia.—Cardiac rheumatism; much pain, with slow, weak pulse; valvular insufficiency; pains in rheumatic joints shift suddenly to heart; numbness of left arm; heart intermits every third or fourth beat; shooting pains through the chest to scapula.

Naja Tripudians.—Chronic nervous palpitation; in young subjects valvular murmurs after acute rheumatism, or endocardial murmurs following scarlatina; sympathetic pains arising from other organs, especially ovaries; constriction and dyspnoea in evening.

Phosphorus.—Fatty degeneration of the heart associated with fatty degeneration of other tissues and organs; right ventricle most affected; venous stagnation.

Rhus Toxicodendron.—Hypertrophy from over-exertion, pulse quick, weak, irregular, intermittent, with numbness of left arm; trembling and palpitation when sitting still.

Spigelia.—Violent palpitations, with great pressure on the chest; shooting pains through heart and down left arm, over the chest and down the spine; rheumatic carditis; pericarditis; endocarditis; darting and lacerating pains during acute exacerbations; palpitations due to worms; dyspnoea, compelling patient to sit bolt upright —*The Hahnemannian*.

THE RUSSELL TREATMENT OF PULMONARY TUBERCULOSIS AT THE NEW YORK POST-GRADUATE HOSPITAL.—Each patient comes to the dispensary twice each day—in the morning any time between seven and nine o'clock, and in the evening between seven and eight o'clock. They are given the Russell Emulsion of mixed fats at such times, they are also questioned and advised. Sunday morning they report at nine o'clock, when they are stripped, weighed and examined. Women are weighed in their night dresses.

They are taught to sleep with their windows wide open; to eat all they can at each meal, to take a stated quantity of milk and eggs, to allow an interval of five hours between meals. The value and importance of cathartics is impressed upon them. They are taught to avoid overclothing, to keep the feet dry and warm, to obtain nine hours' sleep at night when possible, to avoid places of amusement. Alcohol, tea, coffee, and all unnecessary exercises are forbidden.

The beginning dose of emulsion is one-half ounce, gradually increased until from two to four ounces are taken each morning and evening. Castor oil is the main cathartic used. This is taken at first three times each week until the patient gets to full doses of emulsion and full general diet, when a dose is taken each day. When castor oil is not given every day, some other cathartic, usually compound rhubarb pill, is given the intervening day.

The rules are carried out with great strictness and patients are made to understand that they must obey. In case of disobedience they are at once dismissed. This sometimes becomes necessary.

The hours at the dispensary are arranged especially for the convenience of working people. Such persons cannot seek relief, without great sacrifice, at the ordinary dispensary, the doors of which are closed before and after working hours. Nor can they go to sanatoria nor stop their work for any reason lest their families suffer. This plan enables patients to continue their work, to support their families, and to obtain suitable food while under treatment.—*The Post-Graduate.*

PERSONAL AND GENERAL ITEMS.

DR. GRACE STEVENS has located at 149 Elm Street, Northampton. Office hours, 8 to 9 A.M., 3 to 5 P.M.

THE Massachusetts Surgical and Gynecological Society will hold its annual meeting at The Nottingham, Boston, December 9.

DR. CATHARINE W. CASTLE has opened an office at 267 Medford Street, Somerville. Office hours, until 9 A.M., 1 to 3 P.M. Telephone 613-2.

DR. NOBLE H. HILL has removed to 206 Huntington Avenue, Boston. Office hours, 9 to 10 A.M., and 2 to 4 P.M. Telephone, Back Bay 1424.

THE report of the Boston Dispensary, made public October 13, shows that there were treated last year at the dispensary in the various departments, 29,438 new patients, and in the districts which cover the city, 11,341 new patients. At the dispensary pharmacy 92,162 prescriptions were put up. Since the establishment of the dispensary in 1796, over 100 years ago, 1,626,676 patients have been treated.

PROF. SIMS WOODHEAD was the delegate of the British Government at the Brussels Congress of Hygiene, and presided at the discussion on tuberculosis. He pointed out to the members, who were much divided in opinion, that a majority vote could in no wise settle a scientific controversy, and urged that they should not pass any except practical resolutions. Eventually a large majority "*Resolved*, That human tuberculosis is perfectly transmissi-

ble from one person to another. Nevertheless, in the present state of our knowledge, it is necessary to recommend hygienic measures for the prevention of the propagation of animal tuberculosis to the human species."

It is announced that Prof. Joseph Seegen proposes to offer a prize under the auspices of the Imperial Academy of Sciences in Vienna for the best answer to the following question: "Is any part of the nitrogen of the albuminates which have undergone metabolism in the animal body eliminated either by the lungs or by the skin in a gaseous form?" The prize offered amounts to about \$1,000, and essays may be written in German, French or English, and must be sent in before Feb. 1, 1904.

UNDER the will of the late Dr. George Haven, of Boston, the sum of \$25,000 is bequeathed to Harvard College, the income of which, the will provides, is to be used annually for scholarships to deserving students of the first year in the Harvard Medical School, the choice of the recipients of the scholarships to be made by the faculty of the medical school.

GERMANY has special hospitals for the accommodation of 30,000 tuberculosis patients. The statistics of these institutions for the years 1896 to 1901 showed that of 100 cases treated 87.7 were dismissed as cured or improved, 8.8 as unimproved, 3.1 as worse, and that 0.4 died. The imperial health office of Berlin has reported concerning the destructiveness of tuberculosis in Germany as follows: Of 1,000 deaths of persons between the ages of fifteen and sixty, 316 die of tuberculosis. Persons under sixteen and over sixty are seldom affected with the disease.

THE fifty-seventh anniversary of the first administration of ether was fittingly observed at the Massachusetts General Hospital October 16, by the formal opening of the new out-patient department, considered by medical authorities to be one of the most perfectly appointed in the world.

The new out-patient building cost \$400,000. It is made up of nine separate departments, accommodating 400 patients daily. Each department has a visiting surgeon, a house officer, and several student assistants besides a corps of skilled nurses.

THE NEW ENGLAND MEDICAL GAZETTE

No. 12.

DECEMBER, 1903.

VOL. XXXVIII.

ORIGINAL COMMUNICATIONS.

SOME REMARKS UPON RECENT PROVINGS.

BY EDWIN P. COLBY, M. D., BOSTON, MASS.

[Read before the Boston Homœopathic Medical Society.]

Since the original provings of drugs upon the healthy human organism by Dr. Samuel Hahnemann, changes have been introduced in the details, but the general method holds unchanged. These minor changes are in the nature of additions made to insure greater accuracy. They simply mark the advance of science, and do not in the least invalidate the basic principle. The remarks which I offer will as well apply to the older methods as to those used in the most recent tests by the Ophthalmological, Otological, and Laryngological Society, now drawing to a close.

In these present provings it was my fortune to act in the capacity of local director, and to supervise the provings in our immediate locality.

Acting in this capacity, it is but natural that some definite opinions would be formed. In some respects these opinions vary decidedly from those previously held. Such as they are I give them to you.

As regards the personnel of the provers: It has been thought by some that the very best corps of provers would be a body

of physicians. Experience has not demonstrated that this conclusion is correct. Physicians, as a class, have been in the habit of acting upon their own initiative, founded upon variations of experience and education, and from this cause they insist upon introducing various schemes, deductions, and tabulations, seriously at variance with the good "team work" required in a well organized and logical narrative, giving the natural sequence of the workings of the drug. They are also strongly impelled to make use of their pathological knowledge, and draw inferences which should not result from any one person.

That there are praiseworthy exceptions I gladly admit. Physicians are habituated to give instructions, rather than to follow them.

Again, when symptoms are produced which strongly simulate pathological conditions, their knowledge gets the better of their judgment and obedience to rules, and they naturally resort to some antidote which nullifies the proving; while a layman would call in the aid and advice of the examiner, who would gain most useful information, and "save his situation." A physician is also too much at the beck and call of clients to submit to any set of rules and regulations without detriment to personal interests.

Next after the physician, and closely following, it has been thought that a class of senior medical students should be employed. This might be, in a measure, correct were the whole class engaged, and were all the members in a normal condition of health. But who ever saw such a class? In the observation of the writer, not one-third are normal and sound, nor are any of them pursuing a perfectly normal course of life. A life of study and worry over anticipated examinations is far from the normal. To make their time subservient to the demands of proving drugs, their studies must be interrupted and the time must be given to the proving. What, then, is to happen in the studies of a large number who are not fit to be provers?

No school can introduce this disturbing element without causing great trouble. If every student were examined on admission to school, and not allowed to matriculate if not bodily sound, we might have class provings as a part of the course, but this would work a hardship and not be practicable. The provings are upon the healthy, mind and body. The curriculum of no medical school is so arranged that three or four weeks can be taken out of the regular work, and the student be fully equipped for graduation.

It is a fact well known to teachers that, as a rule, medical students are not leading their normal life. There are the worries of examinations, the exposure to disease in their clinical work, and in many instances greater or less privation.

Much time has been expended in discussing the character of the provers, as it is a matter of most serious importance. Another element of equal importance is the character and duties of those who examine the provers. The duties involve a sacrifice of time and strength, and there is a great deal which is irritating and annoying. No one should undertake this office without a certain supply of enthusiasm. They should bear in mind that a carefully drawn summary of each narration is one of the very important points in the proving, and that it must eventually be compared with those of others in the same field of work. Its preparation comes at a time when it can readily seem a burden, and is likely to be slighted or delayed. It is a part of the work which was not fully "sized up" at the outset.

In the matter of dosage there is room for much difference of opinion. Much valuable time may be lost by beginning the proving with a drug too much diluted. The best results would seem to be attained by giving physiological doses at first, then to increase the amount until very decided pathogenic symptoms are induced. Later, after activity has subsided, the higher dilutions would probably exhibit their influence. In any concerted proving this work is going on at several centres, and the person directing the provings in any

district should not divulge the name or nature of the drug so that it may be known, and thus introduce the element of suggestion. Each examiner should be so directly "in touch" with the prover, that necessary examination of symptoms and conditions can be made *while the drug is most active in its effects*, otherwise valuable objective symptoms may be lost, or only returned as subjective.

In speaking of the personnel of provers, I neglected to mention one great difficulty, that of finding female provers in the prime of their menstrual life, and who are perfectly normal in the performance of that function.

Each locality must of necessity be in charge of some person to whom all the provings are reported, including the summaries, and who adds his results to those of each special examiner, thus making a connected whole of each narrative. To prevent loss from accident or sickness this director should have a coadjutor who could immediately step in if needed. Nor should examiners fly off on a vacation in the midst of a proving, leaving the work to some outside party not wholly at home in the temporary position. It breaks up the uniformity.

After some experience in provings I would say that the best prover of a drug is an intelligent layman, in sound bodily and mental health, without pre-formed opinions, living his usual normal life, and who has been instructed to report the symptoms just as they are and in the order of their occurrence. Next after these would probably come medical students during their first two years, and doing the work during the summer vacation when free from the disturbing features of school life.

The question has been asked, if having the provings in the name of some society of specialists (like the Ophthalmological, Otological, and Laryngological Society) would influence the results. This would depend entirely upon the earnestness of the examiners not connected with such society; but not at all upon the provers, who need not know that such society is interested, or even that it exists.

If provings of the same drug could be made upon the Atlantic and Pacific coasts, in the midland, and at higher altitudes (like Denver), we should be better able to understand the true scope of the drug action. At present we have only the results from the Atlantic, the great lakes, and one or two large river valleys.

The opportunity for new provings is likely to be largely increased as we come in possession of new active agents, discovered in our recently acquired insular territory, and we ought to be alert to take advantage of these opportunities.

ANGIONEUROTIC EDEMA OF THE LARYNX—TRACHEOTOMY.

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

[Read before the Massachusetts Homœopathic Medical Society.]

On December 4, 1902, there was admitted to the Massachusetts Homœopathic Hospital Mr. R. E. D., age 46; an Englishman by birth, about whom the hospital record is as follows:

“Mother died of diabetes, otherwise family history negative. Good health except he had an attack of sciatica in 1899. Present illness began in September, 1902, with pain between the shoulders, extending down into the hips. He was troubled about walking, and could not turn over in bed without taking hold of the headboard. These pains seemed to come on when he first awoke in the morning, and would wear off during the day. There have been cramps in the legs, and about the middle of October there appeared a swelling on the bottom of the right foot; since then all the pains, as described above, have been worse. Has used whiskey habitually. An examination of the chest and kidneys was negative. Diagnosis—rheumatic gout. On December 13, there appeared edema of the penis and serotum, for which he received apis. This edema soon disappeared. On January 10, he was attacked with cramps in the abdomen, followed by another appearance of

edema of the scrotum and penis. January 16, foot better; cramps in the abdomen still continue; edema of the scrotum has disappeared, but patient complains of a fullness in the throat. January 17, in early morning patient complained of inability to swallow, and later in the day medicine was regurgitated through the nose; attack supposed to have come from eating fish the previous day; at evening there was marked edema of the throat."

About eight o'clock I was summoned, by telephone, to the hospital, and on entering the ward, I found the patient bolstered up in bed, breathing with great difficulty, forehead bathed in drops of perspiration, face and neck congested and swollen. A complete picture of laryngeal stenosis. An inspection of the throat showed a very large edema of the uvula and faucial pillars, so large that it was impossible to properly introduce a mirror and thus obtain a view of the larynx. The breathing was constantly getting worse and the patient said, in a whisper, that if he didn't get relief soon he would be where he would not need it.

With a knife I punctured the uvula and faucial pillars, hoping that the escape of the fluid would give an opportunity to again use the laryngeal mirror and inspect the larynx; but there was no relief, and immediately the man began to struggle for breath with all the strength with which he was endowed, followed by convulsions of suffocation, so strong that we had difficulty in keeping him from falling out of bed. Becoming completely cyanosed, respiration having stopped, he dropped down on his back apparently dead. There now remained but one thing to do, and that was done as hastily as possible. There was no time to look for landmarks, nor to scrub the neck of the patient, nor for the operator to make his hand aseptic. A knife was seized and the second cut penetrated the trachea just below the cricoid cartilage. The index finger of the left hand followed the knife, and by the combined outward pressure of the finger and knife the trachea was kept open, while two of the internes at once began to perform arti-

ficial respiration. In a few moments we were rewarded by the advent of returning respiration. A tracheotomy tube was next procured from the operating room, and being inserted without any difficulty, was held in position in the usual way. After cleaning the patient, and I assure you there was great need of it, as there is no claim made here for the bloodless operation, he was placed in a private room under the care of a special nurse.

January 19, two days later, the edema having disappeared, and the breathing having become natural, the tube was removed and the wound was cleansed, dressed with aristol and collodion, and the patient was sent back to his former bed in the ward. At no time was there any suppuration from the wound, and the healing was all that could be desired. In trying to learn more about this man's history I have obtained the following facts, which I present to you in his own words:

“——I have been subject to these swellings since a boy, and have had them practically at one time or another all over my body, more often in my scrotum. When they first began to appear they usually came with an itching and burning sensation and lasted a few hours. As I grew older they seemed to last, on an average, about thirty-six hours, from start to finish. I have had them two or three times in my head, before this present attack, and each time they have been getting worse, my face being so badly swollen I could not see out of my eyes for about twelve hours. It then began to go down of its own accord. I have had seven of these swellings since I came to America (eight months ago) and have noticed particularly each one after eating fish; also, in most instances, the swellings have been preceded by severe pains in the stomach. I have a sister (age forty-one years) who suffers very much in the same way as myself; she has been under thirty doctors, not one of whom has explained the disease or complaint. She was, when I left England, in May last, under the care of Sir William Broadbent of London. I do not know the result of his treatment. The last time she had a swelling in

her throat and face, two doctors were there awaiting to perform tracheotomy, but the swelling subsided without the operation. She also suffers with acute pains in her stomach before the swellings come and often has to have morphia injected. My father used to suffer with these swellings, I am told, and died from asphyxiation, by the side of his bed, before help arrived."

On February 1st, there was another sudden attack of edema of the genitalia, which, disappeared two days later. Before this attack there had been no ingesta of fish. In a few days the patient, having been cured of his rheumatic gout, was allowed to depart from the hospital.

In a recent interview with this man he informed me that during the last of April he had still another attack of edema of the genitalia, which, like the previous ones, was preceded by abdominal pains, came on suddenly and as suddenly disappeared. This last attack did not incapacitate him from his work,—that of a butcher. At no time since he left the hospital has the man eaten fish. I make mention of this fact because it was his belief that these attacks were due to eating fish, and, also, because I find that one writer has mentioned fish as sometimes causing the disease.

Now, certainly, here is a very unusual state of things: a man struck down, as it were, with a dozen or more attacks of edema in as many months, and one attack all but producing death. Believing that these sudden attacks of edema might have some nervous origin, I turned to my friend, Dr. E. P. Colby, Professor of Nervous Diseases in Boston University School of Medicine, and he suggested that it was quite likely a case of angioneurotic edema. This most timely suggestion has brought order out of chaos, and as I have studied this subject, I have become convinced that this was what we were dealing with.

Angioneurotic edema (1) is described as an acutely appearing edema, either circumscribed or general, occurring suddenly, as the result of vaso-motor disturbances. These disturbances

are those of innervation rather than of inflammation. The disease is closely allied to urticaria, and has been described under the heading of giant urticaria and urticaria tuberosa. Angioneurotic edema is considered to be an uncommon disease, about which little is known and has been written. The first to write about this disease were Quincke and Milton, the latter's paper being published in 1876, and since then the contributions have been few.

Probably all physicians present have seen some manifestations of this disease, but, perhaps, did not recognize it under its true name. I remember a young lady of a decidedly neurotic nature who, at every menstrual period, would have a very marked edema of one knee. Another case was an edematous swelling of one side of the face, especially involving the upper eyelid; and still another case was where the edema appeared in the upper lip.

The edema more commonly appears upon the extremities, but may invade the body, face, and the mucous membranes. When the mucous membrane of the larynx is involved, the condition becomes very dangerous and a number of deaths have been recorded. Dr. Clarence Bartlett (1) describes a case of his own where there was swelling of the entire body. He also refers to several cases of other writers.

In 1889 Osler (2) reported a case of hereditary, or family, form of angioneurotic edema, where the disease had affected members of the family in five generations. In one instance, possibly two, death resulted from a sudden edema glottidis.

T. W. Griffith (3) records a family form in which the father and daughter presented these localized swellings from infancy. The father had three attacks affecting his throat, and the last caused his death. The daughter died in the same way, and the autopsy showed great edema of the mucous membranes, connective tissue and muscles of the larynx entirely occluding it.

Other cases have been reported by Raven (3), Robert Lewis, Jr. (4), and Onuf (5).

The causes of this disease are not dependent upon renal, cardiac, or hepatic lesions, but on conditions existing in the system which bring about vaso-motor disturbances in people of a neurotic type. Individual attacks are provoked by exposure to cold, indigestion, certain kinds of food, fish, anxiety, mental excitement, and traumatism. Alcoholism is known to have induced these attacks. Although I have not seen it mentioned, yet I believe that uric acid will be found to be a common cause.

In regard to treatment there is nothing specific to be mentioned, but especial attention should be directed to the underlying bodily condition. Everything should be done to bring about the normal tone and stability of the nervous system.

- (1) *Practice of Medicine.* Goodno, p. 884.
- (2) *Annual of the Universal Medical Sciences.* Sajou, 1889, P. B., 47.
- (3) *American Year Book of Medicine and Surgery.* Medicine, 1903, p. 436.
- (4) *American Year Book of Medicine and Surgery,* 1899, p. 749.
- (5) *American Year Book of Medicine and Surgery.* Medicine, 1900, p. 408.

FRACTURE ABOUT THE HIP.

BY CHARLES T. HOWARD, M. D., WATERTOWN, MASS.

[Read before the Boston Homœopathic Medical Society.]

Fractures about the neck of the femur are almost invariably met with in elderly persons, and, for some reason which I have never seen explained, much more frequently in women than in men. As old age advances the bones undergo trophic changes; they become more brittle; the dense outer layer becomes thinner and more porous, and in the femur the angle of union between the shaft and the neck more nearly approaches a right angle, with consequent weakening.

The history of the accident is usually that of a slight fall,

striking either on the feet, knees, or more commonly the trochanter. The pain is usually severe and the disability complete, except in cases of a very firm impaction, when the patient may be able to rise and walk a few steps.

The diagnosis of fracture is in most cases very readily made. The only conditions requiring differentiation being an anterior dislocation or a simple contusion. The diagnosis of the variety of fracture is, however, more difficult.

Everson of the foot with apparent shortening of the limb are the most constant features, and occur in all cases except a few intracapsular with impaction. The apparent shortening should be verified by careful measurement. With the patient flat on the back and both limbs in the same relative position to the pelvis, comparative measurements should be taken from the anterior inferior spines to the lower margins of the patellæ and the tips of the internal malleoli. A shortening of from one to four inches will be found. Still further confirmation of shortening will be observed in the relation of the trochanter to Nelaton's line. In a sound limb, the top of the trochanter just reaches a line drawn from the anterior superior spine to the tuberosity of the ischium. In case of fracture or of dislocation, the trochanter is carried above this line to a degree corresponding to the shortening. Examination of the joint itself reveals a point of localized tenderness upon pressure over the trochanter, and the absence of the head of the bone in the buttocks or anteriorly. Crepitus may or may not be present according as the fracture is or is not impacted. If present it may be elicited by gentle rotation of the limb. All vigorous efforts to detect it, however, should be carefully avoided lest a possible impaction be broken up. If the examination be continued to Hunter's triangle, there will be found an increased fullness and resistance in its outer portion due to the changed position of the shaft of the femur.

A still further diagnostic point is the relaxation of the fascia lata above the trochanter, a condition which is present in fracture but absent in dislocation.

The above are diagnostic of all varieties of fracture about the hip joint without regard to location. Fractures here, however, have been classically divided into extra- and intracapsular, according as the line of separation is without or within the capsular ligament. In so far as the treatment is the same for both varieties, the tendency of late is to ignore a differential diagnosis. I believe, however, this to be unwise since the prognosis depends to a certain extent upon the exact location of the break.

A differential diagnosis is not readily made, being dependent upon a few minor differences. The history of the accident may be of some value, it being usually considered that indirect violence, as falling on the foot or knee, is more liable to cause an intracapsular, whereas a fall on the trochanter more frequently causes an extracapsular. In an extracapsular, too, the outer aspect of the trochanter is broadened, due to splintering and spreading of the bone.

The shortening in extracapsular is apt to be immediate and of a considerable amount, while in the intracapsular variety the shortening at first is usually slight, but increases markedly in twenty-four to forty-eight hours.

The prognosis as to life is dependent upon the age and vitality of the patient, many of the very aged dying immediately from the shock, or within a week from hypostatic pneumonia. The prognosis as to the result is dependent first of all upon the presence or absence of impaction, and next upon the location of the fracture, according as it is within or without the capsule. In impacted cases the fragments are held in close approximation and union may be confidently expected. In cases of extracapsular fracture, except in the very aged or debilitated, union usually occurs with considerable functional usefulness. In the intracapsular variety, unless impacted, the best result which can be expected is a fibrous union between the head and neck of the femur. The difference in the prognosis of the extra- and intracapsular varieties is due to two causes,—first, the accumulation of blood within the cap-

sule, when the fracture is within, and a consequent separation of the fragments; and second, to the anatomy of the blood supply. In a purely intracapsular fracture, the only blood which can reach the head of the bone comes through the ligamentum teres and is very meagre. In the extracapsular the blood supply is free, and the callus thrown out is consequently greater.

The treatment is the same for all varieties, viz., fixation and slight extension. Buck's extension apparatus may be used, about five pounds weight being employed. It is well to use in connection with it a long lateral splint extending from the axilla to the foot, the limb being secured to it by means of adhesive plaster strips, and prevented from rotating outward by means of a cross-piece fastened securely to the splint.

The use of an ambulatory dressing of plaster of Paris has been advocated, particularly by Carl Beck of New York, the pelvis and leg, down to the metatarsus, being enclosed in a plaster cast, and the patient after a few days allowed to get about on crutches. It is true that, by this means, the danger of a hypostatic pneumonia is averted, but the extension is, I believe, insufficient.

Dr. Scudder of the Massachusetts General Hospital favors the use of the Thomas posterior hip splint. This apparatus consists of a soft iron bar extending from the level of the axilla to the ankle, and bent to conform to the shape of the patient. To this are fastened, at the level of the axilla, the groin, and the calf, metallic bands which encircle the parts, and hold the limb perfectly rigid. He claims that it is very satisfactory, and that it renders the handling and care of the patient a simple matter.

The Hodgdon splint I believe to be the most satisfactory and comfortable device, and, if used in connection with a surcingle about the pelvis, that it answers all requirements. By elevating the foot of the bed and changing the angle of traction any desired degree of extension can be obtained,

while the hammock arrangement affords a considerable amount of liberty to the patient, and lessens the danger of a pneumonia.

The advisability of operative procedures, cutting down upon the fracture and securing the fragments with nails or ivory pegs, has often been discussed, but the few cases in which it has been tried seem to discourage further efforts along this line. The mortality is high, and the results not entirely satisfactory, for these patients are old and debilitated and do not stand operations well.

The after treatment demands the most skilful nursing to avoid pneumonia and prevent bed sores. Where the extension apparatus is employed it should be continued for three weeks. During the third week the patient may be allowed to assume the half sitting posture. In six to eight weeks he may be allowed to get into the wheel chair, and in about ten weeks go about on crutches. No weight should be borne by the injured limb for at least three months, when, with the aid of a cane, the patient may be allowed to walk, if able.

Now as to results. I had hoped when I agreed to write this paper to offer some specific data from the cases treated in our hospital, but owing to the fact that the clinical index is still in process of preparation, I was unable to compile a series of cases. I can only give data from my more or less definite recollection of seven cases seen in the course of my hospital work. The patients were all women varying in age from fifty-five to seventy-five years of age. Bony union was secured in all but two cases,—one an intracapsular, and one an extracapsular. The latter remained in the hospital only about ten days, so that no conclusion could be reached. The functional results, however, were far from satisfactory, all the patients, in the five cases mentioned, at the time of leaving the hospital suffering from a certain amount of pain, and being unable to go without crutches. What the ultimate results may have been I am unable to say.

Dr. Scudder, in his book on fractures, reports a series of

sixteen cases which were traced, and the results learned many years after the accident. Thirteen had impairment of the functional usefulness of the limb, necessitating the use of a crutch; all movements at the hip were somewhat restricted; atrophy of the muscles of the buttocks and calf was present in all. In the majority, pain was present, extending down the leg even to the sole of the foot, and especially pronounced at night. In only two cases of the sixteen could it be said that the leg was functionally useful.

With such a report of cases is it not pertinent to ask whether some different method of treatment might not yield better results? Have operative measures been sufficiently tried? The operation of nailing the fragments should be a short one and the results gratifying. It is true the mortality is high at present, but can it not be reduced? This is one of the phases of the question which I hope may be thoroughly discussed to-night.

Again, what in the experience of this society is the best splint and the best line of treatment? Does the Hodgdon splint immobilize sufficiently, and does it approximate the fragments as well as other appliances?

These are questions of great interest to me, and I ask for information and the experience of others.

SURGICAL HINTS.—Never sew up at once a wound that is badly crushed, or in which, for any reason, healing by first intention is unlikely to occur. Thoroughly disinfect, place the parts at rest, and remember the value of secondary sutures.

In injuries of the hands or feet, never be too eager to do a classical operation. Preserve as much palmar or plantar flap as possible, and be guided by the idea of restoring the best possible function, regardless of appearance.—*International Journal of Surgery.*

EDITORIALLY SPEAKING.

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

THE CONDITIONS OF EQUALITY.

At the annual meeting of the Missouri Valley Homœopathic Medical Association, held at Council Bluffs, Iowa, October 7th and 8th, the following resolutions, introduced by the president, Dr. Benj. F. Bailey, were unanimously adopted:

“WHEREAS, At a recent date the county societies in affiliation with the American Medical Association have extended to the members of our school an invitation to become members of their societies, and

“WHEREAS, We appreciate the courtesy extended and only regret that the invitation was accompanied by a restriction, demanding that we forfeit our membership in our own societies, and

“WHEREAS, We recognize in this invitation the broad and liberal desire to unify all societies and members in scientific research, and hence believe the before mentioned restrictions to have been an error as to ways and means and not an intention to restrict scientific research to certain channels, therefore be it

“Resolved, That this society extends to all members of the medical profession of whatever school, who are in good and regular standing before the law, a hearty invitation to become members of this society, without sacrificing affiliation with their own societies, and with only the restriction that they shall honestly give to the special law of similia a spécial duty and fair consideration, and that we bind ourselves to give to the researches of other schools the same respectful consideration that we ask for our own, and be it further

“Resolved, That we suggest that all homœopathic societies extend to the general profession a similar invitation.”

In offering the resolutions Dr. Bailey said he did so not with any intention of “getting back,” as it might be termed, at the American Medical Association, but with hope that such action

by the Homœopathic Medical Societies would result in more harmonious relations between the different schools of medicine, and, in turn, prove a direct benefit to humanity. Dr. Bailey added that he believed the American Medical Association, when it considered the matter more fully, would ultimately withdraw the restrictions and extend an open invitation to practitioners of the homœopathic school to join its ranks.

The above seems to us the most candid, courteous and impartial action upon the vexed question it considers, of any we have seen. Others have been candid; it is possible that others have been courteous and impartial, and devoid of a petty *tu quoque* spirit or the factitious brilliancy of attempted sarcasm. It has not been our good fortune, however, to see any resolutions or other utterances so wholly commendable as those we now bring to the attention of our readers.

It is a pleasure to us to publish them, because we believe they will meet the approval of all the members of our school who, while loyal to homœopathy and once for all opposed to sacrificing their distinctive method of treating disease, are yet desirous of hastening the time when all well-educated, well-qualified practitioners of medicine shall consider differences in therapeutic belief and practice insufficient ground for personal separation. And, aside from the present issue of membership in societies, it is, perhaps, well for us that we should often remember that, while we have just cause in many instances for resenting the attitude assumed by the dominant school towards us, such cause is by no means explanatory, or even approximately explanatory, of the lack of fellowship between allopaths and homœopaths. The latter as a body have yet to fully qualify for the position and recognition they desire, and to which possibly they even now believe themselves entitled.

Our therapeutic methods we have proved to be unequalled, now let us prove our ability to achieve a like supremacy in other departments of medicine. But if we think this

constitutes the whole of our task we shall be vastly mistaken; the men and women who make up the rank and file of the homœopathic profession, as well as those who serve as leaders, must know and represent something more and other than the science and art of medicine. They must be liberally educated, of broad culture, of wide interests, and they must be well bred. We must command respect in the world of cultivated men and women, as well as in the world of science. We must raise our standards and ideals, for standards and ideals the world over are being raised daily. And then, first, last, and always, we, who lack numbers and covet power, must show an undivided front, a conspicuous harmony and mutual charity,—a harmony and charity which need not, perhaps, be altogether dissociated from the “Peace on earth, good will to men,” the Christmas-tide both enjoins and makes possible.

FROM THE “EXCURSUS ETHICUS.”—System is good, but it is apt to enslave and confine its maker. Method in art is what system is in science; and we physicians know, to our sad and weighty experience, that we are more occupied with doing some one thing, than in knowing many other things. System is to an art what an external skeleton is to a crab, something it, as well as the crab, must escape from if it means to grow bigger: more of a shield and covering than a support and instrument of power. Our skeletons are inside our bodies; and so generally ought our systems to be inside, not outside, our minds.

JOHN BROWN, M.D.

SOCIETY REPORTS.

ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The first regular meeting of the society after the summer recess was held in the Essex County Homœopathic Hospital on Wednesday, October 28, at 3.30 P.M. It was decided by vote that the annual meeting be held in January in place of October, when it was formerly held.

Dr. MacDougal of Haverhill read a very interesting paper on "Adenoids." The main purpose of Dr. MacDougal's paper was to call the attention of physicians to the general prevalence of symptoms due to adenoid vegetations in the pharyngeal cavity, both in children and adults. Among the symptoms mentioned were: mouth-breathing, inability to concentrate the mind, with consequent backwardness, headache, nosebleed, deafness, and earache, stammering, cervical adenitis, cough, postnasal catarrh, snoring, restless sleep, skeletal deformities, chiefly of the superior maxilla, anemia, and malnutrition.

The diagnosis of adenoids, though often clear from the symptoms alone, can always be verified by exploration of the pharyngeal cavity with the index finger. Removal is indicated in every case in which the growth is discovered.

In the removal of the growth Dr. MacDougal favors the use of the adenoid forceps, with the index finger as a guide, in preference to the curette, especially in cases which present large masses of adenoid tissue, the curette being used for the removal of small fragments of tissue left by the forceps. Recurrence probably does not occur if the operation is thoroughly performed.

Discussion of Dr. MacDougal's paper was general, and brought out many points of interest.

MARY R. LAKEMAN,

Secretary.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the society was held at the Boston University School of Medicine, East Concord St., Boston, Thursday evening, November 5, 1903, at 8.15 o'clock, the President, William F. Wesselhoeft, M. D., in the chair.

The records of the last meeting were read and approved.

Henry Edwin Rice, M. D., 647 Boylston St., Boston, was proposed for membership.

The President appointed the following committee to nominate officers for the ensuing year: N. R. Perkins, M. D.; A. H. Carvill, M. D.; and Clara E. Gary, M. D.

Voted, That the sympathy of the society be expressed to Dr. F. H. Krebs, who is suffering from the effects of an injury.

SCIENTIFIC SESSION.

Dr Packard exhibited an instrument, which he purchased abroad the past summer, to be used in diagnosis of lesions of the kidneys, where it is desirable to segregate the secretion from each kidney.

REPORT OF THE SECTION OF MATERIA MEDICA.

W. P. Defriez, M. D., Chairman; H. H. Amsden, M. D., Secretary; A. H. Bassett, M. D., Treasurer.

PROGRAMME.

1. "A Consideration of the Element of Time in the Treatment of Chronic Diseases." F. W. Patch, M. D.

2. "Some Remarks on Recent Provings." E. P. Colby, M. D.

3. "Pathologic vs. Symptomatic Prescribing." M. W. Turner, M. D.

Dr. Patch's paper was not discussed.

Discussion Dr. Colby's paper.

Dr. Bellows: If this were a conference meeting I should have felt impelled to utter "Amens" at a number of places

during the reading of this very excellent paper, because I can understand, perhaps better than any one else present, the various troubles and embarrassments which were mentioned by Dr. Colby. It is conceded that it is almost impossible to find a perfect horse. It is still more difficult to find a perfect human being. If we look for absolutely healthy persons to make our provings we shall have very few provings to offer. In looking over the records of the new provings which have been made I sometimes find a prover who seems almost ideal until I come to some one department, perhaps, and there I find abnormalities which some examiner has discovered. So we have to take the normal departments as they stand, make allowances in other portions and cut out and discard entirely some others, depending for our knowledge in these directions upon other provers who are healthy in these respects, and thus make good the deficiencies. By thus fitting the sound parts together into one composite whole we shall find ourselves possessed of a most satisfactory fund of knowledge as the result of these new provings.

Dr. Turner's paper was not discussed.

Adjourned at 9.10 o'clock.

H. O. SPALDING,

Secretary.

SUMMARY OF A BELATED REPORT.—The annual meeting of the Worcester County Homœopathic Medical Society was held November 11. The following officers for the ensuing year were elected: President, Edwin A. Clark, Worcester; first vice-president, G. F. A. Spencer, Ware; second vice-president, F. W. Patch, Framingham; secretary and treasurer, E. R. Leib, Worcester; censors, Edger A. Fisher and Amanda C. Bray, Worcester, and J. E. Luscombe, Fitchburg. Drs. Caroline Hastings, Howard P. Bellows, and John P. Rand were among those presenting papers.

BOOKS AND READING.

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

THE PRACTICE OF OBSTETRICS DESIGNED FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE. By J. Clifton Edgar, Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College, etc. Illus. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 1110. Price, cloth, \$6.00; half morocco or sheep, \$7.00 *net*.

It is hardly possible to give this work a notice commensurate with its importance and excellence. Seldom has so admirable a volume engaged our attention. Congratulations are in order not only to the author who has sunk his own personality in complete absorption in his subject, but also to the publishers who have given us such a splendid specimen of modern book making.

Edgar's *Obstetrics*, which will undoubtedly be its common and sufficient title, is in ten parts: The Physiology of the Female Genital Organs; Physiological Pregnancy; Pathological Pregnancy; Physiological Labor; Pathological Labor; Physiological Puerperium; Pathological Puerperium; The Physiology of the Newly Born; The Pathology of the Newly Born; Obstetric Surgery.

This arrangement will at once justify itself to the practical obstetrician, for it is natural, simple, and complete. Each part is preceded by a table of contents which saves time, and will always be a convenience. The twelve hundred or more cuts arranged, are so far as possible, so that each is in close proximity to the portion of text it illustrates.

Paragraphing by means of display type has been substituted for the limitations of chapter headings.

The medico-legal aspects of obstetrics, together with a short section on rape, with an analysis of examinations in suspected cases, is rather new in a work of this kind, as here treated.

In fact, there is a very considerable amount of new matter. The section on antenatal diseases of the fetus is unusually full

and good. It is difficult, however, to direct attention to one section more than another.

The illustrations are to an exceptional extent new, and from special drawings or photographs; among them should be noticed those on the mechanism of labor and moulding of the fetal skull in different presentations.

The press work is of a high order, and will add to the reputation of the publishers.

A MANUAL OF BACTERIOLOGY. By Herbert U. Williams, M. D., Professor of Pathology and Bacteriology, Medical Department, University of Buffalo. Illus. Third edition, revised and enlarged. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 351. Price, \$1.75 *net*.

We find this book improved in its third edition, which it has reached in less than five years. It was always a good working manual, but better in its later editions, and especially in the last, because its parts are better related, each being perfected by the addition of notes and references to original articles and reviews, new and superior illustrations, and such new subject matter as advancing knowledge has supplied.

The teacher of bacteriology will recommend this work to his students. The new introductory pages, which give a brief historical sketch of the development of laboratory work along these lines, is well calculated to awaken a vivid interest in the subject. While this is a book pre-eminently for the undergraduate, it is exactly what the average practitioner will find time to read and profit by, as it is not too extended or technical. The indexing has been carefully done, and seems unusually complete. There are ninety-nine illustrations, including many new photomicrographs.

THE MEDICAL NEWS VISITING LIST FOR 1904. Eighteenth year of issue. Philadelphia and New York: Lea Brothers & Co. Price, flexible leather, \$1.25; thumb-letter index, 25 cents extra.

This invaluable, pocket-sized book is issued in four styles to meet the requirements of every practitioner; the weekly, dated for thirty patients; the monthly, dated for one hundred and

twenty patients per month; the perpetual, undated, for thirty patients, weekly per year; the sixty-patients, undated, for sixty patients weekly per year.

The weekly, monthly, and thirty-patient perpetual, contain thirty-two pages of data and one hundred and sixty pages of classified blanks. The sixty-patient perpetual consists of two hundred and fifty-six pages of blanks alone. Each in one wallet shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years.

The text portion has been thoroughly revised and brought up to date. It contains among other valuable things, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

The paper for this little book was selected to secure toughness and durability. It is equally adapted to the use of pen or pencil. This Visiting List will be sent postpaid on receipt of price.

A MANUAL OF HYGIENE AND SANITATION. By Seneca Egbert, A. M., M. D., Professor of Hygiene and Dean of the Medico-Chirurgical College of Philadelphia, etc. Third edition, enlarged and thoroughly revised. Illus. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 473. Price, cloth, \$2.25 *net*.

To a more general understanding and application of the principles of hygiene and sanitation, we must attribute to a considerable extent the really marvellous reduction of the death-rate in this country during the past decade.

To-day, in our colleges, the chair of hygiene and sanitation is an important one, and students are impressed with the necessity of obtaining a correct knowledge of these subjects. The preferred text-book seems to be "Egbert." Close inspection of the new, third edition will show no likelihood of any other choice being made, at least, of a manual, complete in essentials, modern, trustworthy, and practical.

Bacteriology, air, ventilation, and heating, water, food, stimulants and beverages, personal hygiene, school hygiene, disinfection, quarantine, the removal and disposal of sewage, military hygiene, vital statistics, and the examination of air, water, and food, constitute the leading topics.

The general practitioner should have this manual, for it is adapted to his needs, and will materially aid him in instructing the laity.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. VOL. X. SKIN AND VENEREAL DISEASES, NERVOUS AND MENTAL DISEASES. Edited by W. L. Baum, M. D., and Hugh T. Patrick, M. D. September, 1903. Chicago: The Year Book Publishing Co. pp. 236. Price, \$1.25 *net*.

While the sections on special dermatoses, syphilis and gonorrhœa occupy considerable space, and contain a great deal of condensed and useful material, the section on nervous diseases has been edited with equal care, much discrimination having been exercised in the selection of the abstracts included. These are not confined to a consideration of the newer therapeutics, but also present the last word to date on etiology, pathology, and symptomatology.

The issuing of the volumes of this series from month to month gives opportunity to more perfectly present a complete record of progress in medicine for the year than is possible in the average year book. The subscription price of the series is \$7.50.

LESSONS ON THE EYE, FOR THE USE OF UNDERGRADUATE STUDENTS. By Frank L. Henderson, M. D., Ophthalmic Surgeon to St. Mary's Infirmary, St. Louis, etc. Third edition. Philadelphia: P. Blakiston's Son & Co. 1903. pp. 205. Price, \$1.50 *net*.

The refreshing novelty of the author's frank admission that "the only claim to originality made for this work lies in its omissions," will at once commend it not only to the overburdened minds of medical students, but also to practitioners who do not care a rap for "the formula for calculating the index of refraction of a transparent medium," or the more complicated diagnostic methods found in a specialist's hand-book, or minute knowledge of the entire science of ophthalmology.

Dr. Henderson offers a primer on the eye, simple, brief, practical, and well within the comprehension of the beginner. It takes up all the subjects the undergraduate student is likely to acquire much knowledge upon, in the limited time allotted to the eye in most medical schools. The text will be a help in quizzing, and the accompanying illustrations of more or less general service.

THE MEDICAL EPITOME SERIES. ANATOMY. By Henry E. Hale, A. M., M. D. Illus. Philadelphia and New York: Lea Brothers & Co. 1903. pp. 389. Price, \$1.00 *net*.

Dr. Hale's offering on the extensive subject of anatomy is something like a vest-pocket edition of the Bible, the text is all there but in small compass. Gray, Morris and Gerrish are reflected in this single little volume, crowded full of facts about the structure of the human body. It is a book for refreshing one's memory, settling a disputed point or quizzing one's self or one's fellow workers. At the end of each of the six parts into which the text is divided, is a list of questions for review. There are a number of tabulations which will prove helpful. It is really surprising how much of anatomical lore has been compressed into a comparatively small space. There are over seventy illustrations.

SAUNDERS' COMPLETE CATALOGUE OF MEDICAL AND SURGICAL BOOKS. Illus. Philadelphia, New York, and London: W. B. Saunders & Co. 1903.

This handsome new catalogue, recently issued by Messrs. W. B. Saunders & Co., is really unique, for it contains besides the usual book list, and illustrations from the principal publications, some most interesting views of early college buildings in leading cities of the United States, and the world famous hospitals in London. There are also pictured two or three of the old New York taverns, and the sky-scraper Flatiron Building where the firm's New York branch is located.

All our readers are familiar with "Saunders'" publications, and it would probably be difficult to find a physician whose library did not contain several of them. Some extremely valuable works, which have received the endorsement of the profession, are brought to the special attention of the profession in this new catalogue.

THE SPECIALIST.

SURGERY.

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

GAUZE DRAINS.—Gauze drains left in wounds should not, as a rule, be removed until the fourth day, when the adhesions have liquified and the gauze is easily removed. In the uterus gauze should never be left in more than twenty-four hours, owing to danger of sepsis.—*International Journal of Surgery.*

TO PRESERVE RUBBER.—Ten to twelve parts of water and one part of ammonia will preserve soft rubber any length of time. Dip rubber pipes, etc., in a glass jar filled with this solution. Use for your ammonia bottle a rubber stopper; it is better than a glass stopper.—*Toledo Medical and Surgical Reporter.*

ABSCESS OF THE SPLEEN.—Abscess of the spleen is rare, but not as rare as we are led to believe. It is most likely to occur after malarial or typhoid fever, because of the hyperemic condition of the spleen in those diseases. Absence of fever does not preclude the possibility of an abscess. Early diagnosis and operation are very necessary and give a fairly favorable prognosis. Splenectomy is the operation of choice, but its application is quite limited. Preliminary aspiration is an unnecessary procedure, and its use should be condemned.—*Dr. W. M. Spear in Journal of the American Medical Association.*

OPERATIONS BY THE VAGINAL ROUTE.—It must not be forgotten that almost all surgeons who now ardently advocate the vaginal route have performed in former years almost all of their work by abdominal section, and when the results gained by the vaginal operations taught them the unquestionable great advantages of this route concerning the immediate and remote results of their operative procedures and concerning the safety of their patients, they came gradatim to the

conclusions of Fritsch and Thorn, that it must be our principle what we *can* operate on by the vaginal route *must* be operated on by this route.—*New York Medical Journal.*

OPPORTUNE SURGERY.—Up-to-date knowledge demands that the resort to surgery shall be made before cellular pathology has become widespread, or before the metamorphosis has extended far into local death or into malignant proliferation. Experience has demonstrated that all delay of surgical action, for instance, until the stage of pus-formation is entered upon in appendicitis; or until gangrene or peritonitis has been generated; or until abnormal growth has shown persistent and steady development into hopeless malignancy, is in disregard of the plainest teachings, and is an ever-increasing menace to the welfare of the patient.—*Dr. O. S. Runnels in the Hahnemannian Monthly.*

LIPOMA OF THE PHARYNX.—Dr. V. Cheval has observed a true lipoma of the pharynx. The patient was a woman, thirty-three years of age, who, for eight months, had experienced trouble in swallowing and breathing. At night she snored. There was no pain. Upon examination an enormous tumor was seen beneath the pharyngeal mucous membrane. The right tonsil was pushed forward; the velum palati swollen and paretic. The tumor had involved the entire naso-pharynx. To the touch it was resistant, but there was no fluctuation. Tracheotomy being performed and the patient placed in Rose's position, the tumor was easily enucleated. The result was excellent, and ten days later the cure was complete.—*Revue Hebdomadaire de Laryngologie, etc.*

THE HOMŒOPATHIC TREATMENT OF SHOCK.—It is in the treatment of that condition known as surgical shock that our homœopathic remedies have won laurels. Take, for instance, *veratrum album*: how perfectly its pathogenesis corresponds to a case of shock: the coldness of the extremities, the pallor of the face, the relaxed muscles, the imperceptible breathing

and the hippocratic countenance .It requires courage in such cases to rely on veratrum; that is, for the first few times. Those who do rely on it, however, know that it is far safer than strychnine injections and followed by no reaction appearing later to retard recovery. It should be given in the third potency, or higher; do not give it too low.—*Dr. W. A. Dewey.*

TORSION IN LATERAL CURVATURE OF THE SPINE.—A right dorsal curve should be twisted to the right, which should curve the spine to the left; should it be a high dorsal curve the twist should be given in full flexion of the spine. With regard to cases with fixed curves it is not possible as yet to say what the therapeutic value of torsion is. Postural lateral curves may apparently originate (*a*) in the flexed position of the spine; (*b*) in the extended position of the spine; (*c*) in twisted positions of the spine in which the lateral curve is only symptomatic of the twist. In these cases torsion movements and passive torsion of the spine are of therapeutic value.—*Dr. R. W. Lovett in Boston Medical and Surgical Journal.*

A RARE CASE OF UMBILICAL HERNIA.—At the birth of a male infant a cystic tumor was observed at the umbilicus, apparently attached to the cord, whose tissues appeared to spread over it. The tumor was the size of an orange, the covering was entirely serous, and its contents were continuous with those of the abdominal cavity. The serous covering was already (the third day) infected. Operation was done. The sac was opened, its contents found to be the cecum and appendix, the peritoneal surface of which already showed signs of inflammation. These parts were washed with saline solution and returned into the abdomen, the sac was cut away and the abdominal wound closed. The child made a good recovery. The case is considered an example of congenital hernia of the cord.—*The Montreal Medical Journal.*

THE HAND IN RAILWAY SURGERY.—The best and most rational method of handling and treating surgical emergencies

to the hand of the railroad and factory employee is as follows:

Control the hemorrhage.

Remove all foreign bodies, as dirt and grease, by scrubbing with liquid ethereal soap and plenty of hot water.

Give Nature a chance by doing patchwork.

Suture the nerves and tendons with sterilized catgut.

Use aseptic materials and dressings.

Avoid meddlesome surgery, and do not disturb first dressings, if possible, for one week. Watch the pulse and temperature.

Practice conservatism and utility.

Use some dry antiseptic powder, as the odor of iodoform is objectionable.

Amputate as a *dernier resort*.

Keep away from the courts, and give the shyster lawyer a wide berth.—*American Journal of Surgery and Gynæcology*.

TREATMENT OF INTUSSUSCEPTION.—Hydrostatic pressure is wholly uncertain, unscientific, and dangerous, and if employed at all, it should be only early in the case; and the reservoir containing the liquid should not be elevated more than three feet above the child's buttocks. Should this fail, operation should be performed at once. Hydrostatic treatment of intussusception has been correctly likened by high authority to the taxis treatment for strangulated hernia, the correct treatment of which is, of course, herniotomy; but this may without harm be preceded by a gentle attempt at reduction by taxis. The surgical treatment of intussusception is, on the other hand, scientific, the exact condition is ascertained and corrected, and the mortality rate is strikingly less than under the other form of treatment, though higher still than it should be. The rational conclusion is, that celiotomy is the treatment par excellence for this condition, and that it should be performed early, within the first twenty-four hours, if possible.—*American Medicine*.

LAMINECTOMY FOR FRACTURE OF THE SPINE.—If laminectomy is justifiable in the treatment of fractures elsewhere in the spine, it is justifiable in the neck. If the danger attending laminectomy is increased as we ascend the spine, the danger of leaving cases of fracture to unaided efforts of nature is likewise increased as we ascend the spine in the same or greater proportion. Replacement of the body of a dislocated vertebra by extension, counter-extension, and manipulation is in the very nature of things very difficult to perform, and it is doubtful if this method has any value whatever.

Laminectomy for fracture or dislocation should be made early. The earlier the better. The longer the pressure has existed the more extensive the degeneration of the core. Still hope need not be entirely abandoned in old cases, for laminectomy has relieved many such even after months had elapsed since the injury was received.

To sum up, laminectomy is per se not dangerous. It represents the surest method of diagnosis of fracture and dislocation and the most rational and efficient means of relief.—*Virginia Medical Semi-Monthly.*

SUPPLEMENT SURGERY WITH THE INDICATED REMEDY.—Much well indicated surgery is done by men who have allowed their enthusiasm to so run away with their good judgment as to believe they can cut away all the symptoms of deep seated disease, whose tap-root sucks its deadly virus from inherited psora, syphilis or sycosis, by removing some offending portion of the patient's anatomy, whose only sin was that it suffered the results of a constitutional condition, which could be reached only by the deep acting potentized drug.

Such surgery may have been well indicated and may have been well done, and the results may have seemed brilliant for a time. The flushing of the capillaries, the relief of nervous tension, the psychic influence of a surgical operation, all conspire to give new hope to the patient and self-congratulation to the short-sighted surgeon, but unless these temporary re-

sults are supplemented by a wise administration of well indicated constitutionally acting remedies, in most chronic cases in which surgery is indicated, our work will be unsatisfactory to our patients and to ourselves.—*Medical Advance.*

OPERATIVE TREATMENT OF CARBUNCLE: ILLUSTRATIVE CASE.—A still better procedure, however, than the cruciform incision, has of recent years been practiced. This is the removal *en masse* of the entire lesion. By this means we obliterate at once the focus of pathological action and substitute a clean wound for a festering area. The operation counteracts the tendency to septic inflammation. I regard this as the best treatment for comparatively small carbuncles in patients of comparatively good constitution. As the woman now before you answers to the requirements, I shall proceed to perform total extirpation

I carry the incision completely around the diseased focus, and, raising the mass, cut it free from the surrounding and subjacent tissue. Hemorrhage is controlled by the use of hot water. As I hold the excised material in my hand you can see that it is full of collections of pus. I shall not bring the edges of the wound together by sutures, but shall allow the surface to granulate until all danger of sepsis is over, and then graft. Septic involvement would inevitably destroy the life of the grafts. I cover the wound with iodoform gauze, which will alleviate the pain due to the operation.—*Dr. W. L. Rodman in the Medical Bulletin.*

ABDOMINAL WOUNDS.—Only a very few days ago I saw a case which offered a very strong argument against procrastination in dealing with abdominal wounds. A lad of perhaps sixteen years was playing with an old revolver, which was accidentally discharged. The ball entered the belly on the left side, about two inches and a half from and on a level with the umbilicus, and emerged on the same level about two inches more posteriorly. From the direction of the missile, the flatness of the abdomen, and the close proximity of the wound

of exit to that of entrance, it was not thought possible that the bullet could have entered the peritoneal cavity, and the wound was treated by abstention. The accident occurred about three o'clock in the afternoon, and before the following morning symptoms of sepsis appeared. The lad was operated upon about the middle of the forenoon, and a nick was found in a coil of the small intestine. The wound in the gut, which was nearly an inch long, was closed, but the intestinal contents had had time to do their work, and the patient died of peritonitis.

An immediate operation could not have produced the fatal issue many hours earlier. Could it have saved his life?—*Dr. J. M. Lowrey in New York Medical Journal.*

ACUTE OSTEOMYELITIS.—The greatest peril in acute bone marrow disease arises, as has been pointed out, from the time lost in arriving at a diagnosis. Every day of procrastination, sometimes even every hour, may be directly responsible for the failure of all our efforts, and knowing this it is far safer to risk an occasional operation in rheumatism than to omit the step in osteomyelitis. The following history is a fair indication of the rapidity with which the hopeless stage of the malady may be reached.

Louis R., eleven years old, and previously healthy, had pain in his left arm after a fall. The following day there was headache and malaise. The third day a chill occurred. The fourth day there was delirium and on the fifth day, May 7, 1902, the patient was operated upon at Mt. Sinai Hospital, where he came in wretched general condition with a temperature of 105.4°, pulse 138, and wildly delirious. The left arm was enlarged in girth and edematous, but the skin was not reddened. Immediate incision over the outer aspect of the humerus evacuated a rather small quantity of thin brownish pus from beneath the periosteum, and on chiseling in to the marrow canal more pus of the same kind was found. The wound was packed and the child sent back to bed, but in spite of everything which

could be done the sepsis remained unchecked and death ensued forty-eight hours later.—*Dr. Howard Lilienthal in International Journal of Surgery.*

ABSTRACTS FROM BOOKS AND JOURNALS.

FOR CHILBLAINS.—You'll be asked for a chilblain cure pretty soon. Paint them often with eucalyptus oil and cure them.—*Exchange.*

THERE ARE NO ALPS.—When Napoleon was about to cross the Alps someone emphasized the apparent impossibility of getting an army over the mountains. "There are no Alps," was Napoleon's reply. He crossed them and the world was amazed.—*Exchange.*

FREQUENCY OF CANCER.—Cancer of the uterus is on a decline. Cancer of the breast has undergone a still more marked abatement. Cancer of the rectum is about stationary. Cancer of the mouth and upper air passages is, perhaps, a little more common, while cancer of the extremities has decreased, and cancer of the visceral organs is apparently more common. *Professor de Bovis of Reims.*

FOODS EASILY DIGESTED.—The food value of nuts is just beginning to be appreciated. Pecans have been recently highly praised in hyperacidity. Malted nuts, nut butter and creams are now being placed upon the market and are both exceedingly palatable and highly nutritious and aid us very much where we desire to use highly concentrated food of easy digestion.—*Cleveland Medical and Surgical Reporter.*

MAMMARY TUBERCULOSIS.—All modern authors allege that mammary tuberculosis occurs most frequently in early adult life, from twenty to forty years; before the menopause. But it is always well to bear in mind the injunction of Charcot, viz., that senile tuberculosis, of the osseous, collagenous and

lymph tissues is not very rare and that it may assume many of the clinical characters of malignancy. In fact, it is often a matter of extreme difficulty to differentiate local surface tuberculous lesions from cancerous disease in old people.—*Wisconsin Medical Reporter*.

FOOD FOR THE TYPHOID CONVALESCENT.—To one quart of water in a double boiler put one cup of genuine unprepared oatmeal; boil down to a pint (about three hours). Add to this two spoonsful of sugar, a little salt, and an egg, which has previously been boiled twenty minutes, cooled and grated. To this add a pint of water, enough to bring the whole up to a quart again; strain through a cloth and give to the patient warm or cold, when it is a sort of jelly. The sugar can be left out if preferred, as I found it was in some cases. This formula has been a boon to me, satisfying and gratifying to the patient, giving not one bit of trouble of any kind.—*Dr. C. L. Guild in Pacific Coast Journal of Homœopathy*.

COCCUS CACTI IN WHOOPING COUGH.—Now, whooping-cough is a very distressing disease when present in all its violence. It is certain to run a course of weeks, and often months unless checked. If, therefore, it be possible to employ a remedy that will render the paroxysm much milder and also cut short the attack to a duration of about a month, something definite has been done. This can be accomplished by employing coccus cacti 2x (cochineal) on tablets—one every two hours.

During the past winter and spring there have been many cases of whooping-cough among the children and even adults of Baltimore, and in every case that was under my care, the attack grew milder and was short in duration. Almost all of them received coccus cacti.—*Dr. O. E. Janney in American Medical Monthly*.

TRAVELERS' DIARRHEA.—Strangers' or travelers' diarrhea is often due in part also to the interference with the regular routine of life. The usual exercise is not taken, meals are

different in kind, quantity and time; the motion of cars or other conveyances disarranges the digestion. So it happens that this diarrhea is often an effort of nature to unload a congested liver or impacted colon.

Any injurious effect of impure water may be counteracted by the use of a little zinc or soda sulphocarbonate. They are harmless in any quantity, and if a five-grain tablet is swallowed with each draught of strange water, no possible harm can come from it. A few such tablets carried in the vest pocket may prevent an attack of typhoid fever, while away from home.—*Dr. Wm. F. Waugh in The Medical Times.*

DEATH OR APPARENT DEATH.—It is stated that an eminent German scientist has discovered what he considers an infallible test for distinguishing between persons actually dead or only apparently dead. He uses a weak solution of fluorescin, a most powerful coloring matter, which, when sufficiently diluted, ceases to be poisonous. If this solution is injected under the skin of a living person, in two minutes the skin, especially the mucous membrane, is strongly colored, and the body has the appearance of suffering from an attack of acute jaundice. The whole of the eyes are said to assume a clear, green tinge, the pupil almost disappears, and the eye looks as if it were a brilliant emerald set in the face. In two hours all the phenomena disappear. But in the case of a dead man the solution produces no effect.—*Health.*

THE DIAZO REACTION AND TYPHOID FEVER.—1. The examination of the urine in cases of suspected typhoid fever is of value, provided that its limitations are recognized.

2. While not so absolutely pathognomonic of typhoid fever, yet the diazo reaction is even more constantly present in that disease than the Widal reaction. So that its absence at a period when it should be present, if the case is one of typhoid fever, is of considerable value in making a negative diagnosis.

3. In a majority of instances the diazo reaction is present

in the urine at least forty-eight hours earlier than the Widal reaction in the blood.

4. It disappears much earlier than the Widal reaction, however, and negative results obtained later than the second week are of little or no value.

5. "Doubtful reactions" have slight significance.—*New York Medical Journal*.

HOT WATER AND RHEUMATISM.—Some eighteen years ago an invalid lady came to me with all the signs of acute rheumatism. Her blood presented crystals, fibrin filaments much enlarged, network close meshed; red corpuscles sticky, adhesive, huddled together in massive ridges or in rows. Hot water was a large part of her treatment. She was to take one pint one hour before each meal and on going to bed. But she found so much relief that she drank about two gallons in one day. Next morning she said she could feel the gravel on her skin. The water had dissolved it in her sweat. The sweat had evaporated and left the crystals on her skin. The morphology of the skin in this complaint often yields crystals in abundance—nature's effort to eliminate and cure.—*Dr. E. Cutler in Dietetic and Hygienic Gazette*.

IN USING BELLADONNA.—Just a word as to potency in the use of belladonna. For several years I used the tincture; my favorite potency now is the third centesimal dilution. The change is the result of experience.

I have so often seen the temperature rise after prescribing belladonna that I have come to regard the drug as the cause. When I find the temperature going up after prescribing belladonna I stop the remedy and give a placebo. The temperature nearly always comes down. This is the only drug that I believe I have actually seen cause a rise of temperature.

Belladonna, if used judiciously, stopping at the proper moment, will promptly relieve the condition prescribed for. If the remedy is too long continued the case is aggravated and the patient is worse off than before.—*Dr. W. S. Mills in North American Journal of Homœopathy*.

CARE OF INEBRIATES.—Physicians in every community should strive to form a public sentiment for the enactment of laws recognizing the disease of inebriety, and giving cities and towns power to build hospitals, and raise the license fund to pay for them. Ten per cent. increase of the license fund would build and put in operation a number of hospitals of this class. Industrial work-houses along economic lines on large farms in the country conducted on military principles, where the labor of the inmates may be directed to the support of the institution, will stop the tides of pauperism, criminality, epilepsy and insanity. Then every inebriate who becomes a burden on his friends and the community should be forced into this industrial community and made to be a producer where now he is a consumer and burden.—*Virginia Medical Semi-Monthly.*

NAGELI'S METHOD OF OVERCOMING SPASM OF THE GLOTTIS IN PERTUSSIS.—In the *Archives of Pediatrics* Dr. Jacob Sobel, of the "Department of Children's Diseases, Beth Israel Hospital Dispensary," gives his experience with this treatment. In ninety-six cases recorded ranging in age from three months to five years there were but nine failures, and even in these failures he thinks success would have been obtained if the procedure could have been carried on regularly at home. Dr. Sobel stands in front of the patient and places the flexed index and middle fingers against the angle of the inferior maxilla, both thumbs along the side of the nose and against the superior maxilla and then pulls downward and forward. If behind the patient the flexed index and middle fingers are placed against the angle of the jaw, the thumb along its body, the remaining fingers beneath and thus manipulated by pulling downward and forward.

PERSONAL QUALIFICATIONS OF THE PHYSICIAN.—In a general way, he should, first of all, try to be a gentleman in its truest sense, as well as in his manners and deportment. Take time, never be in a hurry. Do not go in like a cyclone, nor

rush out as though the house was on fire. Be attentively courteous and suave, without servility. Listen well, but do not talk too much. Manage to have a few kind words with every one. Toward the sick one be patient, watchful, careful, thoughtful, and considerate, endeavoring to constantly impress upon all those in attendance your personal sympathy and interest in the comfort and welfare of your patient. All this will pay you. Through that mysterious association of analogous ideas, when illness may come into the families of any of those whom you may have casually met in the sick-chamber, it is more than likely that you will be suggested to their minds as "a very nice man" and a good physician. Your employment will be very apt to follow.—*The American Physician*.

"CATCHING COLD" IN THE MUSCLES.—There is no doubt that at times as the result of exposure to cold or to a draft, muscles become the seat of considerable discomfort. Muscles of the neck and of the shoulder are particularly liable to be affected. These are sometimes spoken of as colds in the muscles, though more often the words neuralgia, or rheumatism, are used in this connection. The mechanism of the affection seems to be that the continuous application of cold from sitting in a draft leads to a paralysis of the vasomotor mechanism in the parts. As a consequence of this a congestive dilatation of blood vessels follows, affecting especially the capillaries. Delicate nerve endings that for proper function require to be kept in a state of the best possible nutrition are thus deprived of some of the nutritive elements that have been so constantly flowing by in the blood stream. It is not surprising then that there should be some sensory disturbance and, as a consequence of the pain, an inability to use the muscles.—*The Medical News*.

PAIN AS A DIAGNOSTIC FACTOR.—Reflex pains are many: For instance, a dull pain under the scapula and in the right shoulder has long been deemed sufficient for the old-time

doctor to diagnose liver engorgement, if not hepatitis. A pain in the knee of the young with corroborative tenderness indicates acute morbus coxæ. A persistent pain in the anterior lateral thorax indicates spinal caries. A cystic calculus expresses itself by a pain in the glans penis, while if in the kidney it takes also the testicles in the painful area. Angina is nearly always attended by pain extending down the left arm, following the course of Wrisberg's nerve. Lightning pains in the extremities, ataxia; persistent headache, Bright's disease; a severe pain in the abdomen, not clearly colic, is construed by some to indicate appendicitis; abdominal pain not augmented on light pressure, but on deep pressure, enteritis and not involvement of the serous tissue, in which case the bed clothes are thrown off because of oppressive weight, and the patient breathes rapidly with the thoracic muscles.—*Nashville Journal of Medicine and Surgery.*

CANCER OF THE BREAST.—It is a very general dread among women that a blow on the breast gives rise to cancer. It does nothing of the kind, but what occurs is this:

The effect of a severe blow upon an organ like the female breast, especially when great changes in the reproductive sphere are taking place, lessens the power of the involved tissues to resist the onslaught of morbid material floating through the system. Such material is thus enabled to deposit in this the least resistant and consequently the most suitable resting-place.

Women who receive such blows should at once resort to a dose of *arnica montana*, *calendula offic.*, *ruta graveolens*, or of *ulmus fulva*, according as their other symptoms and bodily condition indicate. Of all these remedies the most generally useful for the purpose of restoring the resisting power of the injured tissues is, so far as our present researches go, most certainly *arnica*, the tincture of which should be made from a fresh plant, and not from the dry, drug-impregnated flowers in the shops.—*Homœopathic World (London).*

COUGH.—An ordinary cough is difficult to cure for the following reasons: The subject usually tries all the house remedies first. When everything utterly refuses to relieve him he calls on his physician. He usually expects to be cured in one day. He insists on attending to business as usual. He reserves the right to talk as much as he pleases, and swear a little, too, if it suits his convenience. It makes him angry to cough, and he coughs because he is.

The physician should treat his case properly, but he should make the patient equally responsible with him for the outcome of the case. If he cannot be master of the man for the time being, and be able to properly treat him, if he cannot make the patient co-operate with him by honestly and faithfully doing his part in overcoming the disease, then there is nothing to do but drop the case at once, and drop it quickly. Tell the patient why it is done, and tell his family, and tell it so plainly that there can be no misunderstanding as to the physician's reasons for so doing.—*The Clinical Reporter.*

- CONIUM IN TUMORS OF THE BREAST.—If I am positive of any one thing in medicine it is the power of Conium 30th to cure certain "lumps" in the female breast. It has been my experience repeatedly to see tumors of a suspicious nature in the mammae disappear by the use of Conium in this potency. Of course the indications must present themselves here, as with any other remedy. There are piercing pains, a tender gland, with a fugitive stitching here and there in it. More especially is it indicated if the lump dates from such injury, such as a blow. I do not know but other potencies would do the same, but I am sure of the 30th, and could relate a number of cases wherein it has prevented the advised use of the surgeon's knife. If we wait too long, or if the case is one too far advanced, time may be lost, to the detriment of the patient. Of this I am aware, but in most cases in the early stages of mammary tumors the waiting of a few weeks will not result in harm to the patient if the case be watched. It is in the

formative stage of these neoplasms that the remedy will act by checking the development of the growth.—*Dr. W. A. Dewey in the Medical Era.*

EFFECT OF NICOTINE ON GROWTH.—For purposes of comparison, the men composing a class in Yale have been divided into three groups. The first is made up of those who do not use tobacco in any form; the second consists of those who have used it regularly for at least a year of the college course; the third group includes the irregular users. A compilation of the anthropometric data on this basis shows that during the period of undergraduate life, which is essentially three and one-half years, the first group grows in weight 10.4 per cent. more than the second, and 6.6 per cent. more than the third. In height the first group grows 24 per cent. more than the second, and 11 per cent. more than the third; in girth of chest the first group grows 26.7 per cent. more than the second, and 22 more than the third; in capacity of lungs the first group gains 77 per cent. more than the second, and 49.5 per cent. more than the third.

These results are essentially the same as those obtained by Dr. E. Hitchcock, of Amherst College, who observed a similar group of young men in a manner entirely independent. He says: "In separating the smokers from the non-smokers, it appears that in the item of weight the non-smokers have increased 24 per cent. more than the smokers; in growth in height they have surpassed them 37 per cent., and in chest girth, 42 per cent. And in lung capacity there is a difference of 8.36 cubic inches (this is about 75 per cent. in favor of the non-smokers, which is three per cent. of the total average lung capacity of the class.)"—*The Medical Examiner.*

COLLEGE, HOSPITAL AND LABORATORY NOTES

THE Holy Ghost Hospital for Incurables at Cambridge has recently fallen heir to \$1000.

BY the will of the late Gordon McKay of Newport, R. I., Harvard College will receive \$1,000,000, the net income of which is to be used to promote applied science.

WILLIAMS COLLEGE has been suffering from an epidemic of typhoid fever. Most of the students affected were living in the fraternity houses. The source of the trouble was probably an infected milk supply.

IN France there are hospitals solely for tuberculous children, containing 4,443 beds. The city of Paris supports two such hospitals, both of which are situated at the seaside. The United States possesses no hospital set apart exclusively for children suffering from tuberculous diseases.

SURGEON GENERAL RIXEY in his annual report recommends that an appropriation be made to build a naval hospital to be situated within the reservation of the navy yard at League Island. The hospital at Newport, R. I., although practically new, never has been satisfactory. A new hospital is recommended for Portsmouth, N. H., also the reconstruction of the hospital buildings at Chelsea, Mass., and Pensacola, Fla.

DR. GEORGE F. ADAMS, who, after three years' service at the Westboro Insane Hospital, accepted the position of first assistant physician at the Gowanda State Homœopathic Hospital some five years ago, will join the staff of the Pennoyer Sanitarium at Kenosha, Wisconsin, the first of January. The institution to which Dr. Adams goes has been established for about fifty years, and is one of the noted sanitariums of the West.

PERSONAL AND GENERAL ITEMS.

DR. JOHN E. WILSON, of New York City, has removed to 9 East 43d Street.

DR. ANNA M. SKINNER has located at 3 Irving Street, Watertown. Office hours, 3 to 5 P. M.

DR. NATHANIEL W. EMERSON has resumed practice at "The Kensington," 685 Boylston Street, Boston.

DR. CARLOS J. FINDLAY of Havana, well known for his work on yellow fever, has been elected president of the American Public Health Association.

DR. GEORGE R. SOUTHWICK has returned from Europe bringing with him a supply of radium, which he will use in connection with the X-rays and high frequency currents.

DR. H. E. KENNEY, formerly with Dr. N. Emmons Paine, has been assisting Dr. E. H. Wiswall at the Wellesley Nervine for the past three months.

IT is expected that the overseers of the poor in Boston will appoint a resident physician for each of the various districts of the city.

DR. A. T. LOVERING is unable to undertake any further commissions for literary work which must receive attention before January 15th; but will make engagements now for any later date.

DR. HARRIET E. REEVES, formerly connected with the Westboro Insane Hospital, has opened a sanitarium for the treatment of chronic invalids, especially nervous cases, at 23 Boston Avenue, West Medford.

THE surgeon of the White Star liner Germanic holds the records for ocean voyages, having made over eight hundred crossings. He says: "I have never found a cure for seasickness, though I've seen people try about everything imaginable."

DR. SAMUEL L. EATON, founder of the Newton Highlands Nervine, has now two houses for the reception of cases of

neurasthenia. The location, on Lake Avenue, is very accessible, and the surroundings and equipments all that can be desired.

DR. WALTER WESSELHOEFT has resumed practice at 26 Garden Street, Cambridge, in association with Dr. J. Arnold Rockwell, whose office is at 24 Garden Street. The telephone number of the former is Cambridge 440; and of the latter, Cambridge 1378.

THE Massachusetts Surgical and Gynecological Society, as previously announced, holds its annual meeting at "The Nottingham," Boston, December 9. In consequence of the postponement of the June meeting, two bureaus of the Society will report at the December meeting. Dr. Charles R. Hunt, of New Bedford, is chairman. All physicians interested are cordially invited to be present.

OBSERVATIONS in India show that men are more susceptible to plague than women, but that when women are attacked they die in greater numbers. And although the infant mortality in India is tremendous from other diseases, they are almost entirely exempt from the plague.

A TUBERCULOSIS AID AND EDUCATIONAL ASSOCIATION has been formed in Cambridge. The organization's object is to "cure at home, if possible, persons suffering with tuberculosis; to relieve with food as far as possible all needy tuberculous persons; to educate the entire community in the prevention and cure of this disease, and to promote the establishment of hospitals for hopeless cases."

At the thirty-first annual meeting of the American Public Health Association held at Washington, D. C., in October, the statement was made that "not less than 150,000 of those now living in the United States will be dead of consumption within another twelve months, and three times that number will be attacked in the same period."

The "house on wheels" was declared to be "a potent factor in the transmission of consumption."

THE "poison squad," so called, at Washington, D. C., which is made up of a dozen government employees, is now experimenting with food to which has been added salicylic acid. Dr. H. W. Wiley, who has charge of the experiments, expects to prove that salicylic acid used as a food preservative is a menace to health, and therefore not allowable.

DR. HARVEY W. WILEY, chief of the bureau of chemistry of the Agricultural Department, has obtained from the secretary of agriculture a request for \$25,000 emergency appropriation for the establishment at Boston and other prominent ports of laboratories and experts to analyze shipments of foreign foodstuffs. Ten per cent. of the shipments analyzed have been rejected, and the delay caused by sending samples to Washington has caused many complaints from importers. In all cases of doubt the samples are to be sent to Washington for final analysis and decision.

THE daily press announces that a tenth of a grain of radium is quoted at thirty dollars in London. According to the same authority scientists in England are alive to the possibilities of the new radio-active substance. A dispatch from London says: "A 'radium button' has now been designed for use in all sorts of superficial skin complaints, and private experimentation will be added to that already being carried on at the Middlesex Hospital in Edinburgh and in Glasgow. Several successful cases of radium application in cancer have been recorded."

THE Medical Society of the County of New York at its recent annual meeting reported that, during the past year, "a special effort has been made to stop the practice of several of our leading newspapers of inserting outrageously offensive advertisements, particularly of those posing as clairvoyants, but really doing business as abortionists. Altogether, thirty-one persons have been prosecuted, and thirty-one were convicted. The aggregate of the fines amounted to \$2,490."

This society is not of our school of practice, but this is immaterial in the matter of such a commendable crusade in the interests of public health, decency, and morals.

THE death rate of Chicago infants less than one year of age has decreased 60.1 per cent. since 1891; the death rate of persons of all ages has decreased 39.2 in the same twelve years.

Speaking of the cases favorable to prevention of infant mortality the board of health bulletin says:

“An improved milk supply, the anti-toxine treatment of diphtheria and other causes often cited to account for the decrease of infant mortality are equally inadequate, and the department is disposed to attach more importance to the education of mothers in the hygiene of the young. The efforts of the women’s clubs and similar organizations in this education have been steadily growing during all this period of decreasing infant mortality, and it is believed this is the principal factor in giving the baby a better chance for life.”

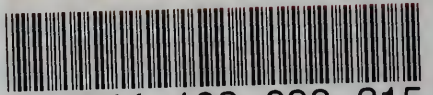
ACCORDING to the *Medical Record*, physicians will soon be prescribing the South African climate as the ideal one for the victims of pulmonary tuberculosis. It says: “The humidity is slight, the nights are cool, and cold to a degree in winter, but the air is so pure and clear that it is far more healthy to breathe than the cold moisture-charged air of Europe and of many parts of the American continent. Last but not least in the enumeration of the salubrious properties of the South African climate, is the almost constant flood of sunlight which warms the atmosphere and ground and kills the disease-bearing germs. Outdoor life, owing to the above-mentioned conditions, is almost always possible, with little or no protection. South Africa is the ideal country for consumptives, and may in time come to be looked upon as the natural refuge for the victims of respiratory affections.

THE story comes from Paris that a certain Dr. Gillet, of the Department of the Meuse, an estimable gentleman, who, in addition to being a physician, has been also a Deputy and is

at present the Conseiller Général of his canton, ventured, not long ago, to take a train from Beauzée to Verdun. While he was *en route* a postal employee was taken suddenly ill in the mail carriage. The good doctor was called upon and, as any good doctor should do,—whether in France or Timbuctoo—he immediately entered the mail carriage and gave relief to the sufferer. To enter a mail carriage under any circumstances is, however, illegal. Now, thanks to the Code Napoléon, thanks also to what Charles Laurent, in the *Matin*, calls the “intellectual incoherence” of a French tribunal, Dr. Gillet has been sentenced to pay a fine of sixteen francs for having infringed upon the laws and regulations which govern the proper conduct of railroads.

At the recent meeting of the American Public Health Association held at Washington the committee on vital statistics reported that effective coöperation had been instituted between that Association, the Conference of State Boards of Health, the American Medical Association, the United States Census Bureau and the United States Public Health and Marine Hospital Service for the improvement of the vital statistics of this country. Among the objects sought are the extension of adequate methods of registration, the use of uniform and comparable tables and rates in bulletins and reports, and the improvement of the international classification of causes of death. A pamphlet on “Statistical Treatment of Causes of Death” has been issued by the United States Census Bureau, requests for which should be addressed to Mr. W. A. King, Chief Statistician for Vital Statistics, Census Bureau. It has special reference to the difficulties encountered in compiling deaths returned from several causes, and asks for the coöperation of the profession in framing a thoroughly satisfactory method of procedure in such cases.

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